A Manual for Delivery of

Cognitive Self Change

The Vermont Department of Corrections

October 2002

This manual represents an evolution of the Cognitive Self Change program from the Options program (1993, National Institute of Corrections) and the Cognitive Self Change program (1997, Vermont Department of Corrections).

The manual was prepared by the Cognitive Self Change management team. Employees of the Vermont Department of Corrections and contractors who deliver this program have contributed many valuable suggestions. Part One was written by Jack Bush. Part Two owes special thanks to the work of Dick Powell, Charles Gurney, and Steve Woodsum.

The idea of Thinking Reports originated with Yochelson and Samenow (Yochelson, S. and Samenow, S., *The Criminal Personality*, Aronson, NY and London, 1976.) However, the use of Thinking Reports has been modified significantly in Cognitive Self Change. The Fearless Criminal Inventory was developed by Steve Woodsum.

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NOTE: The procedures described in this manual are subject to change and may not reflect current practice at any given time.

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1. Introduction to Cognitive Self Change

R was in the community phase of Cognitive Self Change.. He seemed to be doing well in most aspects of the program and in his personal life. But it became apparent that he was nurturing feelings of resentment toward corrections and the criminal justice system. He felt entitled to this resentment and he felt a kind of personal strength in his determination to cling to it.

Staff facilitator: *R*, you've done some good work in this program but you're still carrying a load of risk thinking you haven't done anything about. It's time to target that thinking. I'm talking about your attitudes toward corrections and the criminal justice system.

R: It took me ten years to learn those attitudes. I can't just make them go away overnight.

Facilitator: But you can decide to target them. You can decide to find new attitudes and decide practice them. You can make that decision overnight. In fact you can make that decision right now.

R: To tell you the truth, I'm not really sure I want to change those attitudes. The system is just too unfair. Every time I see them screwing somebody over...well, I just can't accept it. And that happens every day.

Facilitator: I think you've put your finger on the problem. You don't want to give up your resentment and condemnation of authority. And you're convinced that your thoughts about the system are true. Am I right?

R: Yeah, that's about it.

Facilitator: And you know enough about how this program works to know that all that is beside the point. Whether your thoughts about corrections are true or not, your way of holding to these thoughts keeps you at risk of violating your conditions or re-offending. I think you can see that.

R: Yeah. But I got it under control. I'm not breaking any rules.

Facilitator: And your resentment and contempt makes you feel righteous and superior and you don't want to give that up.

R: Yeah.

Facilitator: But whether or not you want to think differently is not the point. I'm not going to tell you how to think about corrections and the criminal justice system. I'm not even going to dispute with you that the way you think now is wrong or distorted or not true or anything like that. But the program requires that you learn how to steer your thinking away from crime and violence whenever your thinking is putting you at risk of that. Right now you're keeping that risk alive by nursing your resentment towards corrections and the authority of the law. You see that as clearly as I do. So You need to decide: Stay with the program and target this risk thinking, or drop out. That's a decision you need to make now.

R: Some choice. I'm required to take this program. If I drop out I go back to jail.

Facilitator: It's not a comfortable choice but it's a choice. And only you can make it.

The Philosophical Background

Cognitive Self Change owes as much to philosophy as psychology. The idea that we can guide our lives by choosing how we think was expressed by the stoic philosopher Epictetus in the 2nd century A.D.:

"Men are disturbed not by the things which happen, but by the opinions about the things."

and again:

"Everything has two handles, the one by which it may be borne, the other by which it may not. If your brother acts unjustly, do not lay hold of the act by that handle wherein he acts unjustly, for this is the handle which cannot be borne; but lay hold of the other, that he is your brother, that he was nurtured with you, and you will lay hold of the thing by that handle by which it can be borne."

Cognitive Self Change uses the stoic idea that we can choose our ways of thinking, but uses this idea not as a guide for untroubled living, but as a practical tool for change.

We can guide our lives by choosing how we think.

Phenomenology is a philosophical concept that can be defined as the process of making our subjective experiences – our thoughts, feelings and sensations – the

specific objects of our attention. This seemingly simple and innocent act has remarkable consequences.

