

# YOUTH SERVICES POLICY

<b>Title:</b> Behavioral Health Treatment Unit (BHTU)	<b>Type:</b> B. Classification, Sentencing and Service Functions <b>Sub Type:</b> 2. Classification <b>Number:</b> B.2.8
<b>Page 1 of 18</b>	
<b>References:</b> La. Children’s Code Arts. 897 and 899; La. R.S. 15:901 G; ACA Standards 2-CO-4F-01 (Administration of Correctional Agencies); YS Policy Nos. A.1.14 “Unusual Occurrence Reports”, B.2.1 “Assignment, Reassignment and Release of Youth”, B.2.2 “Youth Classification System and Treatment Procedures”, B.2.21 “Behavioral Intervention Rooms”, B.5.1 “Youth Code of Conduct – Secure Care”, B.6.4 “Accident and Injury (A&I) Evaluations”	
<b>STATUS: Approved</b>	
<b>Approved By:</b> <i>James Bueche, Ph.D., Deputy Secretary</i>	<b>Date of Approval:</b> 08/09/2019

**I. AUTHORITY:**

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

**II. PURPOSE:**

To establish the program objectives and the criteria for the placement of youth in the Behavioral Health Treatment Unit (BHTU) located at YS Secure Care Centers for Youth.

**III. APPLICABILITY:**

Deputy Secretary, Assistant Secretary, Chief of Operations, Executive Management Advisor, Regional Directors, Director of Treatment and Rehabilitation Services, Facility Directors, BHTU staff, and contracted health care provider (CHP) staff.

Facility Directors are responsible for ensuring that procedures are in place to comply with the provisions of this policy.

**IV. DEFINITIONS:**

***Behavior and Accommodations Binder (BAB)*** – A binder containing the history of youth requiring physical intervention, as well as the most current Unified Behavior Plan (UBP) for Youth With Special Needs. The BAB will contain these

two (2) documents for youth residing in a particular housing area and shall be maintained in a secured area readily accessible to staff at all times. Staff shall be advised of the location, content and purpose of the binder as it relates to this policy, and shall review the BAB at the beginning of every tour of duty, documenting their review in the unit's logbook.

***Behavioral Health Treatment Unit (BHTU)*** – A dormitory housing unit with an open sleeping bay designed to facilitate treatment of behaviorally challenged and /or disruptive youth who require a more intensive level of supervision and therapy. Refer to Section VII.A. below for admission criteria.

***Case Manager*** – A generic term used within a YS secure care facility to identify members of the counseling profession (e.g., social services counselor, clinical social worker, program manager, case manager or a treatment team member) assigned to manage a youth's case.

***Contracted Health Care Provider (CHP)*** – Contracted licensed practitioners responsible for the physical and mental well-being of the secure care youth population. Services include medical, dental and mental health services, nursing, pharmacy, personal hygiene, dietary services, health education and environmental conditions.

***Developmentally Disabled/Intellectually Disabled (DD/ID)*** – Refers to significantly impaired intellectual and adaptive functioning with an Intelligence Quotient (IQ) of 68 or below with concurrent deficits or impairments in present adaptive functioning in at least two of the following areas: communication; self-care; home living; social/interpersonal skills; use of community resources; self-direction; functional academic skills; work; leisure; health and safety; with onset before age 18.

***Exigent Circumstances*** – Exist when there is a substantial threat to the safety of others, or the custody concerns of the facility, and there is no time as a practical matter to convene a multidisciplinary team meeting.

***Individualized Intervention Plan (IIP) – Initial and Formal*** – A statement of goals, objectives, and the methods used to obtain them that is created for each youth in secure care. The IIP is dynamic and is updated depending on the identified needs and specialized treatment required for a youth while in secure care. The IIP also identifies follow-up services needed by the youth on release and is coordinated with Community Based Services to provide the proper level of aftercare.

***Individualized Intervention Plan Summary of Staffing Form*** – A form completed for all case staffings for a youth in secure care. The form lists any modification of goals and objectives that occur as well as new goals and objectives that are developed.

***Juvenile Justice Specialist (JJS)*** – Provides security of youth and assists in the application of clinical treatment in accomplishing the overall goal of evaluation and/or treatment of individuals judicially remanded to a YS secure care facility.

***Mental Health Treatment Professional (MHTP)/Qualified Mental Health Professional (QMHP)*** – Includes psychiatrists, psychologists, social workers, nurses and others who by virtue of their education, credentials, experience or with appropriate supervision, are permitted by law to evaluate and care for the mental health needs of patients.

***Multidisciplinary Team (MDT) Staffing*** – A team consisting of representatives from at least three disciplines, (e.g., treatment, custody, education, mental health or medical) to determine a youth's suitability for placement to/removal from the Behavioral Health Treatment Unit.

***Operations Shift Supervisor (OSS)*** – Staff responsible for a range of duties that support management in maintaining a safe, secure facility. Shift Supervisors oversee administrative and operational security activities during specific shifts; manage staff during each assigned shift; ensure adequate security coverage; lead count procedures; oversee the custody, supervision and control of secure care youth; manage frontline security staff; assist in controlling youth movement; assist in directing the use and issuance of keys, locks, and security equipment.

***Seriously Mentally Ill (SMI)*** – Disorders of mood and cognition (with the exception of developmentally disabled/ID) that significantly interfere with functioning in at least one essential sphere of the youth's life (e.g. psychotic disorders, mood disorders, the aggressively mentally ill, and youth who exhibit self-mutilating or suicidal behavior). Youth with these disorders may be referred to as "SMI" youth.

***Structured Programming*** – Includes any regularly scheduled activity provided to a youth out of his room from the time lights are turned on in the morning until lights are turned off at night in accordance with the facility's posted daily schedule.

***Unified Behavior Plan (UBP)*** – A document developed by youth's Case Manager and maintained on youth designated by the contracted health care provider as having an individual deficit disorder. This plan shall include any physical limitations and/or precautions that staff must be aware of in the event a physical intervention is necessary.

***Weekly Team Meeting*** – A meeting conducted weekly by staff assigned to a unit to assess the development of the individual youth, to review a youth’s progress, to plan out treatment strategies for the week, and to promote staff development and discuss staff issues.

**V. POLICY:**

It is the Deputy Secretary’s policy to address the needs of the youth assigned to a YS Secure Care facility who require individual attention. All reasonable efforts shall be made to utilize less restrictive alternatives in the placement of youth.

However, certain youth may require assignment to a more restrictive setting because their continued presence in the general population poses an ongoing threat to property, staff and other youth, or to custody concerns or orderly running of the facility. In order to prevent arbitrary assignment, this policy establishes specific criteria for assignments to the BHTU. Assignment to a Behavioral Health Treatment Unit is not to be used as punishment of youth.

**VI. PHILOSOPHY, GOALS AND OBJECTIVES:**

The Behavioral Health Treatment Unit is designed to address the programming needs of a subpopulation of youth who repeatedly violate facility rules and engage in aggressive and defiant behaviors that jeopardize their safety, the safety of other incarcerated youth and staff. The program is designed to motivate these youth to alter antisocial and aggressive patterns of behavior, adopt pro-social values, and acquire self-control skills that will permit them to return to mainstream facility programming, and ultimately to be successfully reintegrated into society.

The Behavioral Health Treatment Unit adheres to a “best practices” model and is based on current research and expert opinion on effective behavioral management of incarcerated juveniles. It reflects the philosophy that intervention with these youth must be a collaborative effort and requires the active participation of the youth, his family/guardian, and the supervising court.

Overarching goals of the program are:

1. The provision of specialized intervention services
2. The improvement of each youth’s ability to successfully manage anger
3. The enhancement of each youth’s capacity to empathize with others
4. The development in each youth of an understanding of his aggressive behavior
5. The development of a relapse prevention plan

**VII. PROCEDURES:**

A Difficult Case Staffing may be conducted outside of the regularly scheduled Quarterly Reclassification Staffing if there are immediate concerns about a youth. Issues that may prompt the scheduling of a difficult case staffing would consist of medical, mental health or behavioral issues that have caused the youth to have difficulty functioning in general population or have caused safety concerns.

The multi-disciplinary treatment team shall meet to develop a future plan for the youth to best meet his needs and assign specific staff to monitor and enforce the treatment plan. A specific Behavior Improvement Plan [see Attachment B.2.8(a)] shall be developed by the youth's assigned Case Manager and approved by the Case Manager Supervisor within five (5) days of the staffing for youth with mental health or behavioral issues that are preventing the youth from progressing in treatment or are causing disruptions to programming. The behavioral plan shall be behaviorally specific, measurable, time limited and reviewed weekly with the youth and documented on how well he is doing or not doing in working towards successful completion of the plan.

Unless there are exigent circumstances, a difficult case staffing must be held and a Behavior Improvement Plan implemented for a period of 30 days and show a lack of documented success in disrupting or stopping the behavior prior to referring a youth to the Behavioral Health Treatment Unit (BHTU).

**A. Admission Criteria**

To be considered for transfer to the Behavioral Health Treatment Unit, Pecan Dorm, a youth must meet at least one of the following criteria:

1. Has engaged in 5 or more incidents of assaultive\*\* behavior towards other youth over a 15-day period where he has been the primary aggressor.
2. Has assaulted staff which resulted in a documented physical injury to the staff member.
3. Has engaged in daily aggressive and/or threatening behavior toward other youth or staff such as pushing/shoving or threats of assault on a staff member. Daily pushing or shoving of a youth and is intent on engaging the youth into a fight in which a Behavior Improvement Plan has not been successful in disrupting or stopping the behavior.

4. Any inappropriate sexually aggressive actions towards a staff member such as the intentional touching of a staff member's breasts, buttocks or genitals or daily and consistent sexually inappropriate and lewd aggressive language.
5. Has committed a single serious assault and the potential of reoccurrence must be actively prevented.

**All incidents referenced must be documented with an Unusual Occurrence Report (UORs) (Refer to YS Policy A.1.14), Code of Conduct Violation Report (Refer to YS Policy B.5.1), and Accident & Injury (A&I) report (when applicable) (Refer to YS Policy B.6.4).**

**\*\*** For the purpose of this policy, Assaultive Behavior shall be defined as: The assault of another through offensive, aggressive, intentional acts. Examples include: Fighting, Hitting, Spitting, Throwing or projecting objects or other substances, including any bodily fluids or products.

## **B. Exclusionary Criteria**

In addition to the above Admission Criteria, the youth must be judged to be mentally capable of fully participating in the program. Youth classified with a Serious Mental Illness (SMI) whose MH stability is not currently well managed shall not be considered for this program. Any youth that is classified as DD/ID with an IQ of 68 or below shall not be considered for placement in BHTU.

The following do not meet criteria for admission to the Behavioral Health Treatment Unit: horseplay between youth to include shadow boxing each other, general defiance, unwillingness to participate in treatment groups or other dorm activities, removal from a classroom for disruption or refusal to follow a teacher's directives, refusal to follow staff directives, being out of place of assignment to include aggravated out of place of assignment.

Youth who are charged criminally with assault as an adult and who are transferred to an appropriate adult detention/correctional center shall not be immediately placed in the Behavioral Health Treatment Unit upon return to an OJJ secure facility. The youth may be considered for placement in BHTU if he otherwise meets criteria for Admission as outlined in Section VII.A. or for an Emergency Transfer as outlined in Section VII.E.

**C. Referral Process**

1. A referral for admission to the Behavioral Health Unit can be made by the Facility Director, Deputy Director, Assistant Facility Director, Facility Treatment Director, the youth's assigned Case Manager or the youth's assigned dorm Group Leader.

Prior to making a referral to the BHTU, a multidisciplinary team (MDT) shall conduct a staffing to discuss the specific circumstances of the youth's pattern of aggressive behavior, current Behavior Improvement Plan and its appropriateness to modify the youth's behavior. The MDT shall also review all documentation to support the referral to the BHTU including, UOR(s), Code of Conducts, and A&I reports and speak with the youth about the consideration of a referral to BHTU.

The multidisciplinary treatment team shall consist of the Facility Deputy Director and Treatment Director, youth's assigned Social Services Counselor and Group Leader. The assigned CCS qualified MH professional and CCS psychiatrist if the youth is currently under CCS mental health care shall also be included.

2. If the multidisciplinary team deems a referral to the BHTU is appropriate, within two (2) working days, excluding holidays and weekends, the youth's Case Manager shall complete the BHTU Referral Form [see Attachment B.2.8(b)] in JETS and send to the Director of Rehabilitation and Treatment along with documentation to support the youth meets the admission criteria, i.e. UOR(s), Code of Conducts, and A&I reports. The referral will be reviewed to verify the youth meets the admission criteria for transfer to the BHTU.

Within one (1) working day of receiving the referral, the Director of Rehabilitation and Treatment will notify the referring Facility Director, Deputy Director, Assistant Facility Director, Facility Treatment Director, and the youth's assigned Case Manager of the outcome.

3. Within five (5) days of verifying the youth meets the admission criteria to the BHTU, a transfer staffing shall be held with the multidisciplinary treatment team. The Director of Rehabilitation and Treatment will notify all members of the MDT of the staffing date at least three (3) days prior to being held.

The multidisciplinary treatment team shall consist of the following: the Facility Deputy Director and Treatment Director of the sending facility, youth's assigned Social Services Counselor and Group Leader, BHTU Dorm Leader and Case Manager, and the Director of Rehabilitation and Treatment. The youth's CCS assigned qualified MH professional and CCS psychiatrist if the youth is currently under CCS mental health care shall also be included.

The youth's Case Manager shall invite the youth's parent/guardian to the MDT staffing, which shall be documented on a "Weekly Contact Progress Note" in JETS by the youth's assigned Case Manager of the requesting facility within three (3) working days.

4. At least two (2) days prior to the staffing, the youth's assigned Case Manager shall forward the following to all members of the multidisciplinary team: completed BHTU Behavioral Staffing Form [see Attachment B.2.8(c)], supporting documentation such as UORs and Code of Conduct hearing, A&Is, Behavior Improvement Plan, along with notes regarding how the youth did meeting the goals of the behavior plan.
5. The MDT staffing may take place telephonically. The staffing shall be recorded in its entirety, and maintained by the Facility Treatment Director for a minimum of one (1) year in a secured location.
6. A written record of the MDT staffing shall be prepared by the sending facility utilizing the "Individualized Intervention Plan Summary of Staffing" form in JETS, within three (3) working days of the staffing. Only the signature page of the "Individualized Intervention Plan Summary of Staffing" form shall be placed in the youth's Master Record.

#### **D. Transfer Process**

1. Arrangements for transfer to the BHTU shall be made by designated staff within one working (1) day of the MDT staffing. The youth's Case Manager shall ensure that all appropriate paperwork is completed and processed in accordance with this policy and YS Policy No. B.2.1.
2. The documentation reflecting what precipitated the youth being transferred to the BHTU, the strategies utilized to address these behaviors, and all other applicable documentation shall be included in the youth's Master and/or JETS record prior to transfer.

3. The youth's Case Manager on the BHTU shall complete the "Transfer Letter to Judge" [see Attachment B.2.8(d)] and "Parental Notification of Transfer" [see Attachment B.2.8(e)] in JETS and send to the youth's judge of jurisdiction, and his family/legal guardian within 48 hours of his admission to the program (excluding weekends/holidays), utilizing the appropriate transfer letters in JETS.

#### **E. Emergency Transfer**

There may be an exigent circumstance when a youth's behavior or single action is so severe it necessitates the need for an emergency staffing and transfer. In such rare cases, the following shall occur prior to a youth's being transferred to BHTU.

1. An Emergency Transfer may be considered when:
  - a. The youth poses a substantial immediate threat to the safety of other youth **and/or**
  - b. The youth has caused a serious documented physical injury to staff **and;**
  - c. There is not sufficient time to convene a MDT staffing committee without placing other youth or staff at risk.
2. Prior to an emergency transfer to the Behavioral Health Treatment Unit, the Facility Director where the youth is currently housed shall send the completed BHTU Referral Form [see Attachment B.2.8(b)] to the Assistant Secretary and contact him for approval.
3. Within three (3) days of an Emergency Transfer to the BHTU, a staffing shall be held with the multidisciplinary treatment team. The Director of Rehabilitation and Treatment will notify all members of the MDT team of the staffing date at least two (2) days prior to being held.

The multidisciplinary treatment team shall consist of the following: the Facility Deputy Director and Treatment Director from both the sending and receiving facility, youth's assigned Social Services Counselor and Group Leader, BHTU Dorm Leader and Case Manager, and the Director of Rehabilitation and Treatment. The youth's CCS assigned qualified MH professional and CCS psychiatrist if the youth is currently under CCS mental health care shall also be included.

The youth's Case Manager from the referring dorm/facility shall invite the youth's parent/guardian to the MDT staffing, which shall be documented on a "Weekly Contact Progress Note" in JETS by the youth's assigned Case Manager of the requesting facility within three (3) working days.

4. At least two (2) days prior to the staffing, the youth's Case Manager from the referring dorm/facility shall forward the following to all members of the multidisciplinary team: completed BHTU Behavioral Staffing Form [see Attachment B.2.8(c)], supporting documentation such as UORs and Code of Conduct hearing, A&Is, Behavior Improvement Plan, along with notes regarding how the youth did meeting the goals of the behavior plan.
5. The MDT staffing may take place telephonically. The MDT staffing shall be recorded in its entirety, and recorded staffing shall be maintained by the Facility Treatment Director for a minimum of one (1) year in a secured location.
6. A written record of the MDT staffing shall be prepared by the sending facility utilizing the "Individualized Intervention Plan Summary of Staffing" form in JETS, within three (3) working days of the staffing, documenting the decision of the Director of Rehabilitation and Treatment, documentation of the youth's behavior meeting unit admission criteria, inclusive of prior attempts made to modify the behavior, and any statements made by the youth during the staffing. Only the signature page of the "Individualized Intervention Plan Summary of Staffing" form shall be placed in the youth's Master Record.
7. The youth's Case Manager on the BHTU shall complete the Transfer Letter to the Judge [see Attachment B.2.8(d)] and the Parental Notification of Transfer [see Attachment B.2.8(e)] and send to the youth's judge of jurisdiction, and his family/legal guardian within 48 hours in writing of his admission to the program (excluding weekends/holidays), utilizing the appropriate transfer letters in JETS.
8. If the multidisciplinary team determines that transfer to the BTHU is not in the youth's best interest, the team shall develop an appropriate Behavior Improvement Plan and determine the most appropriate facility and housing unit to accommodate the youth's needs.

#### F. Special Accommodations

1. Any specific accommodations a youth in the program may require due to special needs, such as diagnosis of mental health or medical concern requiring specific medication for treatment, shall be listed in the Behavior and Accommodations Binder (BAB) in the youth's assigned housing unit.
2. The BAB shall direct staff to adhere to the youth's needs. The accommodations may include the Case Manager completing a Unified Behavior Plan for Youth with Special Needs (UBP) form in JETS [see Attachment B.2.8(f)]. The UBP shall be developed by the CHP and YS staff in a multidisciplinary treatment team staffing for youth diagnosed with ID, which specifically lists needs and suggested staff interventions.

#### G. Provision of Services

1. Individual Counseling- The case manager shall conduct individual one-on-one counseling two (2) times a week for a minimum of 30 minutes and shall occur in a private designated counseling area. Unlike the described didactic groups, the individual counseling is more broadly focused and addresses the array of behavioral problems and challenges with which the youth presents.

Individual counseling sessions shall be documented by the Case Manager in JETS on the Weekly Contact Progress Note using the Data, Assessment, Goal, and Plan (DAGP) format within five (5) working days. (Refer to YS Policy B.2.2)

2. Groups- all youth participate in specialized didactic groups, *Healthy Masculinity, Impulse Control, and Anger Management*. The case manager shall conduct a specialized didactic group session five (5) days a week, with each a minimum of 50 minutes in duration.

Key components of each specialized group are skill acquisition, skill generalization, and understanding how the skill can assist in managing the behavior. Each group adheres to the following format:

- a. Introduction of the specific concept
- b. Understanding the link between the skill and aggression
- c. Staff modeling of the skill
- d. Youth practice the skill through role-play exercises
- e. Homework assignments

Group counseling sessions shall be documented on the Weekly Group Assessment Form in JETS within five (5) working days, and reflect the date, time, topic, facilitators name and title, type of group, group session number, and the location where the group was conducted. All entries in JETS shall be individualized based on the youth's level of participation/progress in the treatment process (Refer to YS Policy B.2.2).

3. Family Counseling- the Behavioral Treatment Unit makes every attempt to actively engage the youth's family in the intervention process unless such involvement/contact has been expressively forbidden by the supervising court and/or is at odds with the goals of the program. Family Counseling shall be conducted by the case manager once (1x) per month for a duration of a minimum of 30 minutes.

Family counseling sessions should be documented on the Weekly Contact Progress Note in JETS within five (5) working days of the contact, and reflect the date, time, and "Parental Management" or "Family Reintegration" as the topic. (Refer to YS Policy B.2.2)

4. Community meetings (Check In) are conducted by BHTU staff each morning and afternoon. These meetings and focus on daily living issues, youth compliance with unit rules and expectations, and program philosophy. A variety of items may be addressed in a given community meeting, including: daily schedules, current events, individual youth or staff issues affecting the unit, conflict resolution within the unit, and planning for special events. These meetings are also used to introduce new residents to other youth in the program, and permit resident discussion of individual treatment and behavior management issues. These meetings shall be documented in the log book.
5. A Weekly team meeting will be held with the Facility Director, Facility Treatment Director, BHTU Case manager and Group Leader, and Director of Rehabilitation and Treatment. The purpose of the weekly team meeting is to assess the development of the individual youth, review a youth's progress, plan out treatment strategies for the week, promote staff development and discuss staff issues.

The team meeting shall be documented by the Case Manager in JETS on the Weekly Contact Progress Note in JETS within five (5) working days.

An assessment of the youth's progress toward meeting the individual IIP goals shall be done monthly and documented by the BHTU Case Manager on the Monthly Assessment of IIP Summary of Staffing form in JETS. A hard copy with signatures shall be filed in the youth's Master Record under Clip II.

## H. Phases of Treatment

### 1. **PHASE I – Readiness & Motivation for Treatment**

Youth in Phase I are provided with an orientation to the program. The orientation includes information about the intervention program and its goals and expectations.

### 2. **PHASE II – Healthy Masculinity, Empathy Development and Anger Management**

In Phase II, youth participate in specialized didactic groups that foster acquisition of values, knowledge, and skills believed to be critical to the cessation of aggressive behavior and the assumption of a healthy lifestyle including Healthy Masculinity, Impulse Control, and Anger Management.

Youth must average 80% or greater behavioral compliance with the group-specific goals over the course of Phase II to receive credit for that group.

### 3. **PHASE III – Relapse Prevention**

Relapse Prevention is viewed as a vital component of the intervention program. During this group, each youth develops an understanding of the chain of thoughts, feelings, and behaviors/events that led to his aggressive behavior. Each youth presents his finalized relapse prevention plan to the intervention team, his parent/guardian, and probation officer.

In Phase III of the program the youth is given the opportunity to demonstrate that he can utilize his acquired self-control and relapse prevention skills and includes supervised reintegration of the youth into critical environments, including: the cafeteria, recreational activities, dorm meetings, and school. A program staff member accompanies the youth to all reintegration activities. The supervising program staff member provides feedback to the youth's individual counselor and the treatment team on the youth's success in attaining his delineated goals. This feedback is utilized in address problems that arise. When needed, and as appropriate to the setting, individual counselors work with youth in the reintegration settings to help them achieve their treatment goals.

The youth is also assigned a peer mentor who accompanies him, along with a supervising program staff member, in reintegration activities (e.g. eating in the cafeteria). The role of the peer mentor is to provide encouragement and emotional support to the youth in accomplishment of his treatment goals. Peer mentors will be chosen by the facility director, and Director of Social Services, and provided with orientation as to their role in the program.

At the completion of Phase III, the Discharge Readiness Checklist will be completed during the weekly team meeting.