Modern phenomenology starts with the 17th century philosopher, Rene Descartes. For Descartes, becoming aware of his subjective experience made it doubtful that he could know anything else. He reflected: Don't I have these same thoughts, feelings and sensations in my dreams? Couldn't I be dreaming even when I feel sure I am awake? And couldn't there be an evil god that gives me these experiences with the purpose of deceiving me? How could Descartes know for sure? (Descartes resolved his doubt by "proving" the existence of a good God who would not be a deceiver.)

Cognitive Self Change does not share Descartes' general philosophy, but it does share his starting point.

Begin by making your thoughts and feelings, attitudes and beliefs the object of your attention.

Descartes' phenomenology had a profound effect on modern philosophy. On the one hand it gave rise to the "problem of knowledge" which has dominated much of British and American philosophy ever since. On the other hand, it gave rise to Existentialism and Phenomenology: the dominant trends of European philosophy in the 19th and 20th centuries.

Descartes established two certainties amidst his skeptical doubt. Even if I'm dreaming, Descartes said, I can be certain that I am having these sensations, these feelings and thoughts. And If I am having these experiences, I can be sure too that I exist as the being who has them: "I think, therefore I am".

This fundamental distinction in phenomenology between subjective experiences and the being or "self" which experiences them is also at the foundation of existentialist philosophy. While Descartes tended to regard the self as a passive observer of experience, existentialist philosophers saw the self as an entity created by its own conscious actions and choices. By our conscious choices, we define who we are.

In 1843 the Danish philosopher Soren Kierkegaard (sometimes regarded as the first existentialist) described the self as created by a conscious act of choice: "The self becomes a true self by choosing itself." And: "By choosing himself concretely,...the individual becomes conscious of himself as this definite individual, with these talents, these dispositions, these instincts, these passions, influenced by these definite surrounding, as this definite product of a definite

environment. But being conscious of himself in this way, he assumes responsibility for all this."

The 20th century existentialist Jean Paul Sartre gave us the dictum, "Existence precedes essence," by which he meant that our personal identity is not a fact determined by nature, but a reality we each create for ourselves by our conscious choices. In choosing a course of action, Sartre says, we also choose the motives for our action. We choose the person we are to be.

Existential philosophy is grounded in radical concepts of freedom and responsibility. We are free to choose, and this freedom marks the difference between human beings and determinate facts of nature. At the same time, this freedom to choose entails our total responsibility for our choice. We make ourselves what we are by our conscious choices, and we are totally responsible for these choices. We are totally responsible for who we are.

Cognitive Self Change uses these ideas of freedom and responsibility in a more limited but also a more concrete and practical form:

We define who we are by consciously choosing our ways of thinking, the attitudes and beliefs that determine how we act and who we are.

Self-responsibility is a key objective of Cognitive Self Change. Individuals are made aware of the thinking that makes them criminal, and they are made aware of the possibility of choosing new thinking that will make them non-criminal. They are confronted with the demand to choose the thinking that will determine the future course of their lives and their identity as a person. Cognitive Self Change does not coerce or manipulate this choice. We want each individual to be acutely aware that the choice is theirs alone.

Choose how you will think, and be aware that you and you alone are doing the choosing. You and you alone are responsible for the person you will be.

Perhaps the philosopher who most closely captures the basic premise of Cognitive Self Change was Victor Frankl, who was also a psychiatrist and the founder of Logotherapy. In "Man's Search For Meaning" — a philosophical reflection on his experience as a prisoner in a Nazi concentration camp — Frankl wrote: "...everything can be taken from a man but one thing: the last of the human freedoms – to choose one's attitude in any given set of circumstances, to choose one's own way."

There is some irony in the fact that criminal prisoners also exercise this freedom and to the same purpose as Frankl – namely, to preserve their identity – but in an opposite direction. Frankl chose to preserve his own humanity by seeing even his guards as human beings. Criminal convicts are more likely to choose hatred, defiance, and dehumanization of authority. Hard core convicts base their sense of identity on it.

Finally, we can trace phenomenology from Edmund Husserl (the 20th century philosopher most often associated with the term "phenomenology") to the phenomenological movement in modern psychology, and finally to the work of Yochelson and Samenow, whose book, <u>The Criminal Personality</u>, introduced the idea of "criminal thinking errors" and which gave rise, directly and explicitly, to the present author's first cognitive work with criminals and to the development of Cognitive Self Change.