4. **PHASE IV -- Transition**

The goal of Reintegration is to help the youth maintain therapeutic gains and behavioral stabilization after his return to the general population. In order to facilitate a successful transition upon completion of the BHTU Program, prior to the youth exiting the program, a staffing shall be held with the multidisciplinary treatment team. The Director of Rehabilitation and Treatment will notify all members of the MDT team of the staffing date at least five (5) days prior to being held.

The multidisciplinary treatment team shall consist of the following: the receiving Facility Deputy Director and Treatment Director, BHTU Dorm Leader and Case Manager, the Case Manager and/or Group Leader for the dorm the youth will be transitioning to, and the Director of Rehabilitation and Treatment. The purpose of the staffing will be to offer support and guidance for the receiving Case Manager and Dorm Leader in the methods that have been successful in addressing behavioral management problems.

An emphasis is placed on preventing relapse and the necessity of readmission to the program.

The youth will be placed in general population at SCY for a period of 30 days prior to being eligible for consideration of transfer to another facility.

The BHTU Case Manager will formally monitor the youth's adherence to the relapse prevention plan, and its effectiveness, for a period of six months. The youth's individual BHTU Case manager shall participate in the weekly team meeting conducted every six weeks on the youth's general population dormitory and provide consultation to social services staff and dormitory supervisory staff on an as needed basis.

**I. Phase Promotion**

Evaluation of readiness for progression to the next phase is based on three criteria:

1. **Staff Observation-** Staff observe the youth in the various specialty groups. In order for the youth to be given credit for successfully completing the group, the counseling staff must be of the opinion that the youth was active in group counseling and compliant with counseling directives and homework assignments. This includes display of a positive attitude in the group counseling sessions and demonstration of respect for others.
2. **Pre- and Post-testing- Assessments** are conducted on each youth upon his entering and completion of each of the groups. These assessments establish a baseline (or pre-treatment) level of functioning in each area of therapeutic focus, and the youth's subsequent level of functioning (i.e. progress) upon completion of the group. The assessments consist of individually and staff completed measures and rating scales. Cut-off scores are established for each evaluation measure.
3. **Evidence of generalization-** The third criterion involves use of a "point system" to determine whether the youth achieved individually assigned treatment goals. At any given point in time, each youth has three goals on his point sheet: two goals specific to the specialty group in which he is currently enrolled, and one "overarching goal". The specialty group-specific goals are reviewed weekly and modified, as needed. Youth must average 80% or greater behavioral compliance with the group-specific goals over the course of Phase II to receive credit for that group.

**J. Phase Privileges**

Phase-specific privileges and evaluation of treatment progress, are partially determined by a point system. As previously indicated, all youth are assigned two goals for each phase-specific specialty group in which they are enrolled, and one "overarching" treatment goal. Youth are rated daily on the BHTU Point Sheet [see Attachment B.2.8(g)] as to achievement of each goal by all staff with whom they interact. These ratings traverse all time periods of each day, and each day of the week. Points are totaled twice weekly.

**K. Completion Criteria**

The program can be completed in eight weeks; however, length of stay is contingent on attainment of intervention goals as delineated on the youth's IIP.

Successful completion and discharge from the Behavioral Health Treatment Unit is based on the following:

1. Successful completion of major goals identified on the youth's Individualized Intervention Plan, as agreed upon by the Multidisciplinary Team (MDT).
2. Demonstration of phase-specific competencies as evaluated by 1) staff observation, 2) domain-specific pre- and post-testing, and 3) multi-disciplinary staff ratings of generalization of the skill to all relevant environmental settings
3. Demonstration of a thorough understanding of relapse prevention as evidenced by the development of a relapse prevention plan that is reviewed and approved by all members of the Care team.
4. Demonstration of successful use of acquired skills, and appropriate behavioral control, in both the program milieu and the larger institutional setting (e.g. cafeteria, school, etc).

#### **VIII. STAFF DEVELOPMENT:**

All staff assigned to BHTU shall undergo training by the Program Consultant, Director of Rehabilitation and Treatment or one of the Social Service staff assigned to BHTU. The training will cover the following topics:

- A. Purpose
- B. Admission Criteria
- C. Admission Process
- D. Program Staffing
- E. Program Philosophy
- F. Milieu
- G. Modalities of Treatment
- H. Social Ecological Model
- I. Mentoring
- J. Point Sheet
- K. Teaching Skills: CBT Model
- L. Program Structure
- M. Core Treatment Comments
  1. Impulse Control
  2. Healthy Masculinity
  3. Anger Management
- N. Phase Promotion
- O. Reintegration

- P. Phase Privileges
- Q. Completion Criteria
- R. BHTU Unit Program Summary
- S. BHTU Policies and Procedures

No staff can be assigned to the BHTU without first completing the staff development training.

**IX. QUALITY ASSURANCE:**

**A. Facility Treatment Director Responsibilities**

1. Social Services Supervisors shall be responsible for conducting random quality assurance reviews of a minimum of three (3) cases per week of the JETS and Master Records of Case Manager's under their supervision. The purpose of the review is to ensure that need areas identified on the IIP are being addressed, to assess the quality of services being provided to the youth by the assigned Case Manager, to ensure required signatures are documented, and to ensure that the Master Record follows the established guidelines of YS Policy B.3.1.
2. The Facility Treatment Director shall ensure that the required individual counseling, groups and family sessions are being provided as outlined in the program by reviewing group notes, as well as individual notes, of the Case Manager and/or the CHP if applicable. This information shall be verified in JETS.
3. The Facility Treatment Director is responsible for assuring that the fidelity of the Behavioral Health Treatment Unit Program is being followed. Facility Treatment Directors shall be responsible for conducting a random quality assurance review of a minimum of five (5) cases per month, ensuring that their selections include cases from all Case Managers under their supervision and that case reviews consist of ID youth and youth assigned to a specialized treatment unit, if applicable.
4. The Facility Treatment Director shall also monitor a minimum of one (1) BHTU Group per month by co-facilitating a group with staff under their supervision.

**B. Central Office Responsibility**

1. The Director of Rehabilitation and Treatment shall conduct quarterly quality assurance reviews to ensure that treatment plans are being completed, and that services are being provided and documented per policy.

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2. On-site QA Reviews of YS secure care facilities shall be conducted to provide Facility Directors with an objective, informative assessment of operational activities.

The QA Reviews shall be conducted on a frequency as determined by the Deputy Secretary, but at a minimum, annually for secure care facilities.

3. The Correctional Program Checklist (CPC) is an evidence-based tool developed to assess correctional intervention programs. The CPC is used to ascertain how closely correctional programs meet the known "Principles of Effective Intervention". (Refer to YS B.2.19)

In an effort to assure program integrity and facilitate opportunities for ongoing quality improvement, YS shall conduct CPC evaluations under the following timelines:

- a. New programs shall be evaluated after one (1) year.
- b. Programs scoring "Ineffective" or "Needs Improvement" shall be evaluated annually.
- c. Programs scoring "Effective" or "Highly Effective" shall be evaluated every other year or more frequently at the discretion of the Chief of Operations.

**Previous Regulation/Policy Number:** B.2.8

**Previous Effective Date:** 10/05/2018

**Attachments/References:**

- B.2.8 (a) Behavior Improvement Plan May 2018
- B.2.8 (b) BHTU Referral Form Oct2018
- B.2.8 (c) BHTU Behavioral Staffing Form Oct2018
- B.2.8 (d) Transfer Letter to Judge May 2018
- B.2.8 (e) Parental Notification of Transfer May 2018
- B.2.8 (f) Unified Behavior Plan for Youth with Special Needs (UBP) May 2018
- B.2.8 (g) BHTU Point Sheet August 2019
- B.2.8 (h) BHTU Unit Program Summary 2019
- B.2.8 (h1) Appendix B Youth Workbook May 2018
- B.2.8 (h2) Appendix C Impulse Control Pre Post Assessment May 2018
- B.2.8 (i) BHTU Curriculum Lessons (Youth) August 2019
- B.2.8 (j) Sequence of Services BHTU August 2019

OFFICE OF JUVENILE JUSTICE  
BEHAVIOR IMPROVEMENT PLAN

Youth Name: \_\_\_\_\_ JETS# \_\_\_\_\_ Dorm: \_\_\_\_\_

Current Stage: \_\_\_\_\_ Date of Behavior Improvement Plan: \_\_\_\_\_

Accommodations: Yes \_\_\_\_\_ No \_\_\_\_\_ Duration of Behavior Improvement Plan: \_\_\_\_\_

<p><b>Reason for Behavior Improvement Plan: (What did the Youth do Wrong or not do?)</b></p> <p>_____</p> <p>_____</p>
<p><b>GOAL: (What needs to be corrected or achieved?)</b></p> <p>_____</p> <p>_____</p>
<p><b>What does the youth need to do to achieve the goal?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>What Will Staff Do?</b></p> <p>_____</p> <p>_____</p>
<p><b>Accommodations:</b></p> <p>_____</p> <p>_____</p>
<p><b>How will the Behavior Improvement Plan's success be determined, and by whom?</b></p> <p>_____</p>

Was a Disciplinary Ticket written: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, were any privileges lost? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, What/How Long: \_\_\_\_\_

Staff/Youth Developing Behavior Improvement Plan: \_\_\_\_\_

Staff Reviewing Behavior Improvement Plan: \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Behavior Improvement Plan Completion Review Dates: Date 1: \_\_\_\_\_ Date 2: \_\_\_\_\_ Date 3: \_\_\_\_\_ Date 4: \_\_\_\_\_

Plan Completed: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, Why not? \_\_\_\_\_

Cc: Program Manager, Case Manager, Security (Major or above), Youth, Education and Case Record File

## BEHAVIORAL HEALTH TREATMENT UNIT

## REFERRAL FORM

DATE:

RE:

I am requesting an interdisciplinary staffing to be conducted to determine the eligibility for transfer of the above mentioned youth to the BHTU. Notice of a staffing for the BHTU shall be given to the members of the multidisciplinary team forty-eight (48) hours in advance of the staffing. All supporting documentation is to be disseminated to the multidisciplinary team twenty-four (24) hours prior to the staffing.

**Admissions Criteria:**

To be considered for transfer to the Behavioral Health Treatment Unit, Pecan Dorm, a youth must meet at least one of the following criteria:

1. \_\_\_\_\_ Has engaged in 5 or more incidents of assaultive\*\* behavior towards other youth over a 15-day period where he has been the primary aggressor.
2. \_\_\_\_\_ Has assaulted staff which resulted in a documented physical injury to the staff member.
3. \_\_\_\_\_ Has engaged in daily aggressive and/or threatening behavior toward other youth or staff such as pushing/shoving or threats of assault on a staff member. Daily pushing or shoving of a youth and is intent on engaging the youth into a fight in which a Behavioral Improvement Plan has not been successful in disrupting or stopping the behavior.
4. \_\_\_\_\_ Any inappropriate sexually aggressive actions towards a staff member such as the intentional touching of a staff member's breasts, buttocks or genitals or daily and consistent sexually inappropriate and lewd aggressive language.
5. \_\_\_\_\_ Has committed a single serious assault and the potential of reoccurrence must be actively prevented.

**All incidents referenced must be documented with an Unusual Occurrence Report (UORs) (Refer to YS Policy A.1.14), Code of Conduct Violation Report (Refer to YS Policy B.5.1), and Accident & Injury (A&I) report (when applicable) (Refer to YS Policy B.6.4).**

\*\* For the purpose of this policy, Assaultive Behavior shall be defined as: the assault of another through offensive, aggressive, intentional acts. Examples include: Fighting, Hitting, Spitting, Throwing or projecting objects or other substances, including any bodily fluids or products.

The following do not meet criteria for admission to the Behavioral Health Treatment Unit: horseplay between youth to include shadow boxing each other, general defiance, unwillingness to participate in treatment groups or other dorm activities, removal from a classroom for disruption or refusal to follow a teacher's directives, refusal to follow staff directives, being out of place of assignment to include aggravated out of place of assignment.

**Emergency Admissions Criteria:**

There may be an **exigent circumstance** when a youth’s behavior or single action is so severe it necessitates the need for an emergency staffing and transfer. In such rare cases, to be considered for transfer to the Behavioral Health Treatment Unit, Pecan Dorm, a youth must meet at least one of the following criteria:

- 6. \_\_\_\_\_ The youth poses a substantial immediate threat to the safety of other youth **and there is not sufficient time to convene a MDT staffing committee without placing other youth or staff at risk.**
  
- 7. \_\_\_\_\_ The youth has caused a serious documented physical injury to staff **and there is not sufficient time to convene a MDT staffing committee without placing other youth or staff at risk.**

If the youth does not meet criteria for an emergency admission, he may still be referred to the BHTU by completing the admissions criteria section above and following the guidelines outlined in Section VII.C. “Referral Process” of this policy.

Sending Facility Director Signature: \_\_\_\_\_

Director of Rehabilitation and Treatment: \_\_\_\_\_ Approve \_\_\_\_\_ Denied

Assistant Director: \_\_\_\_\_ Approve \_\_\_\_\_ Denied

## **BHTU STAFFING FORM**

Date of Staffing: \_\_\_\_\_

- I. **Demographic Data** (Youth's Case Manager)
  - a. Name
  - b. Age
  - c. Race
  - d. Height/Weight
  - e. Adjudication(s)
  - f. Custody Classification
  - g. Date of Last Quarterly Staffing and Report to the Court
  - h. SMI Status
  - i. IQ
  - j. TABE Scores
  - k. FTD
  - l. PREA Issues- any history of sexual victimization or perpetration
  
- II. **Mental Health** (For SMI Youth)
  - a. Psychological/Clinical Status- Current Concerns (CHP Psychologist/MHTP/ATAP)
  - b. Psychiatric Status (CHP Psychiatrist)
  - c. Diagnosis
  - d. Medications and History of Compliance
  - e. Suicidal ideations, gestures or attempts in history
  
- III. **Health Status** (CHP Nursing Staff)
  - a. Medication Compliance
  - b. Significant Health Issues
  - c. Recent Injuries
  
- IV. **Education** (School and/or SSD Staff)
  - a. Academic Education Status
  - b. Vocational Education Status
  - c. Special Education Status
  
- V. **Recent Behavior** (Case Manager)
  - a. Code of Conduct Violations
  - b. Strengths
  - c. Triggers
  
- VI. **Security Concerns**
  - a. Are there known enemies at receiving facility? If so, what will be security measures used?

- b. Are there other youth at the facility that associated with this youth in a gang or other negative behaviors in the past?
- c. Has this youth escaped with another youth who is currently housed at the considered receiving facility?
- d. Is this youth being staffed at the same time as another youth he has escaped with in the past? If so, only one youth can go to the facility being considered unless both are being staffed for Behavioral Health Treatment Unit due to a recent escape.
- e. PREA concerns- Has this youth been a victim of or perpetrator of sexual abuse in the past? Will security measures need to be put into place to prevent future sexual victimization or perpetration? Are any youth at the receiving facility known victims of this youth or perpetrators against this youth? If yes, what security measures will be put into place?
- f. Does this youth have any relatives at the considered receiving facility either staff or youth? If so, this youth cannot transfer to the facility being considered.

**VII. Other (All Present)**

- a. Eating Habits
- b. Previous Interventions- Report difficult case staffings and results
- c. Report from Treatment Providers (SO Tx, SA Tx, etc.)
- d. Family Issues (Contacts, Visits, etc.)
- e. Input From PPO
- f. Input from Parent/Guardian (If Appropriate)

**VIII. Questions/Answers (All Present)**

**IX. Placement Recommendation (All Present)**

**X. Administrative Decision Regarding Transfer (CO Staff and Facility Director)**

**XI. Inform Youth of Decision (If Appropriate)**

**XII. Inform Parent/Guardian of Decision**



DATE:

TO: (Judges Name/Address)

RE: (Youths Name)

Please be advised that, (Youths Name), was admitted to Swanson Center for Youth's Behavioral Health Treatment Unit on (Date of transfer).

The Behavioral Health Treatment Unit (BHTU) is a structured, therapeutic environment for youth who have demonstrated an inability or unwillingness to stop aggressive acts or escape activity or have a documented history of engagement in behavior that causes major response from other youth. This program utilizes a cognitive/behavioral approach (negative thoughts lead to negative behavior) with a focus on impulse control, anger management and healthy masculinity.

While in the BHTU, (Youths Name) will continue to receive the following services: medical, mental health, dental care, education, individual and group counseling. (Youths Name) will continue to have the opportunity to participate in recreational activities and faith-based programs.

The BHTU is a short term program that provides stabilization services for youth who have been described as violent, aggressive, disruptive, and in need of temporary separation from other youth. Under optimal conditions, the program's duration is eight weeks. However, some youth may remain in the program for an extended period of time, based on the severity of need and their progression through the treatment regimen. Youth placed in the BHTU will have their individualized treatment plans modified to meet new short term goals.

Sincerely,

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Facility Director



DATE:

TO: (Parents/Guardian Name/Address)

RE: (Youths Name)

Please be advised that your child, (Youths Name), was admitted to Swanson Center for Youth's Behavioral Health Treatment Unit on (Date of transfer).

The Behavioral Health Treatment Unit (BHTU) is a structured, therapeutic environment for youth who have demonstrated an inability or unwillingness to stop aggressive acts or escape activity or have a documented history of engagement in behavior that causes major response from other youth. This program utilizes a cognitive/behavioral approach (negative thoughts lead to negative behavior) with a focus on impulse control, anger management and healthy masculinity.

While in the BHTU, your child will continue to receive the following services: medical, mental health, dental care, education, individual and group counseling. Your child will continue to have the opportunity to participate in recreational activities and faith-based programs.

Enclosed you will find an information booklet regarding this facility's visitation forms, directions and public transportation servicing the Monroe area.

Family participation, in all phases of your child achieving his treatment and rehabilitation needs, is strongly recommended and encouraged by this facility. In addition, we encourage you to visit your child as outlined in the enclosed booklet. Visitation takes place between the hours of 12:00 p.m. and 4:00 p.m. every Saturday and Sunday. Special visits are limited to extreme circumstances, and may be arranged by contacting your child's Case Manager.

To learn more about our facility and your child's program needs, please contact your child's Case Manager, at 318-362-5000.

Sincerely,

---

Facility Director

### Unified Behavior Plan for Youth with Special Needs

Youth:	Jirms:	DOB:	Date of Plan:
Dorm:			
OJJ Case Manager:		Contracted MHTP:	
		SSD Counselor and/or Speech Therapist:	
Youth on Medications? <input type="radio"/> Yes <input type="radio"/> No Medication Side Effects: <input type="checkbox"/> Sleepy <input type="checkbox"/> Dry Mouth <input type="checkbox"/> Hyper <input type="checkbox"/> Can't Sleep <input type="checkbox"/> Slow Moving <input type="checkbox"/> Constipation		Physical Limitations? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> No Running <input type="checkbox"/> No Heavy Lifting <input type="checkbox"/> Lower Bunk <input type="checkbox"/> No Sun Exposure <input type="checkbox"/> No Overheating <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Hearing Aid	
Youth At Risk? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Emotional <input type="checkbox"/> Aggressive Behavior <input type="checkbox"/> Escape <input type="checkbox"/> Can't Read <input type="checkbox"/> Victimization <input type="checkbox"/> Self-Injury Behavior <input type="checkbox"/> Memory Problems <input type="checkbox"/> Chronic Medical Condition			
<b>For ALL Special Needs Youth:</b>			
Monitor for sleep problems		Prepare youth for any changes to his routine	
Monitor for eating problems		Always provide immediate and helpful feedback when youth is learning a new skill	
In all situations, use small words and short sentences when talking to youth		Review activity schedule with youth until youth can repeat it back to you	
Show, coach, and practice skills until youth can do it on his own		Provide lots of examples when teaching a new idea or skill	
Use Praise and compliments when youth gives his best effort		Give positive feedback and encouragement when youth is having difficulty	
When talking to youth, make eye contact		Encourage youth to express feelings and opinions in a respectful manner	
When addressing problems, talk to youth one-on-one		Provide youth with options whenever possible	
<b>For THIS Special Needs Youth (check those that apply)</b>		<b>Individual Behavior Plan:</b>	
<b>EMOTIONAL:</b> <input type="checkbox"/> Monitor for social isolation <input type="checkbox"/> Encourage youth to use deep breathing if upset <input type="checkbox"/> Step in early when yth. appears to be getting upset <input type="checkbox"/> Allow breaks from activities every _____ Minutes		<b>PRIMARY TARGET BEHAVIOR:</b>  <b>SUGGESTED INTERVENTIONS:</b>	
<b>COMMUNICATION:</b> <input type="checkbox"/> Use visual aids to help learning <input type="checkbox"/> Help youth with all writing tasks <input type="checkbox"/> Repeat instrs. until you are sure youth understand <input type="checkbox"/> Read all printed material to youth <input type="checkbox"/> Youth requires large text print <input type="checkbox"/> Youth required audio versions of printed text <b>Other:</b>		<b>SECONDARY TARGET BEHAVIOR:</b>  <b>SUGGESTED INTERVENTIONS:</b>	
OJJ Dorm Manager:		Contracted MHTP:	
OJJ Case Manager:		Youthcare Mentor:	
Senior YouthCare Worker:		Other Attendee:	
SSD/Education Staff:		Other Attendee:	

## Behavior Health Treatment Unit (Pecan) Point Sheet

Youth Name \_\_\_\_\_

Week of \_\_\_\_\_ Phase \_\_\_\_\_

Youth medication compliant: Yes \_\_\_\_\_ No \_\_\_\_\_

Normal Living Task (17)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
a. Chores (8)							
b. Bed Area (5)							
c. Personal Hygiene (4)							
<b>Program Participation (33)</b>							
a. School (8)							
b. Dorm Activities (5)							
c. Journaling (7)							
d. Dining Hall (5)							
e. Program Disruption (8)							
<b>Treatment Counseling (10)</b>							
a. Individual Session (10)							
<b>Target Behavior (40)</b>							
a. Dorm Rules (10)							
b. Manner/Courtesy (10)							
c. Attitude (10)							
d. Boundaries (10)							
<b>Total Point For The Day</b>							

Total Points for the week \_\_\_\_\_ Weekly Average \_\_\_\_\_

Did the youth receive a major violation this week \_\_\_\_\_

Youth current Phase \_\_\_\_\_ Phase for next week \_\_\_\_\_

Group Leader's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office of Juvenile Justice  
Behavioral Health Treatment Unit  
Monroe, Louisiana**

**Behavior Health Treatment Unit  
PROGRAM SUMMARY**



**Revised May 1, 2019**

**Authors:**

**John Hunter, Ph.D.**

**Modified by Lee A. Underwood, Psy.D.**

# **Behavior Health Treatment Unit (BHTU) PROGRAM SUMMARY**

## **OVERVIEW**

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The Behavior Health Treatment Unit (BHTU) is able to house up to ten (10) youth, and is a unit for youth with underlying trauma, anxiety and depression whose manifested behavior includes acts of violence, aggression and intimidating behavior. These youth also have a documented history of engaging in behavior which creates or incites aggressive responses from others. The purpose of the BHTU is to assist staff in implementing promising strategies for identified youth. The BHTU is designed to assist youth in developing the self-regulatory, coping, and social skills needed to safely and successfully engage peers and staff members. The BHTU is a Specialty Program that ensures coordinated programming for youthful offenders.

The BHTU is a short-term program that provides stabilization services for youth who have been described as violent, aggressive and disruptive and in need of temporary separation from other youth. Under optimal conditions, the program duration is 8 weeks; yet depending upon stabilization, youth may transition from the program in less than 8 weeks or may remain on the unit longer than 8 weeks. However, some youth may remain on the program for an extended period of time, based on the severity of need. Youth placed in the BHTU will have their individualized treatment plans modified to meet new short-term goals before transitioning back to their forwarding program.

## **MISSION**

The mission of the BHTU is to provide a structured, therapeutic environment for youth who have demonstrated an inability or unwillingness to discontinue violent and aggressive acts. These youth may have documented histories of negative behaviors that elicit aggressive responses from other youth.