The Idea of Criminal Thinking

Samuel Yochelson and his colleague Stanton Samenow turned to phenomenology and existential psychology to find a theoretical foundation for their new approach to criminality.

Yochelson (a psychiatrist) and Samenow (a psychologist) worked with hospitalized criminal offenders found not guilty by reason of insanity. But these clients were more criminal than insane. Yochelson and Samenow tried traditional clinical approaches to changing their criminal behavior only to become convinced that they were making fundamentally incorrect assumptions. The problem (as they came to see it) is not that criminals suffer from a psychopathology. The problem is that criminals are irresponsible. And their irresponsibility is grounded in a set of well-defined thinking patterns based on self-centeredness and disregard for the rights of others. They codified these thinking patterns in the form of 52 "criminal thinking errors." Their technique for uncovering these thinking errors was phenomenological reflection. They taught criminal offenders to objectively report the content of their thinking. They called these "phenomenological reports." Yochelson and Samenow focused exclusively on the cognitive content of the criminal's experience, discounting feelings and emotions. They were convinced both that it was criminals' thinking that produced their criminal behavior, and that the then-contemporary trend in clinical practice to focus on "feelings" was, with criminals at least, a psychological dead end. When they adopted the phenomenological approach in the 1960' and 1970's, they clearly thought of themselves as stepping outside of the traditional disciplines of psychiatry and psychology and striking out on their

Yochelson and Samenow were not unaware of the cognitive-behavioral work being done since the 1950's by Aaron Beck and Albert Ellis. But they discounted this work for their purposes as based on the very clinical assumptions from which they had struggled to free themselves. Yochelson and Samenow were now determined to define criminality as a condition of irresponsibility, and not as being – or even being the result of – any kind of pathology, whether social of psychological.

own. And that, by and large, was how they were received by their colleagues.

Yochelson's and Samenow's ideas immediately created a stir of controversy and enthusiasm. The controversy came mostly from clinical psychologists who claimed the idea of criminal thinking errors was not empirically proven and that it stereotyped, even dehumanized, criminal offenders. The enthusiasm came mostly from correctional professionals – caseworkers, correctional officers, probation officers and others – who saw the description of criminal thinking errors as a refreshingly realistic and accurate description of the clients they worked with every day.

Since the publication of <u>The Criminal Personality</u> the controversy and the enthusiasm have subsided and given way to broad agreement that ways of thinking do, indeed, lie behind criminal behavior and that criminals can be taught to change their behavior by teaching them to think differently. Most offender treatment programs developed in North America and Europe in the past 10 years are explicitly "cognitive": They aim to change offenders' behavior by changing their thinking.

The majority of these programs are "cognitive skills training" programs. These programs teach skills such as problem solving, creative reasoning, critical thinking, negotiation, and social skills (e.g., asking for help, responding to anger, dealing with an accusation) using a step-by-step process of demonstration and practice. Clients learn thinking skills the way a person might learn to dance or drive a car. Cognitive skills programs are based on the idea that criminals lack the thinking skills for effective pro-social living, and that with the acquisition of these skills they will begin to behave pro-socially. These programs don't generally assume the existence of more fundamental "criminal thinking errors."

Cognitive restructuring programs, on the other hand, assume that criminal behavior arises from the content of an offender's thinking, and that change requires fundamental change – restructuring – of that thinking.

Since about 1980, Yochelson's and Samenow's definition of criminal thinking errors has become the basis of numerous treatment programs aimed at "restructuring" offenders' thinking by eliminating these errors.