## **GOALS AND OBJECTIVES**

The goals of the unit are to provide youth with accountability for their actions, to enable them to learn adaptive methods of resolving problems and reaching personal goals, and to provide on-going support to enable youth to generalize and maintain positive changes.

### **Objectives to achieve these goals are to:**

- Engage and motivate each youth to commit to change;
- Identify the youth's dysregulatory emotions, cognitive distortions, and skills deficits that foster and lead to continuing violent behavior;
- Assist the youth in learning more adaptive ways to solve problems through changing belief systems and teaching self-control, self-management, and problem-solving skills;

- Provide a safe and reinforcing environment for the youth to practice the application of new cognitive constructs and emotional/behavioral skills to solve problems;
- Provide phased reintegration of the youth into the general population with follow-up support services.

## **THEORETICAL FRAMEWORK**

The BHTU relies upon a cognitive-behavioral approach with focus on conflict resolution, anger management, aggression reduction, and social skills. The overall therapeutic milieu incorporates components and essential principles of the Louisiana Treatment Model LAMOD and behavioral health interventions. Motivational Enhancement approaches will be used as the basis of staff to youth, as well as, staff to staff interactions.

The program is based on a cognitive theory of behavior change and describes three basic processes for change: 1) the youth's behaviors and his reactions to these behaviors in the environment; 2) the youth's internal dialogue (i.e., what he says to himself before, during and following the behavior) and; 3) the youth's cognitive structures (beliefs) that give rise to internal dialogue. As a brief cognitive-behavioral program, utilization of an array of mediation interventions that lead to new and more responsible beliefs, thinking and behavior are implemented.

Practically speaking, the unit's operational philosophy needs to adhere to the following principles:

- Structured activities should occur throughout the day rather than restrictive living;
  - Implementation of the incentive program for weekend rewards should be implemented;
  - Rigorous program schedule should be adhered to decrease youth boredom;
  - Maintain appropriate staffing at all times to implement the program's objectives;
  - Whenever possible, BHTU staff to be dedicated to the program and to minimally rotate or be called off to relieve other units.
-

# **ORGANIZATION**

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## **OPTIMAL STAFF ORGANIZATION AND ROLES**

Staffing of the BHTU Transition Unit is as follows:

- Group Leader
- Assistant Group Leader
- Social Services Staff (maximum individual case load will be five youth)
- Two JJS Staff per shift

The Social Services staff shall have program clinical responsibilities.

While functioning as one treatment team, staff members have differentiated roles and responsibilities based on their primary discipline. However, *all* staff is considered vital to the creation of a milieu that constantly guides and reinforces the youth's ability to learn new skills. Consequently, all staff will be simultaneously trained in the integrated cognitive-behavior therapy approach and the management of aggressive behavior. Staff must be proficient in behavior assessment, motivation and engagement, treatment planning, skills sets, and documentation requirements of the program.

## **Dorm Management**

The dorm management model serves as the "core model" on the unit. This model provides a framework for the implementation of a safe and effective treatment environment for youth. The treatment environment is consistently staffed by a multi-disciplinary team of professionals and driven by best-practices treatment values that afford youth the skills necessary to function in their environment. The dorm management model supports staff members to motivate and engage youth.

## **Environmental Structure**

Because of the potential violence posed by this population, the BHTU is considered a "self-contained" unit. However, the purpose of the program is behavioral change; therefore, youth are involved in planned activities that consider normalizing and developmental perspectives. Except for occasions when a youth on the unit is exhibiting behaviors which are dangerous, threatening, or disruptive to the milieu, youth shall be restricted to their rooms solely during night-time hours. Additionally, some services, such as education, will be provided in buildings outside of the unit to further normalize the environment.

When the youth have integrated new skills, a transition process will be employed to allow practice of the skills in the general population environment and to ease the eventual transition of the youth back into the general population. While in the final phase of the program, on a gradual basis, these youth will begin to eat off the unit, and participate in some general population recreational activities, etc. Before final transition from the unit, each youth will participate in a reintegration plan, involving meditative opportunities with either the youth or staff they victimized.

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# **ADMISSION PROCESS**

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## **ADMISSION CRITERIA**

In order for youth to be eligible for admission he must have demonstrated a pattern of repeated engagement in aggressive and/or disruptive behaviors that requires intensive treatment, and makes the youth's management in a less structured setting unmanageable and creates an unsafe environment for both youth and staff on the dorm.

To be considered for placement in the Behavioral Health Treatment Unit a youth must meet at least one of the following criteria:

1. Has engaged in 5 or more incidents of assaultive behavior towards other youth over a 15-day period where he has been the primary aggressor.
2. Has assaulted staff that resulted in a documented physical injury to the staff member.
3. Has engaged in daily aggressive and/or threatening behavior toward other youth or staff such as pushing/shoving or threats of assault on a staff member. Daily pushing or shoving of a youth and is intent on engaging the youth into a fight in which a behavioral improvement plan has not been successful in disrupting or stopping the behavior.
4. Any inappropriate sexually aggressive actions towards a staff member such as the intentional touching of a staff member's breasts, buttocks or genitals or daily and consistent sexually inappropriate and lewd aggressive language.
5. Has committed a single serious assault that the potential of reoccurrence must be actively prevented.

For the purpose of this policy, Assaultive Behavior shall be defined as: the assault of another through offensive, aggressive, intentional acts. Examples include: Fighting, Hitting, Spitting, Throwing or projecting objects or other substances, including any bodily fluids or products.

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# READINESS FOR PROGRAM DISCHARGE PROCESS

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## Discharge Readiness Checklist

Youth Name: \_\_\_\_\_  
 Date of Admission: \_\_\_\_\_  
 Program: \_\_\_\_\_  
 Anticipated Discharge Date: \_\_\_\_\_

### Discharge Readiness Criteria:

The youth has met program discharge readiness when:

- Youth has no documented incident reports (Reportables) in the past 30 days in which the youth was involved;
- Youth exhibits appropriate behavior 80% of the time, based on Treatment Plan, in the past 30 days with no major program violations to include acts of violence against self and others;
- Youth has completed BHTU Curriculum and tests with 80% or higher scores;
- Youth has met 80% of critical treatment goals and objectives, as defined by the treatment team in the Treatment Plan;
- Youth has refrained from demonstrating violence (horse playing, wrestling) in the past 30 days;
- Youth has refrained from program refusal (milieu and clinical) or program non-compliance within the past 30 days;
- Youth has refrained from a pattern of abusive behavior towards others including physical aggression, verbal aggression, intimidating and bullying within the past 30 days;
- Youth is able to verbalize at least five healthy coping skills;
- Youth is able to verbalize at least four criminal thinking errors;
- Youth has engaged in at least two successful family intervention sessions (if applicable);
- Youth has completed the Relapse Prevention Plan (identifying knowledge and understanding of personal triggers, most dangerous temptations, high-risk people, places, things, feelings, and situations) and has presented it to peers in group, MDT, and members of the Discharge Committee;
- Youth has identified five areas of physically aggressive concerns and addressed issues likely to be faced upon returning to the general population;
- Case Manager has established Transitional services for forwarding unit and such services have been set up and scheduled for discharge;
- Medical Provider has stabilized youth medication(s);
- Education plan is established and solidified;

**MDT Review:**

The members of the MDT have reviewed the following documents in preparation for the Discharge Planning Staffing:

- \_\_\_\_\_ Incident and Infractions Reports
- \_\_\_\_\_ Relapse Prevention Plan
- \_\_\_\_\_ Preliminary Discharge Plan
- \_\_\_\_\_ Treatment Plan

**Discharge Disposition:**

Full Program Completion \_\_\_\_\_

Partial Program Completion \_\_\_\_\_

Unsuccessful Program Completion \_\_\_\_\_

## **TREATMENT PLANNING & PROGRESS REVIEW**

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### **PROGRAM PHASES:**

The BHTU is divided into four phases:

- Phase I** - Readiness & Motivation for Treatment
- Phase II** - Healthy Masculinity & Anger Management
- Phase III** - Relapse Prevention
- Phase IV** - Transition

According to John Hunter, all youth participate in specialized individual counseling and didactic groups that foster acquisition of values, knowledge, and skills believed to be critical to the cessation of aggressive behavior and the assumption of a healthy lifestyle. The specialized didactic groups also target broader interpersonal skills and social-ecological factors that research suggests contribute to both general delinquency and aggressive behaviors (e.g. anger management, impulse control, and distorted concepts of masculinity).

The following phase system was developed by John Hunter and include the following. *Phase I* of the program is devoted to orientation, assessment, and treatment plan development. The specialized didactic groups are concentrated in *Phase II* of the program focuses on healthy masculinity, and anger management, and presented in a sequential manner. *Phase III* of the program is devoted to teaching relapse prevention, practicing acquired skills in the larger institutional environment, and *Phase IV* focuses on transition of the youth back into the general population.

Key components of each specialized group are skill acquisition, skill generalization, and understanding how the imparted skills/knowledge can assist in managing problematic behavior. Each group adheres to a very specific format as follows:

- Introduction of the specific concept (e.g. social skills)
- Understanding the linkage between the skill and aggressive behavior
- Staff modeling of the skill
- Youth practicing of the skill through role-play exercises
- Homework assignments designed to reinforce acquisition and understanding of the skill/concept
- Measurement of concept/skill acquisition and generalization in the dorm milieu and the larger institutional environment.

Each specialty group meets five days a week. Individual counseling is provided two times per week. A brief description of each treatment phase is provided below. **Appendix A** details the organizational structure of the phase-specific specialty groups, including targeted goals and competencies.

Youth will be promoted to phases as his individual level of participation in programming. While transfers back to the general population is optimal, there may be some youth who remain on the program until release to the community. However, systematically applied incentives are in place to encourage youth to continue program progress.

## **PHASE I-READINESS & MOTIVATION FOR TREATMENT**

Upon entry to the unit, a youth will go through a formal orientation to treatment. The orientation period is up to seven days during which the youth is familiarized with the rules of the unit and the objectives for treatment.

Goals/objectives of the orientation to treatment include:

- Learn unit rules, regulations, posted policies and expectations;
- Complete introduction to the group process, curriculum, stages;
- Introduce to other youth on the unit;
- Introduce to cognitive-behavioral philosophy;
- Review of the Unit Youth Handbook which will contain information on unit rules, regulations, and expectations; the unit schedule; and a summary of the treatment and interventions that will be provided;
- Contact by staff with the youth's parents/custodians about the unit program, with encouragement of family involvement/participation in the process.

Youth in *Phase I* are provided with an *orientation* to the program. The orientation includes information about the intervention program and its goals and expectations, and explanation of the importance of intervention to reduction of the risk of future aggressive behavior. The team leader conducts the orientation program although other staff members participate as guest speakers. Rules and program expectations are carefully explained. *Motivational interviewing* is conducted for the purpose of facilitating behavioral change. Youth are assisted in exploring the individual and societal consequences of aggressive behavior and the advantages of adopting pro-social values and acquiring self-control skills.

A "mentor" will be assigned to the youth for the duration of the orientation period. The primary role of the coach during the orientation period will be to assist the youth in understanding the youth handbook, and to observe and collect information from other staff regarding the behavior of the youth. During this first week, the youth's assigned counselor/group leader will also meet with the youth to introduce him to the cognitive-behavioral approach and to explain the concept of behavioral analysis, which is an essential element of the program that will be used to analyze the youth's behavior and to develop treatment plans that will be effective in reducing maladaptive thought, feelings and behaviors.

Also, during this phase, an inter-disciplinary treatment team staffing will be conducted prior to admission for the purpose of modifying his individualized intervention plan (IIP) to reflect his identified target objectives and the interventions included in the unit program. Observations and information collected by the personal coach and the counselor/group leader during orientation will be used in the development of the IIP. Composition of the team will be consistent with current OJJ policy. The youth's social services staff person from his original area/facility will also attend.

All youth participate in specialized individual counseling and didactic groups that foster acquisition of values, knowledge, and skills believed to be critical to the cessation of aggressive behavior and the assumption of a healthy lifestyle. The specialized didactic groups also target broader interpersonal skills and social-ecological factors that research suggests contribute to both general delinquency and aggressive behaviors (e.g. anger management, impulse control, and distorted concepts of masculinity).

## **PHASE II-Healthy Masculinity, Empathy Development and Anger Management**

Upon leaving the orientation phase of treatment, youth will enter the treatment phase. The treatment phase of treatment is designed for up to four weeks in duration (or more, depending on specific circumstances). Also, during this phase, youth will complete therapeutic homework assignments as prescribed in the curriculum workbook. These assignments will be facilitated during both group and individual counseling sessions.

Specialized didactic groups in Phase II are *Healthy Masculinity*, *Impulse Control*, and *Anger Management*.

The teaching of *Healthy Masculinity*, including the promotion of positive life values, is an integral component of the intervention program. The group focuses on understanding how distorted beliefs about masculinity can contribute to interpersonal violence, emotional isolation, and unhealthy male-female relationships. Strongly emphasized are a respect for self and others, an appreciation of cultural diversity, and a commitment to the cessation of violence as a means of resolving interpersonal conflict. Youth are helped to understand the needs of females in male-female relationships and the benefits of good communication and shared decision-making. They are also encouraged to respect diversity as it relates to ethnic/cultural, sexual orientation, and religious differences in our society. *Healthy Masculinity* addresses the concept of “the generative male” and promotes the belief that each youth can become an agent of positive life change through the formation of healthy interpersonal relationships and investment in his family and community. This group helps each youth develop a life plan that identifies short and long-term goals in the following domains: educational, vocational, interpersonal, and spiritual.

In the *Impulse Control* group, youth are taught a cognitive-behavioral skill (covert sensitization) that helps them understand the antecedents of their sexually abusive behavior and anticipate its negative consequences. The skill can be applied to a variety of impulse-linked behavioral problems, and is believed to help the youth achieve overall behavioral stabilization within the program.

*Anger Management* stresses assertiveness and conflict resolution skills. It also teaches anger cue recognition, the management of stress/frustration, and the correction of maladaptive cognitions. A variety of emotion regulation skills are taught, including: cue controlled breathing, progressive muscle relaxation, and positive imagery.

## **PHASE III-RELAPSE PREVENTION**

*Relapse Prevention* is viewed as a vital component of the intervention program. During this phase, each youth develops an understanding of the chain of thoughts, feelings, and behaviors/events that led to his aggressive behavior. This includes identifying both remote and proximal factors that contributed to his acting out, and situations/circumstances that may place him at high risk for its reoccurrence. An individualized relapse prevention plan is developed that reflects an understanding of the above cycle and identifies specific coping and self-control skills that can be employed to prevent aggression. The youth works collaboratively with the intervention team in the development of this plan. Each youth presents his finalized relapse prevention plan to the intervention team, his parent/guardian, and probation officer.

In Phase III of the program the youth is given the opportunity to demonstrate that he can utilize his acquired self-control and relapse prevention skills in the larger institutional environment. This is accomplished in a sequential manner and includes supervised reintegration of the youth into critical environments, including: the cafeteria, recreational activities, dorm meetings, and school. Observation of the youth's success in maintaining behavioral control and adherence to rules in these environments informs decision-making about his readiness for transition back into the general population.

In Phase III of the program the youth is assigned a peer mentor who accompanies him, along with a supervising program staff member, in reintegration activities (e.g. eating in the cafeteria). The role of the peer mentor is to provide encouragement and emotional support to the youth in accomplishment of his treatment goals. Peer mentors will be chosen by the facility director, and Director of Social Services, and provided with orientation as to their role in the program. A program staff member accompanies the youth to all reintegration activities. This program staff member provides supervision and makes determination of the youth's ability to conform to the demands of the setting. At their discretion, and in the case of loss of behavioral control, the youth can be returned to the more secure setting of the program dormitory. The supervising program staff member provides feedback to the youth's individual counselor and the treatment team on the youth's success in attaining his delineated goals. This feedback is utilized in address problems that arise. When needed, and as appropriate to the setting, individual counselors work with youth in the reintegration settings to help them achieve their treatment goals.

#### **PHASE IV-TRANSITION**

When a youth has demonstrated a working knowledge of new skills; is able to apply these skills in everyday situations within the unit with few prompts from staff; and therefore, has a significant reduction in the behaviors which resulted in unit admission, he will begin the process of gradual transition. The purpose of transition is to allow the youth an opportunity to practice these new behaviors in the environment outside of the unit, and to receive feedback and consultation from staff regarding review of his behavior in these transitional opportunities. Transitional opportunities will include dining with general population, participation in assigned area school, participation in some general population recreational activities, etc. Prior to beginning the reintegration process, a specific general population reintegration plan will be developed by the inter-disciplinary treatment team, with specific objectives and performance indicators specified. The youth's permanent counselor/group leader will be integrally involved in development and implementation of the general population reintegration plan.

At this point, the youth will be reviewed for transfer to a general population housing unit, maintenance within the BHTU or release to the community.

The goal of Phase IV is to help the youth maintain therapeutic gains and behavioral stabilization after his return to the general population. This is accomplished by formally monitoring his adherence to the relapse prevention plan, and its effectiveness, for a period of six months. The youth's individual program counselor attends case staffing conferences at least every six weeks on the youth's general population dormitory and provides consultation to social services staff and dormitory supervisory staff on an as needed basis. The referenced counselor helps troubleshoot behavioral management problems that arise and offers support and guidance in their effective address. An emphasis is placed on preventing relapse and the necessity of readmission to the program. However, the individual counselor can make such a recommendation if he feels that it is in the best interest of the youth and facility.

In addition to the aforementioned, the following indicators would be achieved:

- He is not a current danger to others;
- He is free of major violations;
- He has met the goals of his IIP;
- He has successfully completed his general population reintegration plan; and
- The consensus of the multi-disciplinary treatment team is that the youth no longer requires residence and treatment in the BHTU, and continued treatment can be effectively rendered elsewhere.

## **Evaluation of Readiness for Phase Promotion**

Evaluation of readiness for progression to the next phase is based on three criteria: 1) staff observation, 2) pre- and post-testing on domain-specific instruments, and 3) evidence of generalization of therapeutically acquired attitudes, knowledge, and skills to the broader social-ecological living environment. The first criterion involves staff observation of the youth in the various specialty groups. In order for the youth to be given credit for successfully completing the group, the counseling staff must be of the opinion that the youth was active in group counseling and compliant with counseling directives and homework assignments. This includes display of a positive attitude in the group counseling sessions and demonstration of respect for others.

The second criterion involves pre- and post-testing/observation of youth using instruments that measure the prescribed subject matter. Assessments are conducted on each youth upon his entering and completion of each the groups. These assessments establish a baseline (or pre-treatment) level of functioning in each area of therapeutic focus, and the youth's subsequent level of functioning (i.e. progress) upon completion of the group.

The third criterion involves use of a "point system" to determine whether the youth achieved individually assigned treatment goals. At any given point in time, each youth has three goals on his point sheet: two goals specific to the specialty group in which he is currently enrolled, and one "overarching goal". The specialty group- specific goals are reviewed weekly and modified, as needed. Youth must average 80% or greater behavioral compliance with the group-specific goals over the course of Phase II to receive credit for that group.

## **CLINICAL SERVICES**

The following treatment modalities occur during this phase:

### **Milieu Counseling**

Milieu Therapy is structuring the environment so that events and interactions are therapeutically designed for the purpose of enhancing skills and building confidence. It is in the milieu or "on the floor" that staff will consistently guide and reinforce the youth's ability to learn new skills, while at the same time offering a safe place for these skills to be practiced and integrated into the youth's repertoire of strategies. While attempting to accept youth as they are, staff will also be looking for adaptive responses to reinforce

while extinguishing maladaptive responses. The constant focus is essentially supporting replacement of unskilled (maladaptive) behaviors with more skillful, effective behaviors.

### **Behavioral Techniques**

Techniques for breaking the maladaptive behavior chain are part of the treatment plan and are employed in the milieu when the problem behavior occurs. Techniques that may be employed include:

- **Reinforcement** – any event that maintains or increases the future occurrence of a behavior that it follows. To be reinforcing, the event must be something the individual likes and responds to. Reinforcers might include positive statements about the behavior, additional attention given to the person when the behavior is demonstrated, or a simple thank you.
- **Shaping** – consists of selecting the target behavior; select the initial behavior that the youth currently performs and that resembles the target behavior in some way; select powerful reinforcers with which to reinforce the target behavior; determine successive approximations or small steps of the target behavior; and reinforce the initial behavior until it occurs frequently.
- **Redirection** – A method of intervention that involves asking or telling the youth to stop the inappropriate behavior, orienting them to appropriate behavior, and warning them of the consequences for not redirecting their inappropriate behavior to appropriate behavior.
- **Extinction** – is a procedure in which the reinforcement that has been maintaining increasing an inappropriate behavior is withheld entirely. A common practice of the extinction process is ignoring behavior that is reinforced by attention.
- **Contingency Management** – is based upon a simple behavioral principle – if a behavior is reinforced or rewarded, it is more likely to occur in the future. Positive performance rewards would be an example, when used, of “catching a youth doing something good”.
- **Coaching and Role-Playing** – Feedback with instructions or acting out the instructions given or practicing new skills.
- **Cognitive Restructuring** – the basic idea is that people’s emotions and behavior can be greatly affected by what they think. If people can consciously change their habits of what they say to themselves and what mental images they present to themselves, they can make themselves more productive or can accomplish any of several other positive changes. It is a way of giving you more control over your own thoughts, feelings, and behaviors.

### **Individual Counseling**

The youth will be assigned a social services staff member for individual therapy, which will occur at least two times per week, which may include crisis services. Individual therapy will focus on individual vulnerabilities and risk factors that increase the chance of the youth responding or acting in maladaptive ways. Additionally, the youth’s Mental Health Contractor. (MHTP for SMI youth) may continue to consult with him once weekly.

### **Group Counseling**

Skills training (interpersonal effectiveness, problem-solving, emotional regulation, distress tolerance) will occur in group counseling which will be held a minimum of 10 times per week (five times by Social Services staff and five times by JJS staff) for the presentation of new skills, with one additional session for homework review. Homework is an essential part of skills training, as repetition and practice is essential as part of the learning process. Once skills are learned in group, unit staff will reinforce use of

the skills, coach youth on applying the skills and reward youth for demonstrating commitment and competence in skills utilization.

### **Adjunctive Therapies and Other Services**

#### ***RECREATION***

Each youth will be given the opportunity to exercise and participate in outdoor exercise for at least one hour per day, including weekends and holidays. Additionally, leisure activities will be conducted on the unit. A recreation therapist is assigned to the unit to coordinate these activities. In addition to opportunities for relaxation and exercise, recreational activities will be structured as much as possible to provide opportunities to practice and build skills competency.

#### ***RELIGIOUS SERVICES***

Each youth will be provided the opportunity to voluntarily participate in religious activities performed by the assigned Chaplain or religious volunteers.

#### ***EDUCATIONAL SERVICES***

Educational services will be provided to all youth. School will be provided for a total of six hours per day. Additionally, a contracted, certified teacher will be provided after school and/or weekends to provide individual or small group tutoring

#### ***MEDICAL SERVICES***

Unit residents will have equitable access to all medical, nursing, dental, and other physical health services. As much as possible, such services shall be provided within the confines of the unit.

#### ***MENTAL HEALTH SERVICES***

Unit residents will have equitable access to mental health services as applicable. Unit personnel will follow applicable Mental Health Contractor policies as relates to authorization for suicide watch. Mental Health Contractor's staff will make determination whether or not youth's emotional state has deteriorated which dictates need for re-evaluation by Mental Health Contractor, and reassessment of placement.

#### ***FAMILY INTERVENTION***

Family interventions are based on four major assumptions. First, every youth enters the program with a "family", whether absent, distant, functional or dysfunctional and the involvement of their family is a critical component in ensuring compliance and developing skills necessary to build and support productive lifestyle changes. Secondly, the family is seen as the primary socializing unit, and in most cases the most influential system to which the youth belongs. Thirdly, that consistent with systemic thinking, the youth cannot be considered as separate from the social context from which he lives. Lastly, the family remains a family whether reunited or not and family members will often continue to have relationships throughout their lives.