But even before the publication of <u>The Criminal Personality</u>, several psychologists recognized that thinking was behind criminal behavior and attempted to change that behavior by changing (restructuring) that thinking. Albert Ellis' Rational Emotive Therapy has long been used to "treat" criminal behavior. Ellis' approach identifies "irrational beliefs" (which are said to result in dysfunctional behavior, including crime) and attempts to replace them with "rational beliefs" (which do not). In 1957 Sykes and Matza published an article called "Techniques of Neutralization" in which they describe 5 justifications of delinquent behavior that effectively "neutralize" the moral imperatives of the dominant society and lead juveniles to become delinquent. These "neutralizations" are explicitly cognitive behaviors: denial of responsibility, denial of injury, denial of the victim, condemnation of the condemners, and the appeal to higher loyalties. At about this same time, Albert Bandura was developing his social and cognitive theory of human functioning which included the concept of self-regulation based on internal, cognitive behavior. In 1996 Bandura published an article called "Mechanisms of Moral Disengagement" in which he describes specific cognitive behaviors that lead offenders to commit acts of crime and violence. Bandura's mechanisms (as well as his concept) are similar to those of Sykes and Matza. Bandura's mechanisms of moral disengagement include these cognitive behaviors: linking their behavior to worthy purposes, obscuring personal causal agency, misrepresentation of injurious effects on others, and vilifying victims.

In 1999 Aaron Beck, long known for his development of Cognitive-Behavioral Therapy in the clinical treatment of emotional disorders, published <u>Prisoners of</u> <u>Hate: the cognitive basis of anger, hostility, and violence.</u> In this book Beck describes patterns of thinking that lead to criminal violence. Some examples: "I am the victim"; "Authorities are controlling, disparaging, and punitive"; "Spouses are manipulative, deceitful, and rejecting"; "Outsiders are treacherous, self-serving, and hostile"; "Nobody can be trusted". Before any of these, more modern, authors, Alfred Adler described criminals as "lacking social interest." This is probably the briefest (and maybe the best) description of the thinking that leads to crime and violence.

Cognitive Self Change combines aspects of several of these cognitive approaches. It begins with a basic agreement with Yochelson and Samenow that a criminal's behavior is directly connected to their thinking. And Cognitive Self Change uses a technique called the "thinking report" which evolved directly from the "phenomenological report" described in The Criminal Personality. And Cognitive Self Change views criminality as irresponsibility and not as a psychopathology. But unlike Yochelson and Samenow, Cognitive Self Change does not attempt to identify criminal thinking patterns apart from the specific thinking of individual offenders. We do not use a list of criminal thinking errors. In fact we avoid the language of "thinking error" (and "distortions" and similar terms) altogether. We don't label offender thinking. We teach offenders to examine the content of their thinking with strict objectivity. We teach each individual to identify the exact thoughts, feelings, attitudes and beliefs that lead them to do acts of crime and violence. We find the flaw in an offender's thinking, not in it's intrinsic content ("errors" or "distortions"), but in how the individual uses their thinking to evade responsibility and justify acts of crime and violence.

Perhaps even more importantly, Cognitive Self Change bridges the difference between cognitive skills training and cognitive restructuring. Cognitive Self Change teaches offenders how to replace the thinking that leads them to crime and violence with new thinking that doesn't. This is the definition of cognitive restructuring. But Cognitive Self Change is a process of learning a specific set of cognitive skills – skills in observing one's own thinking, in recognizing how that thinking leads to criminal and violent behavior, in finding new thinking that doesn't, and in practicing this new thinking to steer one's behavior away from crime and violence. Cognitive Self Change teaches precisely these four cognitive skills. These are the skills required to restructure one's own thinking.

As we say to offenders in Cognitive Self Change: We don't require that you change. But we require that you learn how to change.

2. Overview of Cognitive Self Change

Theory, Steps and Principles

Cognitive Self Change is a simple strategy of directing our life by consciously choosing the way we think.

We can think of human behavior as embracing both external behavior and internal behavior. External behaviors are our physical actions. Internal behaviors are our thoughts and feelings, attitudes and beliefs. These two kinds of behavior are intimately connected. Our physical actions express our thoughts and feelings. The way we experience ourselves and the world around us determines how we act in that world. We learn to act in the world and learn to think and feel about the world at the same time. These are both aspects of human behavior: things we learn to do.

For the most part we take our ways of thinking and feeling about the world for granted. Our attention is directed to the world around us, not to our thoughts and feelings about that world. But we can, if we choose, direct our attention to the thoughts and feelings, attitudes and beliefs that go on inside our mind. We can make our subjective experience the object of our attention.

When we do that some remarkable possibilities open up to us. Our ways of thinking — which are normally quite habitual and automatic — come within our conscious control. We can literally choose how we will think. By changing our thinking we can re-structure our way of experiencing ourselves and the world around us. We can re-define the meanings we find in our relationships with

others and in our own actions. We can create new patterns of self-reward (reinforcement) for our actions by finding new meanings for what we do, and for what we avoid doing.

With criminal offenders this can be a change from experiencing reward and reinforcement in crime and violence, to experiencing reward and reinforcement in responsibility. This is the goal of Cognitive Self Change. Cognitive Self Change is a process of helping criminal offenders identify the ways of thinking that make crime and violence rewarding for them and responsibility aversive, and helping them find new ways of thinking that make crime and violence aversive for them and responsibility rewarding.

This is quite a substantial change. It necessarily involves changing not only the immediate thoughts triggered in particular situations, but also changing basic beliefs and attitudes that a person may have used their whole life to define their sense of identity and to guide their behavior. This kind of change is possible and practical only if we can break it down into practical, simple steps.

Cognitive Self Change is a series of 4 steps. Each step is a skill leading to the ability to direct our lives by directing our thinking – the ultimate skill of Cognitive Self Change.

Step 1. Learn to pay attention to your thoughts and feelings, attitudes and beliefs.

Step 2. Learn to recognize how your thoughts and feelings, attitudes and beliefs lead you to do crime or violence.

Step 3. Find new ways of thinking that don't lead you to do crime or violence — and that also provide you with a sense of self-worth.

Step 4. Practice using your new thinking until you can use it when it counts, in real-life situations.

Each step of Cognitive Self Change is a cognitive skill — a behavior we can learn to perform inside our heads. Each skill is concrete and achievable. With a degree of honest effort practically any human being can learn to do them. It does not require a high level abstract reasoning ability or high intelligence or high verbal skills. The basic ability to reflect upon our own internal experience — which is required — is relatively easy to learn using the methods of Cognitive Self Change. The skills of Cognitive Self Change are learned by practicing simple techniques: Thinking Reports, Cognitive Check-ins, and Journal Assignments. Learning is not restricted to group work. To learn these skills they must be performed, just as learning to dance or learning to drive a car requires actual dancing and actual driving. We demand that offenders learn the skills of Cognitive Self Change by actually performing them in real life situations. They practice new thinking and new behaviors together.

We can't force a person to undergo a substantial change in how they see the world. The cognitive-emotional roots of human behavior are buried in habitual and private patterns of experience, well beyond the direct control of others. But the cognitive-emotional roots of our behavior are themselves learned behaviors, and so in principle are subject to change. We can un-learn and re-learn these behaviors. No one can change by just wishing or intending it, but it can be done by deliberate, systematic, and well directed effort.

In learning Cognitive Self Change, criminal offenders learn how to experience the world, themselves, and other people, not as a criminal, but as a responsible person. They learn to use ways of thinking that support the gratifications and rewards of responsible living. But we don't tell offenders what to think. They need to find their own new thoughts, beliefs and attitudes. We are their coach. Our standard is that they use new thinking that does not lead to hurting others, and that (taken together with other changes in their thinking and acting) produces an experience of self-worth.



Three Principles of Cognitive Self Change

1. We define criminality as rooted in a set of learned cognitive behaviors, not as a characteristic inherent in personality. While personality characteristics can seem intractable, learned behavior is clearly subject to change.

2. We don't demand that offenders change. We do require that they learn how to change. Cognitive Self Change presents them with choices together with accountability for those choices. Control of their lives remains with them. In fact, by learning Cognitive Self Change offenders experience a degree of self-determination they have never had before.

3. The skills of Cognitive Self Change are learned by doing them. Only when offenders can consciously use new ways of thinking to achieve new ways of acting have they learned Cognitive Self Change. Then and only then are they in a position to make a real choice.

How CSC is delivered:

A Task Oriented Program

The objective of Cognitive Self Change is to reduce offenders' risk to reoffend. The means of reducing that risk is to teach offenders the ability to avoid violent and criminal behavior by redirecting their thinking – and to experience selfworth in doing so. As with any correctional change program, CSC needs to address the question of how we to measure client progress and how to determine that a client has finished the program.