Since the eventual goal of the program is to re-integrate youth back to their home and/or community, family involvement is a strong component to treatment. To ensure successful reintegration of youth back into the community, the home must be a positive, safe and loving place that will foster the youth's display of positive behaviors and rational beliefs. Family interventions may include telephonic counseling sessions, on-site family counseling and in-home counseling with the casemanager and parent/legal guardian. On-site family interventions shall be flexible and family friendly.

## **Program Contingencies**

### **Daily Case Conferences**

Each day, available staff including the Group Leader and the Case Manager, will convene to review each youth's behavior from the previous day. On-going communication between staff is critical to maintaining a consistent, treatment-oriented focus on each youth's cognitive, emotional, and behavioral status. The daily case conference is a means of constant review and staff consensus in approach. Results of the daily case conference are documented at the bottom of the youth's daily log sheet and returned to the daily log.

In order to facilitate a meaningful case conference, a daily sheet will be maintained with a page for each youth. All staff members are expected to enter significant data from observations and interactions with youth, (significant behavioral problems which have occurred, interactional problems which occurred between youth and between youth and staff, current emotional status which may affect behavior, significant events which have happened which may be stressful for the youth, instances of successful application of positive behavioral skills, etc.). Every staff member who begins a work shift in the program is expected to read the daily log before beginning interactions with youth.

At the daily case conference, each youth's log sheet will be reviewed and indicated interventions planned. The results of the daily case conference will be documented on the youth's daily log sheet and returned to the daily log book.

The daily case conference does not negate the requirement that there be ongoing shift reports between staff at shift change time.

### **Weekly Case Conferences**

Each week, available staff including the Group Leader, the Social Services staff, the Director of Treatment and Rehabilitation, the Program Consultant, JJS and other relevant parties, will convene to review each youth's behavior from the previous week. On-going communication between staff is critical to maintaining a consistent, treatment-oriented focus on each youth's cognitive, emotional, and behavioral status. The weekly case conference is a means of constant review and staff consensus in approach. Results of the weekly case conference are documented at the bottom of the youth's daily log sheet and returned to the daily log.

In order to facilitate a meaningful case conference, a daily point sheet will be maintained with a page for each youth. All staff members are expected to enter significant data from observations and interactions with youth, (significant behavioral problems which have occurred, interactional problems which occurred between youth and between youth and staff, current emotional status which may affect behavior, significant events which have happened which may be stressful for the youth, instances of successful application of positive behavioral skills, etc.). Every staff member who begins a work shift in the program is expected to read the daily log before beginning interactions with youth.

At the weekly case conference, each youth's log sheet will be reviewed and indicated interventions planned. The results of the daily case conference will be documented on the youth's daily log sheet and returned to the daily log book.

A case review staffing will be conducted at least every seven working days following development of the initial IIP to evaluate the youth's programmatic and personal progress, staff efforts in motivating, instructing, and coaching the youth, and to determine readiness for beginning reintegration. Participants will include, at a minimum, the youth's counselor, Group Leader, Assistant Group Leader, a representative of Mental Health Contractor, and the youth. Results and recommendations of the case review staffing will be presented at the quarterly staffing, or if appropriate, at a special meeting of the inter-disciplinary treatment team.

### **Additional Program Time**

If a youth is involved in a major violation (i.e., property destruction, fights, threats of bodily harm, etc), the MDT may recommend an additional two weeks of program time on the BHTU.

### **TREATMENT PROCESS**

All youth on the BHTU program receive the same level of basic care services that are provided for the general population including sanitation, dietary, mental health care, educational, recreation, medical and clothing services. They are informed of program options available to them and of the expectations of the facility staff regarding their behavior.

Considering the literature regarding core treatment components and interventions, the program ensures that the following questions are examined: What treatments are available for this population? Are there any published manuals and proven treatment methodologies? What are the areas to target for change? What treatment strategies have empirical validation? How should empirically validated treatment strategies be adapted for the population? What is the stance of the mental health treatment provider? What is the potential for harm? What are the training requirements for staff members?

Youth will participate in structured group and individual counseling sessions. The three functions of treatment in the cognitive-behavioral approach to be used are:

- **Motivating and Engaging Youth**

The program will not work without the youth's commitment to change. In order to gain the youth's commitment to changing problem behaviors and learning new skills, the treatment model builds in motivation and engagement through Motivational Enhancement Therapy and use of Motivational Interviewing skills. The culture will also foster staff to motivate and engage youth and families through hopeful conversations; collaborative efforts; consistent and non-judgmental approaches; validating and interested involvement; respect; adapting treatment materials to the youth's own goals; and relentless pursuit of positive outcomes.

- **Skill Acquisition**

Structured learning vehicles will be used to present skills, and reinforcement, shaping, milieu coaching and contingency management will be provided. Primary skills to be learned will be interpersonal effectiveness, emotion regulation, problem-solving, and distress tolerance.

- **Skill Generalization**

Youth will be taught how to match a context or situation with a set of skills. The new skills will be practiced with staff coaching and consultation. Skill generalization is essential to the learning process and to the chance for success in reintegration into the general population (and eventually the community at large)

## **PLANNING & EVALUATING**

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The planning and evaluation process are ongoing with methodologies including monitoring of data collected through monthly and bi-annual assessment and improvement measures. Actions are taken as a result of information obtained through these activities.

Please note some of the activities to ensure such.

- a) File Reviews-administered bi-annually
- b) Program Audits-administered bi-annually
- c) Staff Training and Development

Social Services Supervisors and the Facility Treatment Director, and Group Leaders are responsible for evaluating progress towards attainment of their program's goals for the current year. Bi-annually, the goals are reviewed based on the established criteria and progress reported. Revision of these goals may be made as necessary. An annual evaluation is conducted within the department using available data to assess the attainment of these goals with a written report submitted that includes an explanation of progress or failure to achieve the goals. A corrective action follow-up evaluation is also conducted six months after the annual evaluation.

## **TRAINING DEVELOPMENT**

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All staff members should have some experience working with juveniles. Once employed, staff members receive new employee orientation training. Additionally, staff will receive program-specific training activities over a course of a year. These training activities may be held during scheduled in-services and during team meetings. Each unit of training describes definitional, identifying characteristics and management principles. Each training session uses role plays and situational-based scenarios. The training activities may be conducted by the Group Leader, Treatment Director, Counselor, Mental Health Contractor, staff members, and Consultants. Course outlines are available for the indicated training activities. The following provides a sample overview of the content domains of the training units:

1. Cognitive Behavioral Treatment
2. Accommodating the Needs of SMI youth
3. Adolescent Aggressive Behavior
4. Establishing and Maintaining Therapeutic Environments
5. Dorm Management Procedures
6. Integrated Treatment Model
7. Conflict Resolution
8. Overview of BHTU program
9. Trauma Informed Care
10. Cultural Competency and Inclusion

Additionally, all staff members receive on-going training in program management, policy and procedural updates, quality assurance and other relevant areas on a weekly basis.

**APPENDIX A (Developed by John Hunter)**

<b>Phase and Group</b>	<b>Description</b>	<b>Goals</b>	<b>Expected Behaviors and Competencies</b>
Phase I - Orientation	Orientation to the program is provided. Motivational interviewing is conducted to establish commitment to positive behavioral change. Assessment of youth in support of the formulation of an individualized intervention plan.	<ol style="list-style-type: none"> <li>1) Establishment of the youth's commitment to positive behavioral change;</li> <li>2) Identification of salient intrapersonal and interpersonal issues, and systemic factors, that contribute to the youth's behavioral dysfunction and aggressive behavior;</li> <li>3) Formulation of an individualized intervention plan.</li> </ol>	<ol style="list-style-type: none"> <li>1) Compliance with program rules;</li> <li>2) Commitment to positive behavioral change and the cessation of violence;</li> <li>3) Cooperation with assessment process;</li> <li>4) Active participation in the formulation of an individualized intervention plan.</li> </ol>
Phase II – Impulse Control	Instruction in understanding the antecedents of aggressive behavior, and application of a cognitive-behavioral intervention for improving impulse control.	<ol style="list-style-type: none"> <li>1) Acquisition of an understanding of the thoughts, feelings, and events that precipitated their aggressive behavior;</li> <li>2) Enhancement of impulse control and judgment.</li> </ol>	<ol style="list-style-type: none"> <li>1) Ability to recognize thoughts, feelings, and events that may precipitate aggressive behavior;</li> <li>2) Ability to interrupt such thoughts before they lead to acting out, by anticipating the social, emotional, and legal consequences of such behavior.</li> </ol>
Phase II– Healthy Masculinity	Promotion of a healthy sense of masculine identity through education and correction of negative cultural stereotypes. The	<ol style="list-style-type: none"> <li>1) Correction of distorted and unhealthy beliefs regarding the acceptability and inevitability of interpersonal</li> </ol>	<ol style="list-style-type: none"> <li>1) Ability to articulate how traumatic life events and negative cultural stereotypes can contribute to a</li> </ol>

	<p>teaching of a respect for females, and the characteristics and virtues of healthy male-female relationships. Instruction in developing positive life goals and a plan for their accomplishment.</p>	<p>violence;</p> <ol style="list-style-type: none"> <li>2) Achievement of a personal commitment to the cessation of violence and abuse of women and children;</li> <li>3) Development of a respect for females, and an understanding of their relationship needs;</li> <li>4) Commitment to the establishment of positive and balanced male-female relationships;</li> <li>5) Identification of multiple ways in which males can make a positive contribution to their families and communities;</li> <li>6) Development of short and long-term life goals, and a plan for their achievement.</li> </ol>	<p>cycle of violence in males;</p> <ol style="list-style-type: none"> <li>2) Ability to explain personal and social benefits of a healthy masculine identity, and demonstration of respect for self and others;</li> <li>3) Demonstration of a respect for females, and ability to articulate their relationship needs;</li> <li>4) Ability to articulate the positive impact that males can make in the lives of their family and friends, and ways in which they can contribute to the betterment of their communities;</li> <li>5) Presentation and explanation of short and long-term life goals, and a plan for their achievement.</li> </ol>
Phase II – Anger Management	<p>Instruction in anger recognition, and assertiveness and conflict resolution skills.</p>	<ol style="list-style-type: none"> <li>1) Development of the capacity to recognize angry feelings and modulate their emotional expression;</li> <li>2) Development of assertiveness and conflict resolution</li> </ol>	<ol style="list-style-type: none"> <li>1) Ability to recognize angry feelings and maintain internal control over their expression;</li> <li>2) Ability to act assertively in response to a variety of</li> </ol>

		skills.	interpersonal conflict situations; 3) Ability to successfully negotiate compromises to interpersonal disputes.
Phase III – Relapse Prevention-Transition	Instruction in applying relapse prevention principles to the prevention of aggressive. Sequential supervised transition of the youth back into the general population.	<ol style="list-style-type: none"> <li>1) Acquisition of an understanding of circumstances and factors that can increase one's risk for engagement in aggressive behavior;</li> <li>2) Development of the ability to identify and apply coping and self-control skills;</li> <li>3) Development of a comprehensive and personalized relapse prevention plan</li> <li>4) Successful reintegration of the youth back into the general population.</li> </ol>	<ol style="list-style-type: none"> <li>1) Ability to identify specific factors that could increase their personal risk of aggressive behavior;</li> <li>2) Demonstration of a knowledge of coping/self-control skills and their appropriate application;</li> <li>3) Verbal presentation to Care Team of a personalized and comprehensive relapse prevention plan;</li> <li>4) Demonstration of the ability to maintain behavioral control in the larger institutional environment.</li> </ol>
Phase IV— Maintenance	Support of youth and his staff in maintaining therapeutic gains once reintegrated into the general population.	Provision of consultation to social services and general population staff in support of the youth's successful adjustment to the general population and address of problems that arise. Program representative attendance of case staffing conferences on an every six weeks basis for the first six months after the youth's return to the general population.	<ol style="list-style-type: none"> <li>1) Youth compliance with his established relapse prevention plan;</li> <li>2) Effective address of behavioral problems that arise and in support of the youth remaining in the general population;</li> <li>3) Revision of the relapse prevention plan, as needed.</li> </ol>



# Help for Adolescent Males with Aggressive Behavior Problems

A COGNITIVE-BEHAVIORAL TREATMENT PROGRAM

*Workbook*

John A. Hunter, Ph.D., M.P.

# **Module 1: *Impulse Control and Judgment***

## **Introduction**

The majority of adolescent males who engage in aggressive behavior have problems with impulse control and judgment. This means that you may tend to act first, and only later consider the consequences of your behavior. This module is designed to help you understand the personal, social, and legal consequences of acting impulsively. The main skill you will learn is how to “stop and think” before you act.

## ***Lesson 1***

### **Goals**

- *To learn the definition of key terms related to impulse control and judgment*
- *To understand the relationship between impulsivity and aggressive behavior*

### **Key Terms: Impulse, Impulse Control, Judgment, and Impulsivity**

#### **Impulse**

What does it mean to have an impulse? An impulse is an urge or desire to do something. People experience impulses or urges as something they *want* or *need* at given moments in time. Urges are usually associated with various biological states or states of mind. For example, when you are hungry, you experience the urge to eat, and when you are thirsty, you experience the urge to drink. In this same way, people sometimes experience various aggressive urges or desires. It is

important to understand that it is normal to experience a variety of impulses, including certain aggressive urges. However, it does not mean that just because you experience an urge it is okay to act on it.

### **Impulse Control**

Learning how and when to express your urges or impulses is called *impulse control*. Although you have little control over the types of urges you experience, you do have control over the decision-making process in which you decide whether to give in to your urge at that given moment. Lots of things need to be considered in deciding whether or not to express or act on an urge. Ask yourself:

- *Is this an urge that might hurt someone (or me) if I choose to express it?*
- *Is this the right time and place to express it?*
- *Is there something else that I should be doing now, instead of giving in to this urge?*
- *What is likely to happen if I act on this urge at this time, and with this person?*
- *Will I get in trouble if I act in this way?*

### **Judgment**

*Judgment* is the mental process of asking questions and considering the potential consequences of acting on an urge. It is the thinking decision-making process that helps guide your behavior when you are driven to satisfy an urge. In essence, it tells you whether some desired action should be taken or not taken, based on a number of important considerations. Of course, your judgment may be good or bad, and sometimes people go ahead and do something anyway, even

though they know it is wrong or harmful. Things like age, maturity level, and intelligence are some factors that may influence a person's decision to act on urges or impulses. Good judgment comes from taking the time to stop and think about the potential consequences of your actions. If you act in a hasty manner, and don't think things through, you cannot make good judgments.

### **Impulsivity**

What does it mean to be impulsive? Being *impulsive* means to act or do things without really taking the time to think through the situation. People can act impulsively in a variety of different ways, with a variety of consequences. Impulsivity can lead to problems with weight control, drinking, substance abuse, etc. It can also lead to criminal behavior.

### **Aggressive Behavior, Impulse Control, and Judgment**

Many adolescents who act aggressively have impulse-control problems. It is important to understand that there is a relationship between impulsivity and mood. When you are angry it may be more difficult to exercise good impulse control and judgment. This treatment module focuses on teaching you how to "stop and think" before acting on an aggressive urge or impulse. You will be taught a technique that you can use in your everyday life that will improve your impulse control and judgment. Mastery of impulse control can lower your risk of acting out aggressively and getting in trouble.

### **Impulse Control Pre-Test**

## ***Lesson 2***

### **Goal**

- To learn the “*Stop and Think*” skill

### **Overview**

The “*Stop and Think*” skill is designed to:

1. Increase your understanding of the thoughts, feelings, and events that led to your aggressive behavior;
2. Provide practice in interrupting aggressive thoughts before they lead to heightened anger and acting out behavior;
3. Help you learn to avoid high-risk behaviors/situations, and
4. Help you become better aware of the rewards of practicing good impulse control and judgment.

### **The Steps to “Stop and Think”**

The “Stop and Think” procedure is outlined below:

#### **Step 1: Neutral**

The first step of the “Stop and Think” skill is called the *neutral* step. This step requires you to take 10-20 seconds to describe where you were, what you were doing, and how you were feeling *before* you had any aggressive thoughts. For example, “*I see myself sitting in the lounge watching TV. Nothing much is going on and I’m feeling kind of bored and restless*”.

Thinking about the thoughts, feelings, and behaviors that occurred before you acted-out (e.g. hit someone) will help you understand how they are linked to your aggressive behavior. You may feel that you “don’t know” why you did what you

did, just that you were driven to do it, and this is where the “Stop and Think” skill can help.

### **Step 2: Events, Thoughts, and Feelings Leading to Aggressive Behavior**

This step consists of describing the events, thoughts, and feelings you had before you acted out aggressively. However, you will *not* describe the aggressive behavior itself. For example, *“As I am watching TV another youth walks by and bumps into the chair where I am sitting. I look up and say, ‘Watch where you are going’ but he ignores me and goes to sit down in another chair. I think to myself that he doesn’t have any respect for me and look up at him and say, ‘Aren’t you going to say anything? Are you just going to sit there?’ He just says, ‘Whatever’ and keeps watching TV. I am thinking that I am tired of his stuff and feel myself starting to get really pissed off. I feel like clicking-out—“SWITCH”*

### **To CONSEQUENCES**

### **Step 3: Consequences**

The next step in “Stop and Think” is imagining the negative *consequences* of having acted aggressively. It can include things that have actually happened in the past or things that could happen if you were to engage in this behavior (e.g., going to jail, going to lock-down, catching a new charge, etc.). The point here is to explore the negative impact your behavior has on your life and the lives of those close to you. For example, *“I am sitting in lockdown. It is cold in here and the place stinks. There is nothing to do but stare at the wall. I can’t believe I screwed up again. I had a furlough coming and wanted so badly to see my family. I don’t know how I am going to explain this to my mom. She was so excited about seeing me and was going to cook me my favorite dinner. My*

*social services worker comes by and tells me we have to call my mom to explain why I'm not coming home this weekend. My mom answers the phone. Before I can say anything she starts telling me how happy she is that I am coming home and that my little brother can't stop talking about it. It has been so long since I last saw them. My voice starts to crack as I start to talk and my mom asks me what's wrong. I can't get the words out and my social services worker tells me that I have to tell her what happened. My mom knows something is wrong and I can hear her start to cry. There is nothing worse than hearing her cry. I hate it. I don't know why I keep screwing up like this. Something must be wrong with me--"ESCAPE"*

#### **Step 4: Escape**

The *escape* step is an important part of "Stop and Think". In this step, you imagine a different outcome, one that is positive and in which you do not act aggressively. This step helps you imagine the rewards of exercising good judgment and impulse control. To complete this step, describe a scene in which you avoid aggression by stopping and thinking before you act. For example, *"I'm sitting in the lounge watching TV when another youth walks by and bumps into my chair. I look up and say, 'Hey man, what's up with you. He just ignores me and sits down to watch TV. I find myself starting to get pissed but I think to myself he truly isn't worth losing my furlough over. The dude has issues but I don't need to let them become mine. I just take a deep breath and let it go."*

*I'm home on furlough and my mother can't stop smiling at me. She tells me how proud she is of me for working hard in the program and how my probation office told her that he thinks the judge is going to give me an early release. My*

*little brother us running around, jumping up down, and can't stop talking about how good it is to see me. We are all sitting around the dinner table and it feels so good to be home. I am eating my mother's cooking and I am sleeping in my own bed tonight. I don't have anybody standing over top of me and telling me what to do. It makes me smile to think that I am going to be home for good pretty soon.*

### **Lessons 3-5**

#### **Goal**

- To practice the “Stop and Think” skill

#### **Practicing “Stop and Think”**

Together as a group, and with guidance from your social services' worker, you and will practice the stop-and-think skill. When practicing, it is important that you speak in the first person (e.g., “I see myself ...) and present tense (e.g., “I *am* sitting in the lounge ... ”). You should also try to be as detailed as possible, providing insight into your bodily sensations, as well as your mood and state of mind. At first, this procedure can be difficult to complete. The “Stop and Think” worksheet provided below will help you organize your thoughts so you can successfully practice the skill. Remember to use the first person and present tense. The more you practice the easier it will get.

#### **Stop and Think Worksheet**

##### **Step 1: Neutral**

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## *Module 2: Healthy Masculinity*

### **Introduction**

Many youths who act out aggressively have been exposed to male-modeled violence or antisocial behavior. This can lead to distorted views of manhood and rigid beliefs about how men should handle conflict and respond to provocation. The Healthy Masculinity component of treatment is designed to offer you an alternative view of masculinity—a perspective of masculinity that is based on respect for oneself and others, and overcoming adversity and accomplishing goals.

### ***Lesson 1***

#### **Goals**

- To talk about how society typically defines “being a man”
- To explore developmental influences on masculine identity
- To discuss popular images of males in our society
- To complete the Healthy Masculinity I Pre-Test

#### **What it Means to “Be a Man”**

In group, you will discuss how our society has traditionally defined masculinity. Some characteristics that are associated with being “male” are:

- “Strong”
- “Tough” (i.e. “can take it”; doesn’t cry, etc.)
- Can handle problems by himself (doesn’t need help)
- Controls expression of feelings
- Defends self and family/friends

- Responsible and protects and takes care of others

See if you can come up with some others and list them here:

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Think about these characteristics and identify what is good and bad about each of them. For example, when does being “tough” help you, and when does it not? Sometimes being tough makes it easier to deal with hardships. On the other hand, it can make it hard to recognize and resolve problems. Do you think society’s definition of masculinity has changed over the years? If so, how has it changed and what are some of the forces behind these changes? Discuss your thoughts with the group.

### **Developmental Influences**

This topic focuses on the question, “Where do we learn about being a male?” Identify the major male influences in your life (both positive and negative), and list them in the space provided. Be sure to include parents, older siblings, older boys in school or in the neighborhood, etc. Write down what you learned from each of these people. Were these things useful or harmful?

#### *Men in My Life and What They Taught Me*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

### **Popular Images of Males**

In group, you will explore both positive and negative, or stereotypic, images of males as depicted in the media. Your therapist may have you review lyrics and listen to songs from popular artists that depict positive messages and images of males. If you participate in this activity, you may want to ask yourself the following questions about the particular song or lyrics:

- What is the message the artist is trying to communicate?
- Why do you think he chose to record that song?
- Why do some artists put out recordings that glorify aggression and violence?

You will also discuss male images in television, movies, and video games. Your therapist will ask you to identify positive and negative examples from each of these media and explain what makes each one good or bad.

### **Healthy Masculinity Pre-Test**

#### ***Lesson 2***

#### **Goal**

- To explore the effects of childhood exposure to violence
- To learn about the *Cycle of Violence*

### **Effects of Childhood Exposure to Violence**

In preparation for a group discussion of the effects of being exposed to violence as a child, review the following facts. Your therapist will elaborate on

them in session.

- It is estimated that by age 18 an American child will have viewed 16,000 simulated murders and 200,000 acts of violence.
- Boys spend an average of 13 hours a week playing video games; the majority of these games contain violence.
- Playing a lot of video games is related to having more aggressive thoughts, feelings, and behavior.
- Youths who viewed lots of violence on TV were more likely to be arrested and prosecuted for criminal acts as an adult.

Think about your own childhood and identify any experiences when you were exposed to violence. How did these experiences influence you? What did you learn about males and masculinity from these experiences?

### **Cycle of Violence**

It is very important to understand that interpersonal violence is a major problem in our society and that men account for the majority of the sexual and physical assaults against other men, women, and children. Review the following facts:

- 90% of murders committed in the United States in 2002 were perpetrated by males; more than 71% of the incidents involved a firearm.
- Males account for approximately 86% of all violent offenders.
- From 1992 to 1996, victimization by an intimate (i.e., spousal violence) accounted for about 21% of the violence experienced by females.
- About 30% of female murder victims were killed by a spouse, ex-spouse, or boyfriend.
- Children are exposed to this violence. Slightly more than one-half of female victims of intimate violence live in households with children under the age of 12.

Committing acts of violence often leads to legal consequences for the perpetrator. Take a look at the following facts and discuss with the group why you think men in jail exhibit these characteristics:

- More than one-half of inmates grew up in a single-parent household or with a guardian.
- Nearly one-fifth of inmates had a father, and one-third had a brother, who had been incarcerated.

Discuss with the group how early childhood exposure to violence, the absence of healthy male models, the effects of poverty, the lack of economic and educational opportunities, and racism can lead to violent behavior.

### **Steps in the Cycle of Violence**

Review the following steps of the cycle of violence (from Nathan McCall's book, *Makes Me Wanna Holler*) and apply the cycle to your own life.

Step 1. "Childhood optimism" (very young children typically have a naive innocence and optimism about life and the inherent "goodness" of people)

Step 2. "Disillusionment" (e.g., death or incarceration of father; seeing mother abused; child abuse, etc.)

Step 3. "Anger" (life is viewed as unfair and people are seen as exploitive and untrustworthy; survival is being stronger than others and taking what you want or need)

Step 3. "Violence" (often a response to a sense of injustice and an attempt to get back at others)

Step 4. "Death or imprisonment" (i.e., a life of violence is usually short-lived).

### **Activity: Book Discussion**

Discuss the character of "Scobie-D" in "Makes Me Wanna Holler". What

happened to him? Why do you think that he died the way he did? How did the author, Nathan McCall, change his life? How did this change come about? Why do you think he changed?

### ***Lesson 3***

#### **Male-Female Relationships: *Treating Females as Equals***

While times have changed, there is still considerable room for improvement in male-female relationships. Even today, there is pressure from society for men to be dominant in their relationships with females. Sometimes these pressures are overt, and at other times they are subtle; you can find reference to them in our speech, our music, and in the films that we watch. At times, these messages reflect a fundamental disrespect of females and the blaming of females for the problems males face.

#### **Negative Cultural and Media Messages**

Think about the negative messages the media sends about females (e.g., in songs and movies). Discuss with the group how these messages shape the minds of young males. What is being said in these various messages about females and how they should be treated?

#### **Equity Model vs. Power-Control Model**

In years past, many males thought that the man should always be the boss in a relationship with a woman. If he wasn't, then that meant that he was weak or "henpecked" and that the woman was a tyrant. Some of these distorted ideas were based on the belief that men were stronger (emotionally and physically) than women, and better leaders. None of this is actually true, and the men who had these mistaken ideas had conflicted relationships with women. The women

who entered relationships with these men were often unhappy and dissatisfied. They were not being respected and their needs were not being met. Consequently, many left.

You are being taught a new way of looking at relationships with females. We call it the “*equity model*,” because the female is seen and treated as an equal. She is your partner—not someone to be dominated. Below you will find a description of how men act and treat women within an equity model in contrast to a “power and control,” or dominance, model. As you review each of these characteristics, think about how different it would be to grow up in one type of family versus the other.

- *Negotiation vs. Demand*: seeking mutually satisfying solutions to problems, willingness to compromise
- *Respect vs. Belittlement*: listening without judging, validating her opinions and feelings
- *Affection vs. Coercion*: show you care about her without being demanding or threatening, or touching her when she doesn’t want to be touched
- *Support vs. Isolation*: supporting her personal and professional needs, respecting her right to her own feelings, friends, opinions
- *Communication vs. Silencing*: making her feel comfortable in expressing her thoughts and feelings, direct and honest communication
- *Companionship vs. Oppression*: respecting her reproductive rights and choices, sexual relationships based on mutual consent
- *Economic Parity vs. Dependency*: making financial decisions together, equal job opportunity for both
- *Division of Labor vs. Dominance*: sharing decisions about family matters, shared responsibility for child rearing; agreed upon division of labor in the home

## ***Lessons 4-5***

### **Goals**

- To talk about the importance of dreams and life goals
- To develop a life plan

### **Developing a Life Plan: *Short and Long-term Goals***

Your treatment is aimed at helping you learn to live a healthy and productive life. Living a healthy and productive life goes beyond simply not engaging in aggressive behavior. It means having a well-rounded life and achieving happiness and success in all of the things you choose to do. This includes your relationships with family and friends, your education and career, and your physical and mental health. To achieve these things, you will need to have a life plan. A life plan is needed because good things in life seldom happen by chance alone. Instead, they generally happen because we have made good decisions and worked hard to achieve success. Healthy Masculinity is designed to help you develop a life plan. This will include creating a “vision” for your life and coming up with positive, attainable goals for your education, career, and family.

Your life plan should be grounded in reality and include a vision of who and what you want to become. It must be holistic and include short, intermediate, and long-term goals in all major areas of your life. Furthermore, it must be accompanied by a clear plan of action. It is okay, however, to be flexible with your goals and dreams. Sometimes plans change, and you have to pursue an alternative path. What is important is that you have a sense of direction. In other words, you know the kind of life you want to live and what you eventually want to achieve as a person.

## **Importance of Dreams and Goals**

It is important to have “dreams.” Dreams can energize us and give us a sense of direction. In fact, they can inspire us to achieve greatness. Having dreams involves forming a vision or picture of what you want to become or see happen in your life. Dreams typically reflect your values and ideals—what you think is important and admirable. For example, some people may have big dreams of curing a disease, while others may have more personal dreams, such as creating a better life for their families. Regardless of whether your dreams are large or small, you must create and follow a plan to achieve them. Otherwise, dreams remain simply that—things that you imagine but never see through to fruition.

Every person needs a road map for how to make his dream a reality. This involves thinking about all of the necessary steps that it will take to get to where you want to go. It also involves setting short-term, intermediate, and long-term goals. For example, if your long-term goal is to become a physician, lawyer, or psychologist, then an intermediate goal may be making the Honor Roll this semester. A short-term goal may be making a “B” or higher on an upcoming English test.

Use the worksheet provided to map out the steps you need to take in order to achieve your dreams. Be sure to list your dream at the top and then list all the short-term, intermediate, and long-term goals you will need to accomplish before you can make your dream a reality.



### Long-term Goals

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Goals

- To discuss the concept of the “generative male”
- To work toward adopting the generative male ideal in your own life

### The “Generative Male”

The “generative male” is a man who achieves his sense of self-worth and self-esteem through his demonstrated respect for self and others, his ability to give, and his commitment to his family, his community, and the larger society in which he lives. The generative male is, therefore, one who rises above his own selfish interests and thinks about the needs and rights of others. Generative males are dedicated to helping other people and making their communities, and the world at large, a better place to live.

Can you think of men who fit the description of the “generative male”? List them below.

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## **Adoption of the Generative Male Ideal**

Think about how you have lived your life thus far and whether you have followed the generative male ideal. If you haven't, what changes do you need to make? Use the space provided below to list things you need to do in order to achieve the generative male ideal.

What personal sacrifices will you have to make? Are you ready to make them?

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## **What is a Life Vision?**

Having a life vision involves deciding what is most important to you. This includes deciding how you want to live your life and what kind of person you want to be known as. The formation of a life vision is closely tied to your personal values. In group, you will explore the values that you hold dear that influence your thinking about what you want to do with your life. Return to the theme of the generative male. Do your own values parallel those implied in the definition of the generative male? Discuss with the group.

## **Defining Your Life Vision**

Together with your therapist, you will develop a vision for your life. Start by listing the values that are most important to you, and then use these





- Banking and finance: bank teller, loan officer, stockbroker, accountant, etc.
- Building and construction: architect, draftsman, carpenter, mason, plumber, etc.
- Hospitality: waiter, chef, restaurant manager, host, etc.

Think about what type of career you are interested in, and begin thinking about the steps you need to get a job in your chosen field. Use the following list to guide you as you research career options:

1. How much training does the job require?
2. Where do I get the education/training necessary?
3. What is the average salary for this job?

### **Homework**

Use the worksheet provided to write a short essay about your career goals and interests.

### **My Career Goals**

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## **Family Relationship Goals**

In group, you will be asked to reflect on your family relationship goals. Think about the types of relationships you want to have with your family members. How can you establish healthy relationships with those close to you? How can you repair relationships that may have been damaged? Which relationships do you want to continue to invest in and which may be beyond repair? Think also about how you envision the family you may want to start in the future. Do you think that you might want to get married some day or have children? If so, what kind of husband and/or father do you want to be? If you want to get married and have children, do you want to be like or different from your own father? If so, how and why?

## **Other Relationship Goals**

Similarly, think about the kind of relationships you would like to have with others, such as friends, neighbors, and co-workers. For example, what kind of friend do you want to be, and why is this important to you? Have you been this type of friend in the past? If not, what got in the way of that happening?

## **My Relationship Goals**

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### Thinking about the Future

“What will likely happen to me if I fail to get my aggression under control?”

What would be the potential consequences for you and the people who care most about you?

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“What will likely happen to me if I succeed?” Describe what is likely to happen if you are successful in getting control of your anger and stick with your life plan? How would you feel about yourself, and how would the people who care most about you feel?

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Explain why it is important to you to succeed. List four reasons.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

4) \_\_\_\_\_

### **Activity**

Read and discuss Chapter 10 from the “Epictetus Club”.

### **Healthy Masculinity Post-test**

## *Module 3: Anger Management*

### **Introduction**

Anger is a universal emotion—everyone experiences it from time to time and many people, at least at some point in their lives, have had difficulty successfully managing it. Some people lose control of their anger and get into fights (verbal or physical). Others keep their angry feelings inside because they do not want to embarrass themselves or lose control. Either way, managing your anger inappropriately can lead to problems. The anger-management module of treatment will help you learn to recognize your anger before it causes harm to you or to others and to express your angry feelings in a healthy way.

### ***Lesson 1***

#### **Goals**

- To discuss the inevitability of frustration and anger
- To identify and discuss poor ways of responding to frustration and anger
- To reflect on anger in your own life
- To complete the anger management pre-test

## The Inevitability of Frustration and Anger

Everyone becomes irritated, frustrated, or angry from time to time.

Think about your own life, and identify some events that can cause you to become angry. Using the space provided, begin your list with mildly stressful or irritating events and end with those that are highly stressful or provocative. Some examples of mild to moderately irritating events include:

- A teacher gives an extra-long homework assignment
- You misplace one of your belongings (e.g., glasses)
- You “mess-up” in a game (e.g., drop a pass or throw the ball to the other team)
- A youth at school makes a cutting or sarcastic comment to you

Examples of moderately to highly stressful or provocative events:

- Someone pushes in front of you in the lunch line
- Your parents ground you for the weekend
- You do poorly on a test even though you studied very hard
- Another youth tries to pick a fight with you by pushing or hitting you

My Anger Situations

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

It is impossible to totally avoid stress and frustration as you go through your daily life. This is what we mean when we say frustration and anger are *inevitable*:

they cannot be avoided. You have little or no control over external events, including the actions of others. Instead, what you always can control is how you view (interpret) and respond to stressful events. In this module on anger management, you will work with your therapist to learn to recognize, interpret, and respond to anger and frustration in positive ways.

### **Maladaptive Ways of Responding to Frustration**

There are good and bad ways of dealing with anger and frustration. Bad or *maladaptive* ways include:

- Screaming at someone or cursing
- Threatening someone with bodily harm
- Invading someone's physical space in an intimidating way
- Hitting or physically attacking someone

Less directly aggressive, but still nonproductive, ways of responding to irritation or anger include sarcasm or refusing to do what someone has asked. It is important to understand that if you respond aggressively to an irritating situation, others involved may become aggressive as well. This can lead to arguments, physical fights, and, in extreme cases, legal consequences (e.g., being arrested). Such behavior may also result in personal or social consequences, such as losing a job or being suspended from school. Passive-aggressive responses, such as sarcasm, can damage friendships or relationships with family members. Even passive responses, such as silence and withdrawal, can have consequences. These include an increase in stress and tension, and feelings of inadequacy.

## Reflecting on Your Anger

Identify three times in your life when you failed to properly handle your anger or frustration. Use the worksheet provided to describe how you handled the situation at the time and what the consequences were for yourself and others. Finally, describe how you would like to have dealt with this situation, and why.

### Anger Reflection Worksheet

**Situation**   **What I Did**   **Consequences**   **What I Should Have**

**Done and Why**

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## Anger Management Pre-Test

### Lesson 2

#### Goal

- To learn to recognize the warning signs of anger

#### Cue Recognition

Today you will be introduced to the idea of “cues” or warning signs of anger (Step 1 of anger management). Cues may be both *internal* and *external*. Internal cues are those that you directly experience in the form of a bodily sensation or feeling. For example, your heart may begin to beat harder when you get angry or tense. Other examples of internal cues include:

- Muscle tension (e.g. face, neck, chest)

- “Butterflies” in your stomach
- Sweating
- Increased breathing rate
- Clenching your teeth

Can you think of any others?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

There also may be external signs of anger that other people may notice.

Examples include:

- Narrowing your eyes
- Staring in a menacing way
- Getting red in the face
- Speaking in a loud voice
- Baring your teeth
- Making intimidating gestures

External signs may also include ways others react to you when you are angry or acting in an aggressive manner. Some examples include:

- Others begin to back away from you or avoid eye contact with you others get quiet when you speak
- Others start to show signs of becoming angry in response to your demonstrated anger (e.g., they start speaking more loudly, they get red in the face, etc.)

Early detection of emerging feelings of anger is very important. Remember,

the longer you remain in the state, the more intense the feelings become, and the more difficult they are to control. The key is to pick up on it quickly and do something to keep it from getting out of control.

### ***Lessons 3-4***

#### **Goal**

- To learn different techniques for calming yourself when angry

#### **Introduction of Calming Techniques**

Today you will be taught four techniques for calming yourself when angry or upset:

1. Cue-controlled breathing
2. Progressive muscle relaxation (PMR)
3. Positive Imagery

Mastery of these techniques will make it easier for you to exercise good judgment and impulse control. Mastering skills to control your emotions is Step 2 of successful anger management; Step 1 is being able to recognize your warning signs of anger.

#### **➤ Cue-Controlled Breathing**

Cue-controlled breathing involves identifying a word or phrase that will remind you to relax when you are feeling stressed. Come up with a word or phrase that you would like to use. Make sure that the word or phrase is easy to remember (e.g. “chill”, “calm”, “relax”). Slowly take a deep breath and as you exhale use the word you have chosen. Pause for a second before you breathe in again and repeat. Practice this for 1-2 minutes.

### ➤ **Progressive Muscle Relaxation**

The next skill is *progressive muscle relaxation* (PMR). Progressive muscle relaxation teaches you to relax your muscles through a two-step process. First, you deliberately apply tension to certain muscle groups, and then you stop the tension and turn your attention to noticing how the muscles relax as the tension flows away. You may use the following sample script to practice PMR.

#### **Sample PMR Script**

*Slowly tighten your right fist. Feel the tension in your hand and how it begins to radiate up your arm. Hold the tension in your fist for five seconds, then let go. Let's count together... 1... 2... 3...4... and 5—let go. Drop your hand to your lap. Good. Notice how your hand feels as the tension is released and your hand relaxes. Think about how much better you feel when you let go of muscle tension; imagine the tension flowing out of your hand and relaxation flowing in as we go through this exercise. Stay relaxed for about twenty seconds.*

(Pause for 20 seconds).

*Now, slowly tighten your right fist again. Once again, concentrate on the difference in how your muscles feel when they are tensed instead of relaxed. Hold the tension for about five seconds, then let it go. Let's count out-loud again—1...2...3...4...5—let go. Let the tension flow out and the relaxation flow in.*

(Pause for 20 seconds.)

(Repeat the described procedure with the left hand)

*Now let's work on your right bicep. That's the muscle up here in your arm. Tighten it as you curl up your arm. Again, we are going to hold it for about five*

*seconds ... 1... 2... 3... 4... and 5—and now let go. Let your arm drop to your lap or the arm of the chair and concentrate on how much better it feels when you are relaxed instead of tense. Let's wait a few more seconds and then do the same thing again.*

*(Pause for 20 seconds)*

*Tighten-up your right bicep and hold it for five seconds... 1... 2... 3 ...4 ... and 5 —let go. Very good. Just concentrate on letting go of tension and letting warmth and relaxation set in.*

*(Pause for 20 seconds. Repeat the described procedure with the left bicep.)*

*Now we are going to turn to the chest. By squeezing your shoulder blades together, you are going to tighten the muscles in your chest. Everybody try it. Tighten-up your chest and hold the tension for about five seconds... 1... 2... 3... 4... and 5—let go. Feel the tension flow out and the relaxation set in. Stay relaxed for about 20 seconds. (Pause for 20 seconds.)*

*Now let's tighten the chest muscles once again. Feel the tension ... 1... 2... 3... 4...and 5—let go. Now you should feel relaxed in your arms and in your chest. Imagine the relaxation slowly spreading throughout your body—pretty soon you are going to feel relaxed throughout your whole body.*

*(Pause for 20 seconds.)*

*Now let's move up to the neck. The neck muscles often hold tension when we feel stressed, so it is very important that we learn to properly relax them. Sit in your chair so that the back of your head is pressed up against the wall behind you. Press your head against the wall so that you can feel tension in your neck muscles. Hold the tension for about five seconds. Let's count together..... 1... 2...*

3... 4... and 5. Release and relax your neck. Feel the tension slowly go away. Good. Now, stay relaxed for about 20 seconds—just concentrate on how good it feels to be relaxed.

(Pause for 20 seconds.)

Now we are going to repeat the exercise. Press your head against the wall and hold the tension for about five seconds... 1... 2... 3...4... and 5. Good, relax your neck and let the tension slowly go away. Concentrate on how good it feels to release tension and let relaxation set in.

(Pause for 20 seconds.)

Next we are going to concentrate on the muscles in our face. I want you to tightly close your eyes and scrunch-up your face. Good. Now hold the tension for about five seconds...1... 2... 3... 4... and 5. Let go of the tension. Let the muscles in your face relax. Let's stay with the relaxation for about 20 seconds.

(Pause for 20 seconds.)

Now, lets do it again. Tightly close your eyes and scrunch-up your face. 1... 2... 3... 4...and 5. Let the tension go and relax your face. Very good.

(Pause for 20 seconds.)

Now let's move to our legs. I want you to lift your right leg up so that it is parallel to the floor. Watch me. Lift your leg up and hold the tension... 1... 2... 3... 4... and 5. Put your leg down and relax for about twenty seconds.

(Pause for 20 seconds.)

Now let's do it again. Lift your leg up and hold the tension... 1...2... 3... 4... and 5. Place your leg back on the floor and release the tension. Stay relaxed for about twenty seconds.

(Pause for 20 seconds. Repeat the described procedure with the left leg.)

*Now your whole body should feel nice and relaxed. Think about each of the muscles we just relaxed. They should all feel heavy and warm. If you detect tension anywhere in your body. Re-do the exercise for that muscle group. I'm going to give you a couple of minutes to check for tension in your body and re-do the relaxation exercises for any muscles that still feel tense.*

(Pause 2 minutes.).

*Now I want everybody to close his eyes and take a deep breath and hold it. 1...2...3...relax. Let your breath out slowly. As you exhale, imagine all the tension flowing out of your body and relaxation setting in. Let's do it again. 1...2...3... exhale slowly. Concentrate on how good it feels to be relaxed. Let's take a deep breath and hold it one more time. 1...2...3...relax. Keep your eyes closed and concentrate on staying relaxed.*

### ➤ **Positive Imagery**

Your therapist will play a recording that describes a relaxing scene. It may be walking in a forest or a day at the beach. Concentrate on the recording and imagine yourself there. Let all of your worries go as you listen to the tape.

## **Lessons 5-7**

### **Goals**

- To understand the relationship between events, thoughts, and feelings
- To learn a technique called cognitive restructuring that will help you recognize and replace negative thoughts
- To learn the different types of negative thoughts
- To practice replacing negative thoughts with coping statements

## **Relationship Between Events, Thoughts, and Feelings: The A-B-C's**

Understanding the relationship between thoughts, feelings, and events is going to be taught using the “A-B-C” method. “A” stands for the activating event. The event could be anything that happens. For example, someone says or does something. The “B” is your belief about this event. It is your thought or thinking about what happened. In other words, how you interpret what happened. The “C” is the consequential feeling or emotion that you have. For example, you may feel angry or sad, or embarrassed. The important thing to remember here is that “C” or how you feel is not the result of what happened but instead the way you are thinking about that event.

Let's take an example to illustrate this. Let's say that one day that there is someone who you go to school with but don't really know that well and you see them on the street. Let's imagine that it is a very crowded street with lots of people and cars going by and it is noisy. You are walking down the street and you see this person coming up the street. When he gets close to you, you say “hi” but the person doesn't make eye contact and walks on by without stopping. That is our “A” event. Now, let's come up with some “B's” or thoughts about why that happened and what it means. Let's come up with at least three different thoughts. For example, one thought might be that the person doesn't like you and blew you off. How would you feel if that is what you thought? Probably you would feel angry, right? Now, let's come up with a different thought. What if we thought that the person didn't see us? How would that make us feel? Probably you wouldn't have strong feelings one way or the other, would you? Now, maybe

we can come up with a third thought about this event. What if we thought that he might have been in a hurry to get some place because something was wrong?

How would that thought make us feel?

The lesson here is that if we change the thought, we automatically change the feeling. The very same event can produce entirely different feelings depending on the way in which we are thinking about it. *Feelings* come from *thoughts* and not events. If our thinking is straight, or balanced, then our feelings are straight or balanced. However, if our thinking is off, then our feelings are going to be off, too. This is very important when it comes to anger management because often times we are looking at an event, or thinking about the event, in a way that makes us really angry and ultimately leads to aggression.

### **Recognizing and Replacing Negative Thoughts**

The way in which you perceive and interpret situations can make a big difference in how you consequently feel about and react to them. For example, you may believe that not defending yourself when someone says something negative about you will make you look “weak” and cause others to lose respect for you. When something like this happens, you probably feel a great deal of pressure to “set the record straight” or get back at the person who made the negative comment. On the other hand, if you are able to recognize the situation as an attempt on the other person’s part to start a fight, you will be better able to ignore the comment and respond in a calm and non-defensive manner. This part of the anger management module focuses on teaching you to identify the thoughts that make it harder for you to control your anger. You will then learn to replace these negative thoughts with coping statements that make it easier for you to stay calm

and in control. This is Step 3 of the anger management process. Remember, Step 1 is recognizing your anger warning signs, and Step 2 is using relaxation strategies. Step 3 is to inspect your thoughts.

### **Types of Negative Thoughts**

There are many types of negative or maladaptive thoughts. We can call them “thinking errors” because they often make a situation seem worse than it really is and lead to aggression. Some of the most common are discussed in the sections that follow.

#### **➤ *Should* Statements**

The first type of negative thoughts that will be examined is *should statements*. “Should statements” are about rigid expectations of yourself and others—in other words, what people should and shouldn’t do. Because people tend to see these rules as unbreakable and essential to harmonious relationships, people often get frustrated and angry when others don’t abide by them. You may say to yourself or others, “He *should have* known better—there is no excuse for his behavior.” The more you repeat these “should statements,” the angrier you become. For this reason, “should statements” often trigger strong emotions, including those that lead to aggressive behavior.

There are three types of *should* statements:

1. *Should* statements that involve a perceived violation of clearly established rules or expectations
2. *Should* statements that involve a sense of entitlement—what you think you deserve or have coming to you

3. *Should* statements that relate to how you think you should behave or react in a given situation

### **Violations of Rules and Expectations**

The first type of should statement is a common one. For example, say you have a roommate who leaves his dirty clothes on your bed or uses one of your possessions without permission. Your immediate thought may be, “He knows better than that.” Then you may think, “He obviously doesn’t care how I feel—he just does what he wants.” When you say these kinds of things to yourself, you will naturally feel agitated, because you assume that your roommate knows that he shouldn’t be doing those things. It seems clear to you that someone is deliberately disregarding both the rules and your feelings. An aggressive reaction may seem highly justifiable or even required to change the person’s behavior (i.e., “Someone needs to teach him a lesson—otherwise he is just going to keep doing this kind of thing”).