Group facilitators generally form opinions of a client's progress toward change based on their observations of the client in and out of group. Does the client do the assigned work? Are they enthusiastic? Do they express pro-social attitudes? Do they seem to be "internalizing" the messages and values of the program? Such "clinical observations" of individual clients are very important. They can help the facilitator apply the program to the personal characteristics of each individual. But "clinical intuition" is notoriously unreliable in predicting future criminal behavior. Perhaps even more importantly, subjective assessment of progress – when used as a criteria of progress toward completion – sets up an unhealthy dynamic between client and staff. The dependency of clients on the absolute authority of staff judgment creates an adversarial competition. Clients have a vested interest in convincing staff they have changed. Staff have a vested interest in not being deceived. Program-wise convicts can learn to "look good" in any program. In response, program staff can become so conservative in their clinical judgments that hardly anyone completes the program.

The attempt to force a person to change triggers resistance to change. Skills programs — including Cognitive Self Change — attempt to avoid this resistance by presenting the program, not as a demand to change, but as teaching a set of skills client's can use to run their own lives. The message of CSC is, "We don't try to make you change. But we insist you learn how to change."

In the past, Cognitive Self Change has used competency in the basic skills of CSC as a criterion of progress. But, in practice, it is difficult to assess these skills objectively. Determining that a client has demonstrated these skills is as elusive and subjective as the judgement that they "have changed."

For all these reasons, Cognitive Self Change has developed task-based criteria of progress and program completion. The basic requirement of CSC is to complete a set of well-defined tasks: thinking reports, cognitive check-ins, group presentations, and journal assignments. In addition, individual tasks are prescribed to meet the special learning requirements of individual group members. When a client has satisfactorily completed the tasks assigned to them, they are credited with satisfactory progress for that program period. When they have satisfactorily completed all the tasks for a stage of the program, they have completed that stage. This task-based criterion does not eliminate staff judgement (satisfactory or unsatisfactory is a value judgment), but it does operationalize the criteria of progress. Clients know in advance what is expected of them and what they need to do to complete the program. At the same time, staff maintain control of the quality of program participation. Clients can't get through the program by simply "jumping through the hoops." In fact, our taskbased criteria provide an effective tool for assuring that each client derives the utmost benefit from their participation in the program.

When staff facilitators believe that a client is not reducing their risk to reoffend – by subjective intuition or for any other reason – those staff have the responsibility to design and prescribe a special task for that client that will 1) expose that area of risk, and 2) provide a means of reducing it. Often, the prescribed task will consist of doing thinking reports on specific areas of a client's resistance to change. It will take ingenuity to design appropriate tasks, but this is an appropriate staff responsibility. In CSC we do not assume that clients are motivated to change. In fact we assume the opposite. Our strategy is to challenge our clients to perform concrete assigned tasks, or choose to drop out of the program. Part of that strategy is to design and focus prescribed tasks so explicitly on a client's resistance to reduce their risk that it is practically impossible to complete them without applying the skills of CSC to their own resistance.

The same strategy applies whenever staff believe that a client is not learning and demonstrating these skills, either in group or in real life practice. Staff then have the responsibility to design and prescribe a special task that will 1) expose the deficit of skill performance, and 2) teach the required skill.

In general, any perceived deficiency of program performance is to be confronted with a prescribed task or series of tasks that will—if and when they are completed—remedy that deficiency.

Stage I and Stage II

Cognitive Self Change is delivered in two stages. Stage I is delivered both in institutions and the community. Stage II is delivered only in the community and only to clients who have completed Stage I. In both Stage I and Stage II, the criteria for completion for individual clients is earning the required number of Program Participation Credits (PPC's) as calculated by a formula defined by the Department of Corrections. (The calculation of PPC's is defined in a DOC Directives 371.08 through 371. 12.) An individual's required number of PPC's is based on their minimum sentence. Clients earn one PPC credit for each month of successful participation in the program.

The CSC program defines the standards of performance and participation required to earn PPC's. These standards are defined in §§ 8, 9, and 10 of this manual. In general, the program requires each client to perform a set of well defined tasks for each month of their progress through the program.