Identify times in the past when you became upset when someone violated set rules or your personal expectations. What did you say to yourself when this happened? Did you become angry? If so, what did you say or do to the offending party? Discuss with the group.

### **Sense of Entitlement**

The second type of should statements involve a sense of entitlement. Entitlement means that you feel that you deserve something—regardless of your behavior. It is what you think you have coming to you. For example, you may feel that your teacher *should* drop everything he or she is doing and speak to you in your time of need, even though your teacher may be busy or talking to someone

else. Or, you may feel that you parent *should* help you with your homework right away, even though he or she is busy cooking dinner. It is important that you understand that these feelings of entitlement are not rational, but they may come from a deeper place. You will need to explore this with your therapist.

Identify times when you felt entitled to something and you did not get what you wanted. What did you say to yourself when this happened? Did you become angry? If so, what did you say or do to the offending party? Discuss with the group.

#### **How You Think You Should Behave or React**

The third type of should statements involves internal pressure to stand up for yourself when insulted or challenged by others (e.g., “You should never let anyone push you around”). Identify times when you felt compelled to say or do something in response to peer or authority figure provocation. What did you end up saying or doing? Were your actions helpful or unhelpful? Discuss with the group.

#### **➤ *Blaming Statements***

The second category of maladaptive thinking that will be examined is *blaming* statements. Blaming statements are based on the belief that the deep emotional pain or unhappiness we feel is because of something someone did to us. In other words, the offending party is solely responsible for our sense of hurt and disappointment. It is important to note that this type of thinking error does not include circumstances in which a person has been clearly violated by someone else (e.g., assaulted or raped). Instead, it refers to those situations that involve being spurned or rejected in some form or fashion—for example, being

turned down for a date or not getting a job. In these cases, there is an exaggerated sense of disappointment that is usually fueled by underlying embarrassment and humiliation.

There are three things missing in this type of thinking:

1. Understanding that we don't always get what we want
2. Recognizing one's own responsibility for accepting and dealing appropriately with such situations no matter whether we get what we want or not
3. Understanding that everyone has the right to make decisions that are in his or her own best interest even if they are not the ones that we want or are best for us.

Identify times when you blamed someone else for your unhappiness.

How did you feel toward this person? Did you say or do something to this person? If so, what did you end up saying or doing? Was what you did or said helpful or unhelpful? Discuss with the group.

#### ➤ ***Catastrophizing Thoughts***

The third type of negative thinking that will be examined is *catastrophizing* statements. "Catastrophizing" involves greatly exaggerating the negative consequences of a situation, or, as the saying goes, "making a mountain out of a molehill." For example, you may believe that if you do not immediately react to another youth who challenges you to fight, not only will this youth have no respect for you, but everyone else will lose respect for you as well. Given this type of thinking, fighting may seem like the only way to deal with the situation. If you did not fight, you may feel inadequate and ashamed.

It is important to realize that responding to every single provocation leads to a never-ending cycle of violence. Therefore, it is essential that you learn to

develop more adaptive thinking in order to successfully function in society. Identify times when you may have exaggerated the negative personal consequences of someone else's actions. How did you feel toward this person at the time? Did you say or do something to this person to get back at him or her? If so, was what you did or said helpful or unhelpful? Discuss with the group.

### **Replacing Negative Thoughts with Coping Statements**

It is not enough to identify your thinking errors. You must also learn to replace your negative thoughts with coping statements. Coping statements are those thoughts that help you gain a sense of emotional composure and clarity on the situation. Coping statements have a calming effect and put things in proper perspective. Below are some examples.

Thinking Error: "He *should* know better than to use my stuff without permission; he obviously doesn't care about my feelings".

Coping statement: "He has been having a rough time lately; maybe he listens to music as a way of calming down. I will tell him I don't mind him using my radio, he just needs to ask me first".

Thinking Error: "I felt embarrassed when she said she didn't want to go out with me, so I have the right to get back at her".

Coping statement: "I may not like it, but she has the right to go out with whomever she wants. I'm not helpless; I can ask other girls out".

Thinking Error: "He put me down. If I let him get away with it, no one will ever respect me again".

Coping statement: "He is always trying to provoke people; no one takes him seriously anyway. I don't have to prove myself to anyone--I know who I am. No one is going to get me off-track--I have a plan and I am going to stick with it".

With the help of your therapist, identify some thoughts that you have had that led to aggressive behavior and practice replacing them with coping thoughts.

Thinking Error: \_\_\_\_\_

Coping Thought: \_\_\_\_\_

Thinking Error: \_\_\_\_\_

Coping Thought: \_\_\_\_\_

## **Activities**

- Read the following excerpt from “The Epictetus Club” and discuss what it means: *“If you want to know what your past thinking has been, look at your present circumstances. If you want to know what your future circumstances will be, look at your present thinking”*.
- Read Chapter 13 in “The Epictetus Club” and discuss “attacking thought” and “counter punch”. Practice coming up with “counter punches”.
- Read and discuss the *Epictetus Rap* (see *The Epictetus Club* book)

## **Lessons 8-10**

### **Goals**

- To learn about assertiveness, including the difference between **assertive**, **aggressive**, **passive**, and **passive-aggressive** behavior
- To learn the key components of assertiveness
- To develop conflict resolution skills

### **Assertiveness**

Step 4 of the anger management process is to express oneself in an assertive, but controlled, manner. The sections that follow discuss assertive behavior, as well as other, less effective ways of expressing yourself.

### **Assertive Behavior**

Being assertive means standing up for oneself without violating the rights of others. It has to do with expressing yourself and your wishes or needs in a firm, clear, and straight-forward manner; it does not, however, involve making threats

or demeaning or attacking someone else in the course of trying to get what you want.

### ***Aggressive Behavior***

In aggressive behavior, there is some attack of the other person—either verbally, physically, or both. It is based on the belief that you can force others to do what you want them to or that violence will somehow get you what you want. When a person engages in aggressive behavior, he may end up getting what he wants in the short term, but there are almost always consequences for doing so. Sometimes these consequences may be severe and have lasting implications (e.g., suspension from school, legal charges, etc.). In the long run, aggressive behavior is not usually effective.

### ***Passive Behavior***

Passive behavior means not speaking up for oneself or simply quietly letting others take advantage of you. Passive behavior is usually based on the belief that the situation is hopeless—there is nothing that can be done, so why try? Associated with passive behavior may be a sense of fear and intimidation. People who are chronically passive may feel depressed and inadequate, and others may see them in the same way. Passive people seldom seem to get what they want.

### ***Passive-Aggressive Behavior***

Passive-aggressive behavior is a form of aggression. In other words, someone else's rights are violated or the person is disrespected through your actions. Unlike aggressive behavior, in which the anger is obvious, in passive-aggressive get back at the person with whom we are angry by not doing something that he

wants or by engaging in more subtle forms of aggression, such as sarcasm.

A passive-aggressive person may then proclaim innocence or unawareness that his actions have been hurtful. For example, a teenage boy may get back at his parents by getting bad grades in school or hanging out with a forbidden friend. While passive-aggressive behavior may not generate the same consequences as aggression (e.g., going to jail for an assault), it still creates rifts in relationships and often results in retaliation. As such, it is not an effective long-term coping strategy.

### **Key Components of Assertive Behavior**

The following are the key components of assertive behavior:

1. Use effective communication skills:

- Maintain direct eye contact
- Maintain an erect body posture
- Speak clearly, audibly, and firmly
- Don't whine or use an apologetic tone of voice
- Make use of gestures and facial expression for emphasis

2. Express your *thoughts* as to what the problem is:

- Formulate a non-blaming description of the problem as you see it
- Stick to the facts (e.g., "This is the third time this week that you used my toothpaste without asking")

3. Express your *feelings* about the situation:

- Make "I" statements about your emotional reaction to the problem (e.g., "I feel upset, angry," etc.)
- Avoid blaming the other person for your feelings (i.e., don't make

statements such as, “You are making me feel ...”)

4. State what you *want* in specific, behavioral terms (e.g., “I want you to ask before you use any of my personal items”)
5. Be willing to *listen* to the other person’s point of view. If you don’t understand his or her point of view, ask clarifying questions (e.g., “I don’t understand what you want; will you please explain it to me?”)
6. *Communicate* to the other person that you heard his or her position.
7. Be willing to *compromise* when appropriate.

### **Activity: Role Play**

With the help of your therapist role-play situations where you practice being assertive. Examples may include: someone cuts in front of you in line, someone grabs your snack, etc.

### **Conflict Resolution Skills**

It is important to be able to successfully negotiate settlements to disagreements among individuals or groups of people. Conflict or disagreement is inevitable in life—even best friends sometimes disagree. What is important is learning to resolve disagreements without severely damaging or destroying the relationship in the process. As with all other skills, conflict resolution has key elements or principles that must be learned and practiced.

### **Key Steps in Negotiating Compromises**

The following are steps to take when negotiating a compromise:

1. Decide if you and the other person are having a difference of opinion. Ask the person to clarify his position on the issue. Be sure to listen carefully. Sometimes conflict arises out of a simple misunderstanding of what the other person is

saying or doing. Repeat to the other person your understanding of what he is saying. Ask him if you heard and interpreted him correctly.

2. When there is apparent disagreement, explain to the other person how you see the issue. State your position clearly and calmly. Avoid making accusations or using blaming statements. Ask the other person if he understands your position. Give him a chance to ask clarifying questions.

3. When there is clear disagreement, stress that you would like to find a solution that you can both live with. Point out that you are willing to compromise, but that you want the solution to be fair to both parties. Ask the other person if he would like to propose a solution to the problem.

4. Listen carefully to any proposals that the other person may make. Do they have merit in part or whole? Where there is merit in what the other person is saying, acknowledge it. Let the other person know that you appreciate his willingness to seek a mutually agreeable solution to the problem.

5. Add your thoughts to how the conflict can be successfully resolved. While you can request changes of the other person (i.e., his position or behavior), make sure that you include discussion of ways in which you can change or compromise as well. Don't come across as being self-centered or one-sided in your proposal. Seek "win-win" solutions (i.e., those in which both parties get something they want) wherever possible.

6. When a mutually satisfactory solution can be achieved, summarize the main elements of the agreement. Make sure that both parties understand what is expected of each other. Congratulate yourselves on the accomplishment.

7. If an agreement cannot be immediately obtained, acknowledge what you do

agree upon and propose that you discuss the matter again in a few days.

Sometimes a cooling-off period is needed. When the problem is particularly difficult or frustrating, try to identify a neutral third party who might be able to help mediate a compromise. Be sure to end the discussion on a positive note. Comment on the progress achieved, and express optimism that a compromise can be found.

### **Activity: Role Play**

Role-play situations where you need to use conflict resolution skills.

### **Know the Steps in Managing Your Anger—“CHILL-OUT!”**

“Chill-Out” is designed to help you remember the steps of anger management:

1. **C**heck for cues: Be aware of signs that you are getting angry. How is your body feeling? Know your anger cues (e.g., heart beating hard, jaw clenched, etc.)
2. **H**ave a break: Relax your body. Use muscle relaxation or deep breathing. Repeat your relaxation phrase. Calm down.
3. **I**nspect your thoughts: What are you saying to yourself? Be aware of maladaptive thoughts (e.g., catastrophizing). Use coping thoughts—reframe the situation in a more positive manner.
4. **L**ay out your options: Think about how you can handle the situation. What are your options? Decide on the best strategy.
5. **L**ook to be assertive, not aggressive: Express to the person how you feel and what you would like for him or her to do. Make good eye contact and speak

confidently; do not use profanity or threaten the person or invade his or her body space.

6. **Observe** the other person: How is the other person reacting to what you are saying? Does he or she look stressed and angry? When things seem to be getting worse, realize that you may need a new strategy.

7. **Understand** the other person's point of view: Think about what the other person is saying. What would he or she like for you to do? Let him or her know that you understand and respect his or her point of view.

8. **Think** of ways to resolve the situation: How can this situation be resolved in a mutually agreeable manner? Look for ways to compromise. Suggest your ideas for compromise and ask them for theirs.

### **Anger Management Post Test**

1

## **Module 4: *Relapse Prevention***

### **Introduction**

In order to reduce your risk of re-engaging in aggressive behavior, you will need to have a plan. This plan must include an understanding of what to look out for and what to try and avoid. You also need to understand risky thoughts—those that can lead to aggression—and how to correct them so that you don't make bad decisions. The plan will furthermore need to outline how you will handle certain feelings that, left unchecked, could contribute to aggression. All of this is accomplished in the Relapse Prevention module. In fact, you can think of every treatment module that you have completed up until now as a building block for

relapse prevention. In each module you were taught skills and/or values. In Relapse Prevention you will learn how to put all of these together so that you will have a clear plan for avoiding getting into trouble again and know exactly how and when to use the various skills that you have been taught.

The Relapse Prevention module is designed to help you:

1. Gain insight into how your aggressive behavior came about or unfolded
2. Identify factors that place you at risk for aggression
3. Identify and learn to reliably use coping skills to manage those risk factors
4. Put together a written plan of action (a relapse prevention plan) for how to address any problems that may arise.

## ***Lesson 1***

### **Goals**

- To learn what relapse prevention is
- To review the major goals of relapse prevention
- To complete Relapse Prevention Worksheet 1
- To complete the Relapse Prevention Pre-Test

### **What is Relapse Prevention?**

Relapsing is falling back into an old pattern of behavior—in other words, doing something all over again. In your case, to relapse means to act out aggressively. For someone with a substance abuse problem, it could mean beginning to drink or do drugs again. Prevention is a term you are probably more familiar with. In the case of aggression, prevention is about taking the necessary steps to ensure that you do not re-engage in aggressive behavior.

## **Major Goals of Relapse Prevention**

As discussed in the introduction, the four major goals of relapse prevention are:

1. To develop an understanding of your aggression cycle: This is the chain of events, thoughts, and feelings that led to aggressive behavior. Understanding this chain is necessary to taking steps to reduce the risk that you will relapse.
2. To identify risk factors: These factors can be thoughts or feelings, or events that increase the risk that you will relapse and act-out aggressively. Identifying your risk factors will help you to avoid them when they come up. If they can't be avoided, you should be able to manage them using the coping skills you've learned in this program.
3. To identify and master coping skills: As mentioned, these skills are ones that you can use to successfully manage high-risk factors when such circumstances or events cannot be avoided.
4. To integrate each of the preceding components into a comprehensive relapse prevention plan. It will serve as the foundation for aftercare planning.

### **Relapse Prevention Worksheet**

Complete the worksheet provided. It is designed to assess your understanding of the material presented thus far.

1. What does the word "relapse" mean?

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2. What does the word "prevention" mean?

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3. List the four major goals of relapse prevention:

- 1)
- 2)
- 3)
- 4)

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**Relapse Prevention Pre-Test**

***Lesson 2***

**Goals**

- To learn about the aggressive behavior cycle
- To identify the key parts of your cycle

## **The Aggressive Behavior Cycle**

### **Cycle Components**

Your therapist will review with the group the components of the aggressive behavior cycle. Components are described in the sections that follow.

#### **Triggers**

The cycle starts with a “trigger.” Triggers are events that set the cycle in motion. A trigger could be another youth starts to joke on you or tease you. This is the “A” in the “A-B-C” chain.

#### **Thoughts**

Thoughts follow the triggering event. After the triggering event, a thought comes to mind. This is the “B” in the “A-B-C” chain. The thought is what you say to yourself about the triggering event. Remember, that you learned in “Anger Management” that sometimes we have thoughts that make us very angry. These are called “thinking errors” (e.g. catastrophizing thoughts—“If I let him get away with this then no one will ever respect me”).

#### **Feelings**

The subsequent thought produces certain feelings or emotions. It is the “C” in the “A-B-C” chain. In the example above, the feeling is likely angry and maybe embarrassed.

#### **Behaviors**

Actions often follow feelings. The feeling of anger might lead to jumping up and confronting the youth.

## ***Lesson 3***

### **Goals**

- To review the different types of risk factors
- To identify your own risk factors and their roles in your aggressive behavior cycle

### **Risk Factors**

A risk factor is something that increases the chance that you will act out aggressively. Risk factors can be: 1) places or environments, 2) certain behaviors you engage in, and 3) certain emotions/feelings. Risk factors should be avoided whenever possible. When they cannot be avoided you must be extra careful and prepared to use coping strategies for staying in control.

### **Types of Risk Factors**

#### ➤ *Risky Environments*

Different *situations* can act as risk factors. If you acted out in the presence of negative peers, risky situations may include going to the homes of these “friends” or to places where these people hang out. These people may encourage or pressure you into acting aggressively.

#### ➤ *Risky Behaviors*

Risky behaviors are those that increase the risk that you will ultimately engage in aggressive behavior. This includes drinking alcohol and doing drugs. Alcohol and certain drugs may lower your inhibition to act aggressively and impair your judgment. A lot of violent crime is committed under the influence of alcohol. Another type of risk factor may be not taking your medicine if the medicine helps you stay calm and in control. For example, if you have ADHD and

don't take your medicine it makes it more difficult to stop and think before you act.

➤ *Risky Feelings and Emotions*

Any number of emotions or feeling states may contribute to the risk of acting out aggressively. Anger is an obvious one but there are others, too. These include jealousy/envy, embarrassment, humiliation, and sadness. These are feelings that we need to learn to recognize and find ways of appropriately expressing to avoid their resulting in aggressive behavior.

**Identifying Risk Factors**

Think about your risk own factors and list them below. Consider each of the above types of risk factors and try to list at least one for each category.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

***Lessons 4-5***

**Goals**

- To develop a written relapse prevention plan
- To present your relapse prevention plan to those involved in your treatment (e.g. therapist, parents, probation officer, etc.)
- To complete the Relapse Prevention Post-Test

## Developing Your Written Relapse Prevention Plan

Now, you will use all of this information to create your individual relapse prevention plan. With the help of your therapist, complete the following form.

### Relapse Prevention Worksheet

I. Identify the key steps in your aggressive behavior cycle:

*Trigger* (Event)(\_\_\_\_\_ ) ⇒ *Thought* (\_\_\_\_\_ ) ⇒

*Feeling* (\_\_\_\_\_ ) ⇒ *Behavior* (\_\_\_\_\_ ) ⇒

*Thought* (\_\_\_\_\_ ) ⇒ *Feeling* (\_\_\_\_\_ ) ⇒

Aggressive Behavior (\_\_\_\_\_ )

Identify Anger Cues:

\_\_\_\_\_

II. Identify Risk Factors

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

III. Identify potentially effective coping strategies and indicate when (at what point) you would use them to stop the cycle from being re-enacted.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

#### IV. Pledge

I understand the steps in my aggressive behavior cycle and my risk factors. I also have learned coping skills to lower my risk of acting aggressively. I pledge to do my very best to avoid high-risk situations and use the learned coping skills to prevent future aggressive behavior. In support of this commitment,

Signature of Client and Date: \_\_\_\_\_

Signature of Therapist and Date: \_\_\_\_\_

#### **Relapse Prevention Post-Test**

## IMPULSE CONTROL PRE/POST ASSESSMENT

1. In the “Stop and Think” procedure, it is ok to include which of the following in your “neutral scene” :
  - a. what you were doing before the sexual thoughts came to mind
  - b. what you were thinking before the sexual thoughts came to mind
  - c. where you were before the sexual thoughts came to mind
  - d. all of the above
  
2. In the “Stop and Think” procedure, the “neutral scene” should not contain:
  - a. highly arousing sexual thoughts
  - b. moderately arousing sexual thoughts
  - c. mildly arousing sexual thoughts
  - d. any sexual thoughts
  
3. In the “Stop and Think” procedure, it is appropriate for the “sexual scene” to contain:
  - a. thoughts about consensual sex with a peer
  - b. the build-up of sexual thoughts about a potential victim
  - c. the potential consequences of rape or child molestation
  - d. all of the above
  
4. In the “Stop and Think” procedure, the “sexual thoughts” should be interrupted:
  - a. before there is physical contact with the victim
  - b. before there is exposure of yourself to the victim
  - c. before there is sexual talk with the victim
  - d. “a” and “b” only
  - e. all of the above
  
5. In the “Stop and Think” procedure, the sexual thoughts should be interrupted by which of the following:
  - a. the neutral scene
  - b. the escape scene
  - c. the consequence
  - d. any of the above
  
6. In the “Stop and Think” procedure, you should choose a “consequence” that:
  - a. is realistic
  - b. is powerful enough to stop the unhealthy sexual thoughts
  - c. is something that has or could occur in response to sexual acting-out
  - d. all of the above

7. The purpose of the escape scene is to:
  - a. get your mind off sex
  - b. get your mind off anything that is stressful
  - c. help you understand that good judgment and impulse control "pay off"
  - d. all of the above
  
8. It is ok for the "escape scene" to contain:
  - a. consensual sex with a peer
  - b. positive changes that have occurred in your life because you have used good judgment and impulse control
  - c. thoughts of going to jail for sexual misbehavior
  - d. "a" and "b" only
  - e. all of the above
  
9. Good impulse control is linked to which of the following:
  - a. taking the time to think about the potential consequences of your behavior before you take any action
  - b. avoiding situations that might make it difficult to control your sexual urges
  - c. having supportive family and friends
  - d. "a" and "b" only
  - e. all of the above
  
10. Alcohol or drug use will likely:
  - a. help you relax, therefore make it less likely you will act-out sexually
  - b. lower your inhibitions, therefore make it more likely you will give in to sexual impulses
  - c. help keep your mind off sex, altogether
  - d. "a" and "b" only
  - e. all of the above

## Questionnaire

Please rate your agreement with the following statements on a scale of 1 (strongly disagree) to 4 (strongly agree).

	strongly disagree			strongly agree
1. Success is based on survival of the fittest: I am not concerned about the losers.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
2. I quickly lose interest in the tasks I start.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
3. When I get frustrated I often "let steam off" by blowing my top.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
4. My main purpose in life is getting as many goodies as I can.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
5. Before I do anything, I carefully consider the consequences.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
6. Making a lot of money is my most important goal.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
7. For me, what's right is whatever I can get away with.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
8. I am often bored.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
9. I enjoy manipulating other people's feelings.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10. I often admire a really clever scam.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
11. I would be upset if my success came at someone else's expense.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4



8159

strongly  
disagreestrongly  
agree

12. People who are stupid enough to get ripped off usually deserve it.  1  2  3  4

13. I tell other people what they want to hear so they will do what I want them to do.  1  2  3  4

14. I feel bad if my words or action cause someone else to feel emotional pain.  1  2  3  4

15. Looking out for myself is my top priority.  1  2  3  4

16. Most of my problems are due to the fact that other people just don't understand me.  1  2  3  4

17. Cheating is not justified because it is unfair to others.  1  2  3  4

18. I find myself in the same kinds of trouble, time after time.  1  2  3  4

19. Even if I were trying to sell something, I wouldn't lie about it.  1  2  3  4

20. In today's world, I would feel justified in doing anything I can get away with to succeed.  1  2  3  4

21. I don't plan anything very far in advance.  1  2  3  4

22. I let others worry about higher values, my main concern is with the bottom line.  1  2  3  4

8159

strongly  
disagreestrongly  
agree

23. I find that I am able to  
pursue one goal for a long  
time.

1     2     3     4

24. I make a point of trying not  
to hurt others in pursuit of  
my goals.

1     2     3     4

25. I have been in a lot of  
shouting matches with other  
people.

1     2     3     4

26. Love is overrated.

1     2     3     4

## RELAPSE PREVENTION PRE/POST ASSESSMENT

1. Cognitive distortions refer to thinking errors or ways that an offender may:
  - a. Minimize the impact of the sexual behavior on the victim
  - b. Blame the victim for the sexual behavior
  - c. Give reasons other than the real reasons for the sexual behavior
  - d. Any of the above
  
2. To "lapse" means to:
  - a. Sexually re-offend
  - b. Voluntarily engage in a behavior that puts you at high risk to sexually re-offend (e.g. deviant sexual fantasizing)
  - c. "Give up" on controlling your sexual impulses
  - d. Any of the above
  
3. Which of the following can serve as cues (or warning signs) that sexual acting-out may occur if proper steps are not taken :
  - a. Sexual thoughts about a potential victim
  - b. Feelings of rejection or anger
  - c. Isolating and avoiding others
  - d. Any of the above
  
4. Which of the following is not part of the sexual assault cycle:
  - a. Thoughts
  - b. Feelings
  - c. Behaviors
  - d. Coping skills
  - e. Situations/Triggers
  
5. "Grooming" the victim would be part of which of the following sexual assault phases:
  - a. The "pretends to be normal" phase
  - b. The "build-up" phase
  - c. The "acting out" phase
  - d. The "justification" phase
  
6. Ignoring early warning signals is most likely to occur in which of the following phases:
  - a. The "pretends to be normal" phase
  - b. The "build-up" phase
  - c. The "acting out" phase
  - d. The "justification" phase

7. Shame, guilt, and self-pity are most likely to occur in which of the following phases:
  - a. The "pretends to be normal" phase
  - b. The "build-up" phase
  - c. The "acting out" phase
  - d. The "justification" phase
  
8. From a relapse prevention perspective, high risk situations should be:
  - a. Avoided whenever possible
  - b. Frequently faced, so as to give the offender practice in using positive coping skills
  - c. Ignored, because thinking about them may trigger sexual thoughts
  - d. Any of the above
  
9. Which of the following are examples of positive coping skills:
  - a. Relaxation exercises
  - b. Assertive behavior
  - c. Using "stop and think"
  - d. Drinking alcohol to calm one's nerves
  - e. "a", "b", and "c" only
  
10. Which of the following would represent a "lapse" for a youth who has a history of sexually molesting children:
  - a. Exposing yourself to, but not touching a younger child
  - b. Spending time alone with young children
  - c. Sexually fantasizing about young children
  - d. "b" and "c" only
  - e. Any of the above

**ANGER MANAGEMENT ASSESSMENT  
YOUTH VERSION**

1. **Dealing with Someone Else's Anger:** Do you try to understand other people's angry feelings?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

2. **Negotiating:** Do you arrive at a plan that satisfies both you and others who have taken different positions?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

3. **Using Self-Control:** Do you control your temper so that things do not get out of hand?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

4. **Standing Up for Your Rights:** Do you assert your rights by letting people know where you stand on issues?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

5. **Responding to Teasing:** Do you deal with being teased by others in ways that allow you to remain in control of yourself?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

6. **Avoiding Trouble with Others:** Do youth stay out of situations that might get you into trouble?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

7. **Keeping Out of Fights:** Do you figure out ways other than fighting to handle difficult situations?

1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

8. **Making a Complaint:** Do you tell others when they are responsible for creating a particular problem for you and then attempt to find a solution for the problem?

1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

9. **Answering a Complaint:** Do you try to arrive at a fair solution to someone's justified complaint?

1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

10. **Dealing with an Accusation:** Do you figure out what you are being accused of and why, then decide on the best way to deal with the person who made the accusation?

1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

**ANGER MANAGEMENT ASSESSMENT  
STAFF VERSION**

1. **Dealing with Someone Else's Anger:** Does the youth try to understand other people's angry feelings?

1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

2. **Negotiating:** Does the youth arrive at a plan that satisfies both him and others who have taken different positions?

1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

3. **Using Self-Control:** Does the youth control his temper so that things do not get out of hand?

1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

4. **Standing Up for Your Rights:** Does the youth assert his rights by letting people know where he stands on issues?

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*almost never   seldom   sometimes   often   almost always*

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1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

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1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

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*almost never   seldom   sometimes   often   almost always*

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1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

**APSD  
(Youth Version)**

Name: \_\_\_\_\_  
Date Completed: \_\_\_\_\_

Instructions: Please read each statement and decide how well it describes you. Mark your answer by circling the appropriate number (0-2) for each statement. Do not leave any statement unrated.

	<u>Not at All True</u>	<u>Sometimes True</u>	<u>Definitely True</u>
1. You blame others for your mistakes	0	1	2
2. You engage in illegal activities	0	1	2
3. You care about how well you do at school/work	0	1	2
4. You act without thinking of the consequences	0	1	2
5. Your emotions are shallow and fake	0	1	2
6. You lie easily and skillfully	0	1	2
7. You are good at keeping promises	0	1	2
8. You brag a lot about your abilities, accomplishments, or possessions	0	1	2
9. You get bored easily	0	1	2
10. You use or "con" other people to get what you want	0	1	2
11. You tease or make fun of other people.	0	1	2
12. You feel bad or guilty when you do something wrong	0	1	2

(OVER)

	<u>Not at All True</u>	<u>Sometimes True</u>	<u>Definitely True</u>
13. You do risky or dangerous things	0	1	2
14. You act charming and nice to get things you want	0	1	2
15. You get angry when corrected or punished	0	1	2
16. You think that you are better or more important than other people	0	1	2
17. You do not plan ahead or you leave things until the "last minute"	0	1	2
18. You are concerned about the feelings of others	0	1	2
19. You hide your feelings or emotions from others	0	1	2
20. You keep the same friends	0	1	2

# Conners' Teacher Rating Scale—Revised (S)

by C. Keith Conners, Ph.D.

Student's ID: \_\_\_\_\_ Gender: **M** **F**  
(Circle One)

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ School Grade: \_\_\_\_  
Month Day Year

Teacher's ID: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**Instructions:** Below are a number of common problems that children have in school. Please rate each item according to how much of a problem it has been in the last month. For each item, ask yourself, "How much of a problem has this been in the last month?", and circle the best answer for each one. If none, not at all, seldom, or very infrequently, you would circle 0. If very much true, or it occurs very often or frequently, you would circle 3. You would circle 1 or 2 for ratings in between. Please respond to each item.

NOT TRUE:    JUST A    PRETTY    VERY MUCH  
 AT ALL    LITTLE    MUCH TRUE    TRUE  
(Never,    TRUE    (Often, Quite a    (Very Often,  
 Seldom)    (Occasionally)    Bit)    Very Frequent)

1. Inattentive, easily distracted .....	0	1	2	3
2. Defiant .....	0	1	2	3
3. Restless in the "squirmy" sense .....	0	1	2	3
4. Forgets things he/she has already learned .....	0	1	2	3
5. Disturbs other children .....	0	1	2	3
6. Actively defies or refuses to comply with adults' requests .....	0	1	2	3
7. Is always "on the go" or acts as if driven by a motor .....	0	1	2	3
8. Poor in spelling .....	0	1	2	3
9. Cannot remain still .....	0	1	2	3
10. Spiteful or vindictive .....	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected .....	0	1	2	3
12. Fidgets with hands or feet or squirms in seat .....	0	1	2	3
13. Not reading up to par .....	0	1	2	3
14. Short attention span .....	0	1	2	3
15. Argues with adults .....	0	1	2	3
16. Only pays attention to things he/she is really interested in .....	0	1	2	3
17. Has difficulty waiting his/her turn .....	0	1	2	3
18. Lacks interest in schoolwork .....	0	1	2	3
19. Distractibility or attention span a problem .....	0	1	2	3
20. Temper outbursts; explosive, unpredictable behavior .....	0	1	2	3
21. Runs about or climbs excessively in situations where it is inappropriate ..	0	1	2	3
22. Poor in arithmetic .....	0	1	2	3
23. Interrupts or intrudes on others (e.g., butts into others' conversations or games)	0	1	2	3
24. Has difficulty playing or engaging in leisure activities quietly .....	0	1	2	3
25. Fails to finish things he/she starts .....	0	1	2	3
26. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand instructions) ....	0	1	2	3
27. Excitable, impulsive .....	0	1	2	3
28. Restless, always up and on the go .....	0	1	2	3





Date: \_\_\_\_\_

Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

**Instructions:** This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

**1. Sadness**

- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it.

**2. Pessimism**

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.

**3. Past Failure**

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure as a person.

**4. Loss of Pleasure**

- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

**5. Guilty Feelings**

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

**6. Punishment Feelings**

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

**7. Self-Dislike**

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

**8. Self-Criticalness**

- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

**9. Suicidal Thoughts or Wishes**

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

**10. Crying**

- 0 I don't cry anymore than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.

Subtotal Page 1

**Continued on Back**

**11. Agitation**

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

**12. Loss of Interest**

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

**13. Indecisiveness**

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

**14. Worthlessness**

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

**15. Loss of Energy**

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

**16. Changes in Sleeping Pattern**

- 0 I have not experienced any change in my sleeping pattern.
- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.
- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.
- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

**17. Irritability**

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

**18. Changes in Appetite**

- 0 I have not experienced any change in my appetite.
- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.
- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.
- 3a I have no appetite at all.
- 3b I crave food all the time.

**19. Concentration Difficulty**

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

**20. Tiredness or Fatigue**

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

**21. Loss of Interest in Sex**

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

3 4 5 6 7 8 9 10 11 12 ABCDE

**HEALTHY MASCULINITY-I ASSESSMENT  
STAFF VERSION**

1. **Respect of Others:** Does the youth demonstrate a respect for others, regardless of their race, gender, and sexual orientation?

1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

2. **Asking for Help:** Does the youth ask others for help, when needed?

1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

3. **Dealing with Confrontation:** Can the youth accept feedback from staff or other youth without becoming defensive and aggressive?

1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

4. **Resolution of Conflict:** Does the youth try to resolve differences without resorting to threats or physical aggression?

1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

5. **Dominance:** Does the youth refrain from trying to control others through intimidation or bullying?

1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

**HEALTHY MASCULINITY-I ASSESSMENT  
YOUTH VERSION**

1. **Respect of Others:** Do you demonstrate a respect for others, regardless of their race, gender, and sexual orientation?

1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

2. **Asking for Help:** Do you ask others for help, when needed?

1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

3. **Dealing with Confrontation:** Can you accept feedback from staff or other youth without becoming defensive and aggressive?

1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

4. **Resolution of Conflict:** Do you try to resolve differences without resorting to threats or physical aggression?

1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

5. **Dominance:** Do you refrain from trying to control others through intimidation or bullying?

1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

**HEALTHY MASCULINITY-II ASSESSMENT  
STAFF VERSION**

1. **Acceptance of Female Authority:** Does the youth demonstrate a respect for female authority?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

2. **Sexually Appropriate Behavior with Female Staff:** Does the youth refrain from invading the body space of female staff, and making inappropriate sexual comments or gestures?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

3. **Sexually Appropriate Behavior with Female Peers:** Does the youth refrain from invading the body space of female peers, and making inappropriate sexual comments or gestures?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

4. **Sexual Objectification of Females:** Does the youth refrain from engagement in talk or behavior with other males that suggests the sexual objectification of females?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

5. **Positive Male Role Modeling:** Does the youth appropriately confront male peers when they make sexually derogatory comments about females, or engage in inappropriate sexual behavior with the same?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

**HEALTHY MASCULINITY-II ASSESSMENT  
YOUTH VERSION**

1. **Acceptance of Female Authority:** Do you demonstrate a respect for female authority?

1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

2. **Sexually Appropriate Behavior with Female Staff:** Do you refrain from invading the body space of female staff, and making inappropriate sexual comments or gestures?

1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

3. **Sexually Appropriate Behavior with Female Peers:** Do you refrain from invading the body space of female peers, and making inappropriate sexual comments or gestures?

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*almost never   seldom   sometimes   often   almost always*

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*almost never   seldom   sometimes   often   almost always*

5. **Positive Male Role Modeling:** Do you appropriately confront male peers when they make sexually derogatory comments about females, or engage in inappropriate sexual behavior with the same?

1            2            3            4            5  
*almost never   seldom   sometimes   often   almost always*

**HEALTHY MASCULINITY-III ASSESSMENT  
STAFF VERSION**

1. **Positive Role Model:** Does the youth serve as a positive role model for younger youth and those just entering the program?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

2. **Helpful and Supportive of Peers:** Does the youth give constructive and helpful advice to peers and support them during times of need?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

3. **Respectful of Females:** Does the youth demonstrate through actions and words a respect for females?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

4. **Developed Life Goals:** Can the youth discuss and explain short and long-term goals that he has developed for his life?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

5. **Generative Attitude:** Does the youth demonstrate an interest in making a positive contribution to the betterment of the therapeutic milieu, his family, and the community in which he will live?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

**HEALTHY MASCULINITY-III ASSESSMENT  
YOUTH VERSION**

1. **Positive Role Model:** Do you serve as a positive role model for younger youth and those just entering the program?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

2. **Helpful and Supportive of Peers:** Do you give constructive and helpful advice to peers and support them during times of need?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

3. **Respectful of Females:** Do you demonstrate through actions and words a respect for females?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

4. **Developed Life Goals:** Can you discuss and explain short and long-term goals that you have developed for your life?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

5. **Generative Attitude:** Do you demonstrate an interest in making a positive contribution to the betterment of the therapeutic milieu, your family, and the community in which you will live?

*1            2            3            4            5*  
*almost never   seldom   sometimes   often   almost always*

**ICU**  
**(Youth Version)**

Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

***Instructions:** Please read each statement and decide how well it describes you. Mark your answer by circling the appropriate number (0-3) for each statement. Do not leave any statement unrated.*

	Not at all true	Somewhat true	Very true	Definitely True
1. I express my feelings openly.	0	1	2	3
2. What I think is "right" and "wrong" is different from what other people think.	0	1	2	3
3. I care about how well I do at school or work.	0	1	2	3
4. I do not care who I hurt to get what I want.	0	1	2	3
5. I feel bad or guilty when I do something wrong.	0	1	2	3
6. I do not show my emotions to others.	0	1	2	3
7. I do not care about being on time.	0	1	2	3
8. I am concerned about the feelings of others.	0	1	2	3
9. I do not care if I get into trouble.	0	1	2	3
10. I do not let my feelings control me.	0	1	2	3
11. I do not care about doing things well.	0	1	2	3
12. I seem very cold and uncaring to others.	0	1	2	3
13. I easily admit to being wrong.	0	1	2	3
14. It is easy for others to tell how I am feeling.	0	1	2	3
15. I always try my best.	0	1	2	3
16. I apologize ("say I am sorry") to persons I hurt.	0	1	2	3
17. I try not to hurt others' feelings.	0	1	2	3
18. I do not feel remorseful when I do something wrong.	0	1	2	3
19. I am very expressive and emotional.	0	1	2	3
20. I do not like to put the time into doing things well.	0	1	2	3

21. The feelings of others are unimportant to me.	0	1	2	3
22. I hide my feelings from others.	0	1	2	3
23. I work hard on everything I do.	0	1	2	3
24. I do things to make others feel good.	0	1	2	3

Unpublished rating scale by Paul J. Frick, Department of Psychology, University of New Orleans (pfrick@uno.edu).

**BEHAVIOR  
HEALTH  
TREATMENT  
UNIT**

**BHTU**

**A COGNITIVE BEHAVIORAL  
ACTIVITY WORKSHEETS**

# Stage I

## **READINESS AND MOTIVATION FOR CHANGE**

## SLM Curriculum Lesson Plan #1

---

### ARE YOU READY?

---

Name \_\_\_\_\_

Date \_\_\_\_\_

The youth needs to express his readiness to admit the choices that have caused problems. By doing so, you are acknowledging you are ready to change your life for the better.

Include the following information in your writing or verbal discussion:

- Tell of your choices and how they have negatively affected your life or the lives of those close to you.
- Tell why you need the help of case management to assist you in changing your life.
- List the goals you will work on while in the program.
- Describe how you will change and be different based on the choices you will make.
- What strengths will you utilize to assist you in making this change?

***I am ready for action. I am ready to quit making plans for action. I am ready to accept responsibility for my behavior and to stop engaging in criminal activities***

\_\_\_\_\_  
Signature (Youth)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date

\*This document is adapted from The Change Companies 2004 Workbook.

## SLM Curriculum Lesson #2

### WHO I AM?

---

Name \_\_\_\_\_

Date \_\_\_\_\_

Who are you today? It is very likely you are quite different now than you were at the age of five. You have learned many things, experienced much, and made many decisions.

In a quick and honest manner, read the items below and check those descriptions that apply to you.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Easily make friends                 | <input type="checkbox"/> Like my family         | <input type="checkbox"/> Feelings easily hurt   |
| <input type="checkbox"/> Often feel afraid                   | <input type="checkbox"/> Dream a lot            | <input type="checkbox"/> Like to be on the edge |
| <input type="checkbox"/> Self-centered                       | <input type="checkbox"/> Smart                  | <input type="checkbox"/> Follow others          |
| <input type="checkbox"/> Quickly/easily angered              | <input type="checkbox"/> Laugh a lot            | <input type="checkbox"/> Complete what I start  |
| <input type="checkbox"/> Wants to win                        | <input type="checkbox"/> Take good care of self | <input type="checkbox"/> Often lonely           |
| <input type="checkbox"/> Enjoys being alone                  | <input type="checkbox"/> Lack confidence        | <input type="checkbox"/> Too hard on self       |
| <input type="checkbox"/> Ashamed of my actions               | <input type="checkbox"/> Tough                  | <input type="checkbox"/> Ignore view of others  |
| <input type="checkbox"/> Fun to be around                    | <input type="checkbox"/> Get my way             | <input type="checkbox"/> Like my parents        |
| <input type="checkbox"/> Tell lies often                     | <input type="checkbox"/> Funny                  | <input type="checkbox"/> Physically attractive  |
| <input type="checkbox"/> Don't like myself                   | <input type="checkbox"/> Critical of others     | <input type="checkbox"/> Nervous and uptight    |
| <input type="checkbox"/> Loyal                               | <input type="checkbox"/> Energetic              | <input type="checkbox"/> Can keep a secret      |
| <input type="checkbox"/> Most my friends are smarter than me | <input type="checkbox"/> Misunderstood          | <input type="checkbox"/> Scare People           |
| <input type="checkbox"/> Like to con others                  | <input type="checkbox"/> Work a lot             |   |

\*This document is adapted from The Change Companies 2004 Workbook.

## SLM Curriculum Lesson #3

### WHAT TROUBLES ME?

---

Name \_\_\_\_\_

Date \_\_\_\_\_

Below is a listing of common problems/challenges people experience. Check those which apply to you. Then number them according to their importance using #1 as most important.

<input type="checkbox"/> Fits of anger and rage	<input type="checkbox"/> Financial problems
<input type="checkbox"/> Abuse alcohol	<input type="checkbox"/> Gamble
<input type="checkbox"/> Abuse other drugs	<input type="checkbox"/> Old neighborhood
<input type="checkbox"/> Problems with authority figures	<input type="checkbox"/> Rage
<input type="checkbox"/> Lose family and friends	<input type="checkbox"/> Bad Moods
<input type="checkbox"/> Do not like myself	<input type="checkbox"/> Fighting
<input type="checkbox"/> Others don't understand me	<input type="checkbox"/> Friends
<input type="checkbox"/> Trouble adhering to rules and laws	<input type="checkbox"/> Health
<input type="checkbox"/> Loneliness	<input type="checkbox"/> Too much energy
<input type="checkbox"/> Act before thinking	<input type="checkbox"/> Fear of success
<input type="checkbox"/> Can't think	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bored or restless	<input type="checkbox"/> Other _____
<input type="checkbox"/> No one cares about me	<input type="checkbox"/> Other _____
<input type="checkbox"/> Want things now	
<input type="checkbox"/> Lazy	
<input type="checkbox"/> Hate school	
<input type="checkbox"/> Afraid of others	

\*This document is adapted from The Change Companies 2004 Workbook.

## **SLM Curriculum Lessons #4**

---

### **MY TOP THREE PROBLEMS**

---

Name \_\_\_\_\_

Date \_\_\_\_\_

**What are your most pressing problems? Complete the following.**

***Case Plan Problem #1*** \_\_\_\_\_

\_\_\_\_\_

How long has this been a pressing issue? \_\_\_\_\_ (years/months)

What makes this a problem now?

\_\_\_\_\_

***Behavior Problem #1*** \_\_\_\_\_

\_\_\_\_\_

How long has this been a pressing issue? \_\_\_\_\_ (years/months)

What makes this a problem now?

\_\_\_\_\_

***Education/Employment Problem #1*** \_\_\_\_\_

\_\_\_\_\_

How long has this been a pressing issue? \_\_\_\_\_ (years/months)

What makes this a problem now?

\_\_\_\_\_

# **Stage II**

## **EMPATHY DEVELOPMENT & VICTIM AWARENESS**

## SLM CURRICULUM LESSON PLAN #5

### MOMENTS OF REFLECTION

---

Name \_\_\_\_\_

Date \_\_\_\_\_

Describe the consequences of not changing your behavior, thoughts, attitude, and lifestyle?

Name the areas you and your caseworker have agreed are important for you to work on?

Case Plan issues: \_\_\_\_\_

\_\_\_\_\_

Behavior issues: \_\_\_\_\_

\_\_\_\_\_

Education/employability issues: \_\_\_\_\_

---

Identify the strengths you have that will assist you in fulfilling this commitment?

In light of you making and keeping this commitment, what does your future look like to you?

What attitudinal things might be important for you to work on now?

\*This document is adapted from The Change Companies 2004 Workbook.

## **SLM CURRICULUM LESSON PLAN #6**

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### **IF IT WERE ME**

---

Name \_\_\_\_\_

Date \_\_\_\_\_

When we put ourselves in the “shoes” of another, we are able to sense what they may be experiencing. This is a good way to stop using tactics on others. Respond to the following questions.

1. What person(s) have you used tactics on?
  
2. What tactics did you use? Describe the situation.
  
3. How did your tactics affect this person?
  
4. How would you have felt if the roles were reversed and you were the other person?
  
5. Write a commitment regarding doing things differently next time.

Next time \_\_\_\_\_ happens, I will do

whatever it takes NOT to use tactics. This means I will

\_\_\_\_\_  
\_\_\_\_\_.

\*This document is adapted from 2002 Truththought, LLC.

## **SLM CURRICULU LESSON PLAN #7**

---

### **IDENTIFYING OTHER'S FEELINGS**

---

Name \_\_\_\_\_

Date \_\_\_\_\_

1. Think of how the following people might feel. Name three feelings for each person.

Child victim of a drive by shooting.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Friend of yours who is seriously injured in a gang fight.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child next door is physically abused by her parents.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How would you feel upon hearing about these victims?

---

---

---

3. You borrow your brother's CD without asking and scratched it.

Identify your brother's feelings.

What would it be like if someone borrowed your CD and damaged it?

What if you were the brother with the damaged CD ?

4. Close your eyes and imagine you are experiencing the feelings you identified in #1. Can you image and feel how your brother feels.

5. What would an empathic response be? How can you show your brother that you understand his feelings?

## SLM CURRICULUM LESSON PLAN #8

### FEELINGS OF MY VICTIMS

---

Name \_\_\_\_\_

Date \_\_\_\_\_

List 5 feelings your victims may have had during or after your action. Write how the victim behaved or what he/she said that would have let you know how he/she was feeling.

1. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

---

# **Stage III**

## **EMOTIONS MANAGEMENT**

## **SLM CURRICULUM LESSON #9**

### **CONTROLLING MY ANGER**

---

Name \_\_\_\_\_

Date \_\_\_\_\_

1. If you were angry today, briefly describe what happened and who was there.

2. What was going on with you when it happened – what were your stressors?

## **SLM CURRICULUM LESSON PLAN #9 (Cont'd)**

### **CONTROLLING MY ANGER**

---

Name \_\_\_\_\_

Date \_\_\_\_\_

1. Describe a bad anger experience you have had.

2. What was going on with you when it happened – what were your stressors?

3. Below is a list of Trigger Thoughts. Which Trigger Thoughts did you use? (Write by the trigger thought or thoughts what you were thinking.

A. Fairness

B. Entitlement

C. Change

D. If-Then

E. Global Labeling

F. Magnifying

G. Assuming

H. Good/Bad

4. What do you think were the other person's stresses and trigger thoughts?

5. What calming thought could you have used to calm your trigger thoughts?
  
6. What physical relaxation techniques did you use to try to calm down?
  
7. Listed below are negotiation techniques. In order to solve this conflict, choose one negotiation technique and describe how you think you will use it. (or how you did use it)
  - A. Givin' it.
  
  - B. Takin' it.
  
  - C. Workin' it out.

Staff Comments:

## SLM CURRICULUM LESSON PLANS #10

### **PAST/FUTURE**

---

Name \_\_\_\_\_

Date \_\_\_\_\_

1. How do decisions made as a young person affect people later in their lives?
2. How have your early decisions affected you today?
3. How can decisions made when a person is older help change the reputation they had as a young person?
4. What decisions will you make that will help change and improve your reputation?

\*This document is adapted from 2002 Truththought, LLC.

# SLM CURRICULUM LESSON PLANS #11

## VALUES/RESPECT

---

Name \_\_\_\_\_

Date \_\_\_\_\_

What 10 things do you value the most? Which is the most important? Rank the others in the order of importance, with #1 being most important and #10 least.

Looking at the above list - Are you happy with these values and respect them? Would responsible persons in the community and culture respect them?

Item #	I respect this item ("yes"/"no")	Others respect this item ("yes"/"no")
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

\*This document is adapted from 2002 Truththought, LLC.

## **SLM CURRICULUM LESSON PLAN # 12**

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### **THAT’S JUST THE WAY I AM**

---

Name\_\_\_\_\_

Date\_\_\_\_\_

Which apply to you and why?

“I have my own way of doing things, and I do whatever I want to.”

“I don’t have much in common with other people, unless they can give me something.”

“Life is one way, my way.”

“The people I can trust are those I can manipulate, control, or use.”

“Why has a plan for the future? I live for the moment.”

“The truth only gets in the way of what I want. I am not interested in it.”

\*This document is adapted from 2002 Truththought, LLC.

## **SLM CURRICULUM LESSON PLAN #13**

---

### **IT'S A BIG DEAL**

---

Name \_\_\_\_\_

Date \_\_\_\_\_

When have you recently made a big deal about something that was small?

1. What was the “big deal”?

2. What led you to make this small deal a “big” one?

3. What tactic allows us to make a bid deal from something small?

4. What will you do instead the next time this small deal becomes a big one?

---

# SLM CURRICULUM LESSON PLAN #14

## MY DAILY JOURNAL

NAME:

PROVIDER:

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### Correcting Hurtful Behavior and Wrong Thinking

Where were you when you hurt someone today? What were you thinking right before you hurt someone and why? (Whether caught or not) What did you do that was hurtful?

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Did any of your peers or staff think you were hurtful today, but you believe they were wrong? If yes, then describe why you think they were wrong?

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Do you believe your hurtful behaviors created a victim? If No, explain, If yes, What can you do to make the wrong you did right so that you do not do the same thing again? (If you need help with this, ask staff)

---

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## SLM CURRICULUM LESSON PLAN #15

### RELAPSE PREVENTION PLAN

**The more you put into prevention, the more you will get out of the plan.**

While thinking about your desired future, record those lifestyle changes you will continue into your new lifestyle. Complete the following from a futuristic perspective:

I will be living (location) \_\_\_\_\_ with \_\_\_\_\_.

I will be employed as a \_\_\_\_\_ at \_\_\_\_\_.

The action I plan to take when I am lonely and unable to connect with others is \_\_\_\_\_.

The action I plan to take when I am feeling fearful or anxious is \_\_\_\_\_.

The action I plan to take when I am feeling anxious is \_\_\_\_\_.

The action I plan to take when I am feeling angry or resentful is \_\_\_\_\_.

The action I plan to take when I am feeling depressed or hopeless is \_\_\_\_\_.

When I think about those situations where I may take more alcohol and drugs, I plan to do the following instead:

- | Situation: | What I will do instead: |
|------------|-------------------------|
| 1.         | 1.                      |
|            | 2.                      |
|            | 3.                      |

---

2. 1.

2.

3.

---

3. 1.

2.

3.

---

4. 1.

2.

3.

When I am not getting along well with my friends and family, I plan to do the following:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

People I plan to AVOID:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Places I plan to AVOID:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

People I'm not sure about:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Places I'm not sure about:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What changes am I willing to make to deal with the temptation to hang with “old using friends”?

---

---

---

---

The places that I can go that support my recovery:

- 1.
- 2.
- 3.

I will attend the following groups that will help me remain drug free:

	<b>GROUP</b> (self-help, aftercare, church, or community)	<b>PLACE</b>	<b>DAY</b>	<b>TIME</b>
1.				
2.				
3.				
4.				
5.				
6.				

Here are the actions I will take when my program of recovery starts to take a backseat to my family and friends:

\*This document is adapted from 2001 Serenity Support Services.

- 1.
- 2.

Here are three quiet places I can go to meditate and regroup:

Here are four people who will support me, my efforts to remain drug free and criminal behavior.

**PERSON #1**

He/She wants me to be crime and drug free because \_\_\_\_\_

\_\_\_\_\_

How can I use his/her support? \_\_\_\_\_

\_\_\_\_\_

The words I will use to ask him/her for help are: \_\_\_\_\_

\_\_\_\_\_

This person can be contact by (phone number, address, email, etc.)

\_\_\_\_\_

\_\_\_\_\_

**PERSON #2**

He/She wants me to be crime and drug free because \_\_\_\_\_

\_\_\_\_\_

How can I use his/her support? \_\_\_\_\_

\_\_\_\_\_

The words I will use to ask him/her for help are: \_\_\_\_\_

\_\_\_\_\_

This person can be contact by (phone number, address, email, etc.)

\_\_\_\_\_

\_\_\_\_\_

**PERSON #3**

He/She wants me to be crime and drug free because \_\_\_\_\_

\_\_\_\_\_

How can I use his/her support? \_\_\_\_\_

\_\_\_\_\_

The words I will use to ask him/her for help are: \_\_\_\_\_

\_\_\_\_\_

This person can be contact by (phone number, address, email, etc.)

\_\_\_\_\_

\_\_\_\_\_

**PERSON #4**

He/She wants me to be crime and drug free because \_\_\_\_\_

\_\_\_\_\_

How can I use his/her support? \_\_\_\_\_

\_\_\_\_\_

The words I will use to ask him/her for help are: \_\_\_\_\_

\_\_\_\_\_

This person can be contact by (phone number, address, email, etc.)

\_\_\_\_\_

\_\_\_\_\_

If I relapse, what are the consequences I may face?

To self: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To family: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

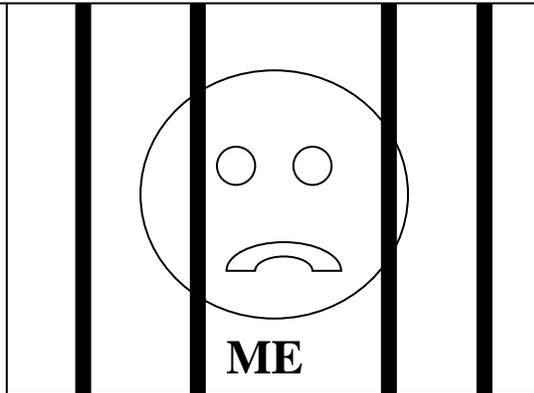
To friends: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To my community: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*This document is adapted from 2001 Serenity Support Services.



Draw a picture of one the consequences you may face as a result of a relapse.

\*This document is adapted from 2001 Serenity Support Services.

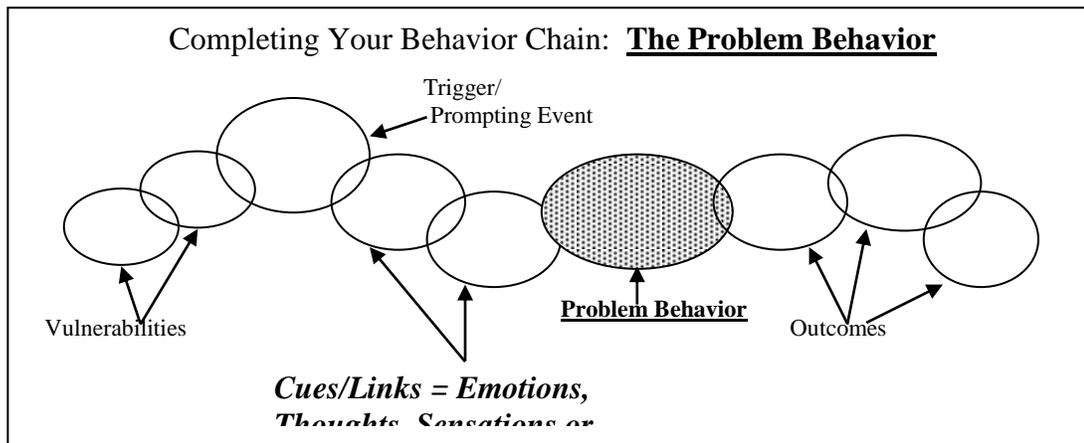
# EXTRA WORKSHEETS

## BEHAVIORAL ANALYSIS WORKSHEET "Completing Your Behavior Chain"

*Complete this worksheet to prepare for a behavior analysis discussion with a staff member*

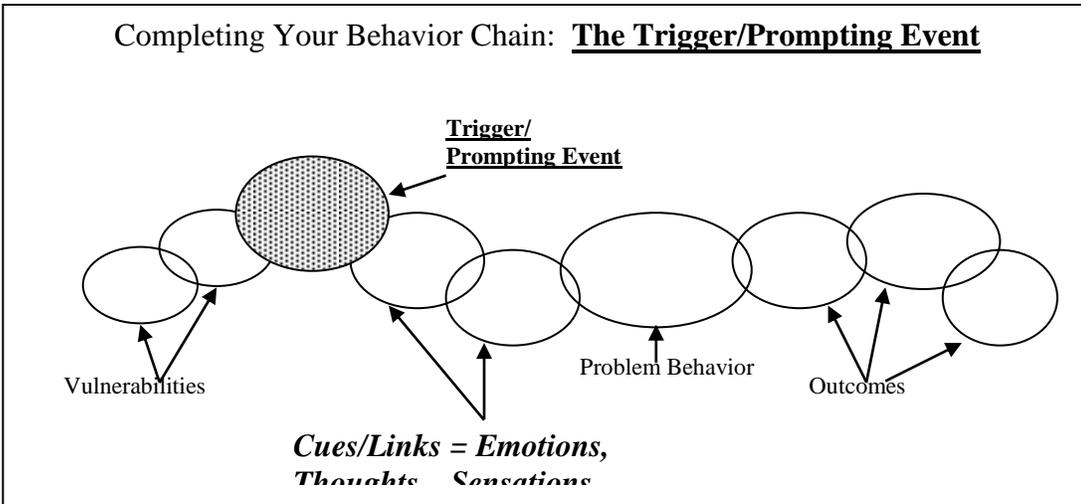
Your Name:

Date of Problem Behavior:

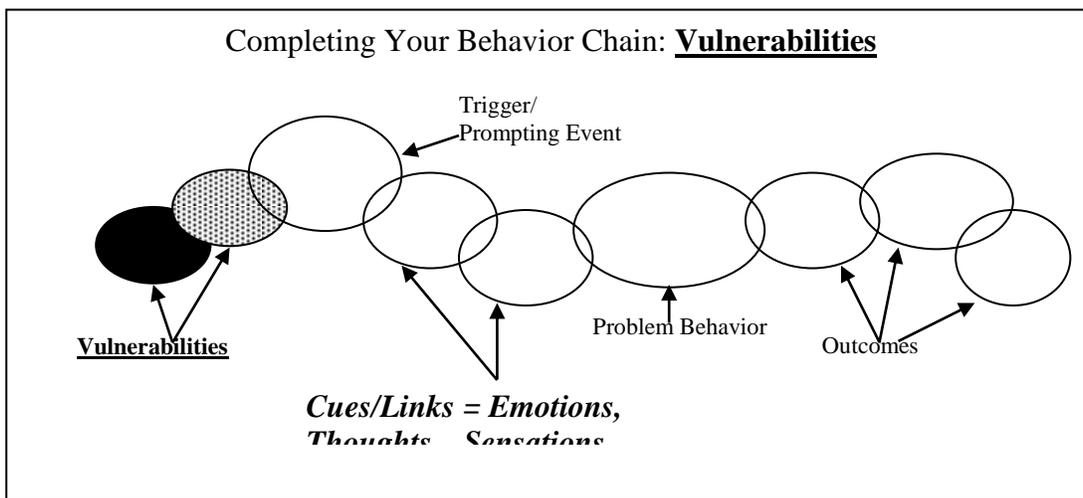


1. Describe your Problem Behavior:

2. Where were you and who was present at the time of your Problem Behavior?

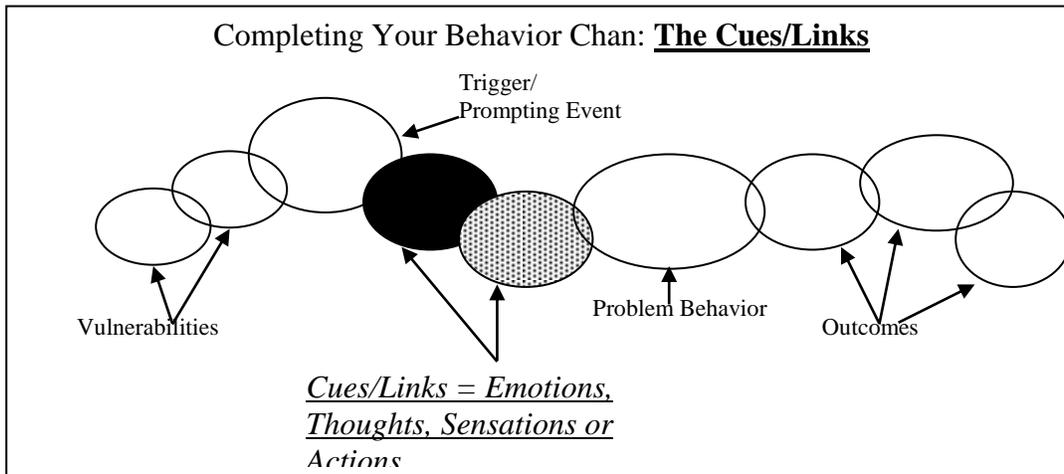


3. What **Trigger/Prompting Event** started you on the **Chain** to your behavior?



4. What things inside yourself made you **Vulnerable** or more likely to act out negatively (thoughts, beliefs, emotions, assumptions, physical sensations, memories, fatigue, intoxication)?

5. What was going on around you that made you **Vulnerable** or more likely to act out negatively (people were rejecting me, ignoring me, someone was around me that I did not like, I was around peers who pressure me to act a certain way)?



6. Complete the Behavior Chain: Circle one link for each line and then describe the link in the space provided.

***Example:***

*I thought*    *I was feeling*    *Body Sensations*    *What I did*    **What happened**

Staff told me to go to my room after dinner because I didn't have enough points to watch the movie.

**I thought**    *I was feeling*    *Body Sensations*    **What I did**    **What happened**

I was thinking that it was unfair that my peers got to stay out for the movie and I didn't.

*I thought*    *I was feeling*    **Body Sensations**    *What I did*    **What happened**

I was feeling tension in my stomach, my fists were clenched, and my jaw was tight

*I thought*    **I was feeling**    *Body Sensations*    *What I did*    **What happened**

I felt angry and frustrated

*I thought*    *I was feeling*    *Body Sensations*    *What I did*    *What happened*

*I threw stuff around my room, and banged on my door*

**Example (continued)**

**I thought**    **I was feeling**    **Body Sensations**    **What I did**    **What happened**

*A staff told me I would not earn my points toward getting my phase back because of my behavior*

**I thought**    **I was feeling**    **Body Sensations**    **What I did**    **What happened**

*Enraged-very very angry*

**I thought**    **I was feeling**    **Body Sensations**    **What I did**    **What happened**

*Hot flashes all over my body, intense tightness in my stomach, jaws clenched, panting-out of breath*

**I thought**    **I was feeling**    **Body Sensations**    **What I did**    **What happened**

*I took a staple out of a magazine and scratched my arms until I started to bleed.*

**I thought**    **I was feeling**    **Body Sensations**    **What I did**    **What happened**

*My body relaxed, tension went away, felt coolness*

*I thought*    *I was feeling*    *Body Sensations*    *What I did*    *What happened*

I felt calmness and relief.

**I thought**   **I was feeling**   **Body Sensations**   **What I did**   **What happened**

Staff came to my room. I was placed on SPL. Put on constant observation. My room was stripped, my sheets taken.

**I thought**   **I was feeling**   **Body Sensations**   **What I did**   **What happened**

I was feeling embarrassed

**I thought**   **I was feeling**   **Body Sensations**   **What I did**   **What happened**

I was thinking "why did I do that again. I told myself I would not do that hurt myself like that again"

A. What was I thinking   What was I feeling   Body Sensations   What I did  
What happened

B. What was I thinking   What was I feeling   Body Sensations   What I did  
What happened

C. What was I thinking   What was I feeling   Body Sensations   What I did  
What happened

D. What was I thinking   What was I feeling   Body Sensations   What I did  
What happened

E. What was I thinking   What was I feeling   Body Sensations   What I did  
What happened

F. What was I thinking    What was I feeling    Body Sensations    What I did  
What happened

G. What was I thinking    What was I feeling    Body Sensations    What I did  
What happened

H. What was I thinking    What was I feeling    Body Sensations    What I did  
What happened

I. What was I thinking    What was I feeling    Body Sensations    What I did  
What happened

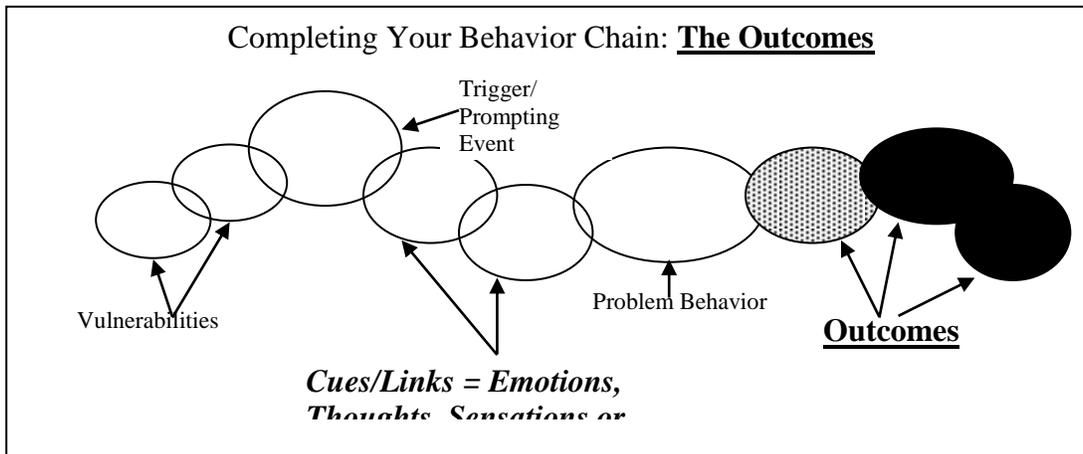
J. What was I thinking    What was I feeling    Body Sensations    What I did  
What happened

K. What was I thinking    What was I feeling    Body Sensations    What I did  
What happened

L. What was I thinking    What was I feeling    Body Sensations    What I did  
What happened

M. What was I thinking    What was I feeling    Body Sensations    What I did  
What happened

N. What was I thinking    What was I feeling    Body Sensations    What I did  
What happened



7. How did the **Chain** end? What made you stop the behavior?

8. What were the positive **Outcomes** that happened to you?

9. What were the negative **Outcomes** that happened to you?

10. What did you want to happen; what problem were you trying to solve; what was the function of the behavior?

11. How did your **Problem Behavior** cause **Harm** to others?

12. How did your problem behavior cause **Harm** to yourself?

13. How will you **Correct** the **Harm You** caused others and/or yourself with your **Problem Behavior**?

Go back over the chain and put a star (\*) by each spot where you could have broken this chain by changing your behavior.

14. Look at your answers in #4 and #5. What will you do to be less Vulnerable the next time?



Reviewed and signed by staff: \_\_\_\_\_

Reviewed and signed by counselor: \_\_\_\_\_

Presented to peer group on \_\_\_\_\_.

Peer group comments:

Staff comments:

# BHTU

## PROGRESSION OF SERVICES

### INTAKE/ADMISSION

High Risk –

High Needs

High Stabilization

### AREAS OF IMPACT *Evidence-based Risk Factors*

### TREATMENT OBJECTIVES

**PHASE I**  
**Readiness & Motivation**

*Increase Engagement, Alliance, and Validation Skills*

**PHASE II**  
**Healthy Masculinity, Empathy Development & Anger Management**

*Improve Coping & Problem Solving Skills*

**PHASE III**  
**Relapse Prevention**

*Improve Ability to Handle Difficult Situations*

**PHASE IV**  
**Transition**

*Increase Moral Reasoning*

**Extra Help I**

*Practice Relapse Prevention*

**Extra Help II**

*Practice Relapse Prevention*

**WEEKS 1-2: READINESS FOR TREATMENT: CURRICULUM ACTIVITIES**

MODULE	SLM SUPPLEMENTAL ACTIVITIES
<b>Impulse Control &amp; Judgment</b> Impulse Control Judgment	Are You Ready#1 Who Am I? #2
<b>Health Masculinity</b> What it Means to be a Man? Male & Female Relationships	

**WEEKS 3-4: HEALTH MASCULINITY, EMPATHY DEVELOPMENT & ANGER MANGEMENT: CURRICULUM ACTIVITIES**

MODULE	SLM SUPPLEMENTAL ACTIVITIES
Anger Management Introduction Recognize Warning Signs Calming Techniques Positive Imagery Communication techniques	What Troubles Me #3 My Top Three Problems #4

Worksheet #21

**WEEKS 5-6: RELAPSE PREVENTION: CURRICULUM ACTIVITIES**

MODULE	SLM SUPPLEMENTAL ACTIVITIES
Relapse Prevention What is Relapse Prevention? Aggressive Behavior Cycle Risk Factors Developing Your Relapse Prevention Plan	Self-Documentation

**WEEKS 7-8: TRANSITION: CURRICULUM ACTIVITIES**

SUPPLEMENTAL ACTIVITIES	SLM SUPPLEMENTAL ACTIVITIES
<b>Transition</b> Controlling My Ager #9 My Past & Future #10 Values & Respect #11 That's Just the Way I Am ##13 It's A Big Deal #14 My Daily Journal #15	Staff Documentation

Worksheet #22  
Worksheet #23

**ADDITIONAL SUPPLEMENTAL CURRICULUM ACTIVITIES**

SUPPLEMENTAL ACTIVITIES	SLM SUPPLEMENTAL ACTIVITIES
Completes Daily Journal <b>Extra Help I</b> Ability to avoid high risk situations Ability to identify and challenge thinking errors in self and others Moments of Reflection #5 If It Was Me #6 My Daily Journal #15	Staff Documentation Worksheet #15 Staff Documentation Worksheet #9-14

**ADDITIONAL SUPPLEMENTAL CURRICULUM ACTIVITIES**

SUPPLEMENTAL ACTIVITIES	SLM SUPPLEMENTAL ACTIVITIES
<b>Extra Help</b> Identifying Other's Feelings #7 Feelings of My Victims #8 My Daily Journal #15	Self-Determination

\*The BHTU Curriculum Lessons are sequentially administered through Weeks 1-6 as Primary Lessons with SLM Supplemental Material as Secondary Material for those Weeks as Well. For Weeks 7-8 and beyond, the Supplemental Material serves as Primary Material

### FREQUENCY OF CLINICAL SERVICES

#### Individual Sessions

Meet: 2x/Week  
8 Weeks  
16 Total Meetings

#### Group Sessions

Meet: 5x/Week  
8 Weeks  
40 Total Meetings