Stage I as delivered in institutions is 6 months to 22 months in duration. The amount of time a client spends in a prison Stage I group is calculated individually by a formula based on a client's minimum sentence. The goal is that clients who are required to take CSC in prison will participate in the program for the term of their minimum sentence within the range of 6-22 months and no client will automatically be required to extend their time in prison in order to complete the program. This formula determines the number of PPC's required of each offender, based on 1 PPC credit for each month of successful program participation. Stage I groups in the community require 6 PPC credits for all participants. Offenders sentenced to less than 6 months on their minimum sentence will not be accepted in Cognitive Self Change.

Stage I groups meet 2 times a week., are facilitated by 2 staff, and are limited to 8 group members.

Stage I consists of a set of tasks designed to assure that clients are able to perform the 4 sub-skills of CSC both in group and real life situations. Group members are also assigned the task of helping facilitate the success of other group members by active participation in the group process. The last task assigned in Stage I is the presentation of a Self-Risk-Management Plan in which the client defines the situations and the thinking that led them into violence and crime in the past, new thinking that steers away from violence and crime, and practical plans for using this new thinking to steer away form violence and crime in the future. Satisfactory presentation of a Self Risk Management Plan includes demonstration of successful application of the plan in real life situations. Stage I is completed when a client earns their required number of PPC credits by the standards of satisfactory performance defined by the program.

Stage II requires 12 PPC credits of all participants, which translates into 12 months of successful participation. As in Stage I, successful participation is translated into satisfactory completion of concrete tasks, including the assigned task to help facilitate the success of other group members.

Stage II groups meet 2 times a week, are facilitated by 2 staff, and are limited to 8 group members.

All members of Stage II groups will have completed Stage I either in an institution or in the community. Clients join a Stage II group as soon as they have completed Stage I. (In some community groups, Stage I and Stage II clients may be combined within a single group.) When a client joins a Stage II group they present their Self-Risk-Management Plan to the group, explain their main risks of return to crime and violence, and explain how they plan to use the skills of CSC to minimize these risks.

In Stage II group members practice the Steps of Cognitive Self Change to steer away from violence and crime in the conduct of their everyday life. Stage II is a continuous process of practicing the new thinking as defined in each client's Self Risk Management Plan, and making revisions in that Plan to reflect their practical experiences in everyday life.

The main activities in Stage II are Cognitive Check-ins, Individual Journal Assignments, and presentations of Personal Self Risk Management Plans.

3. The Thinking Report

A Thinking Report is an objective report of what was going through a person's mind during a given situation or at a given moment in time. Learning to do Thinking Reports is a major part of learning Step 1 of Cognitive Self Change: paying attention to your thoughts and feelings, attitudes and beliefs. Thinking

Reports also form the basis of learning and practicing the other Steps of Cognitive Self Change.¹

A Thinking Report has 4 parts:

1. The Situation. This is not a report of thinking but describes the situation where the thinking took place. This part of the Thinking Report should be brief and objective — stating the facts of the situation and including the behavior done in that situation by the person giving the Thinking Report. The persons opinions and feelings about the situation are given in parts 2, 3 and 4 of the Thinking Report.

2. Thoughts. This is a list of all the thoughts the person can remember having during the given situation or moment of time. A Thinking Report presents a person's thoughts as pure, objective information. Criticism of the thinking or excuses for the thinking are not appropriate in a Thinking Report.

3. Feelings. This is a list of all the feelings the person can remember having during the given situation or moment of time. Like the thoughts, the feelings are presented as pure, objective information.

4. Attitudes/Beliefs. This is a description of the more basic level of a person's thinking — their "background thinking. We don't make a technical distinction between attitudes and beliefs but use whichever term seems most appropriate in a given context. Attitudes and beliefs can be defined as our general way of thinking about a kind of person or kind of situation or about the way we think things should be. Or we can define attitudes and beliefs as "the thinking behind our particular thoughts and feelings."

Thinking Reports are usually written on a single page. We use the following format:

¹ To the best of my knowledge, Thinking Reports were created by Yochelson and Samenow (The Criminal Personality, 1974), though they did not use that term. The format for Thinking Reports presented here was developed by the Cognitive Self Change program. Other techniques of what is now called "cognitive restructuring" use more or less similar methods to help clients observe their own thinking.

THINKING REPORT
SITUATION:
THOUGHTS:
FEELINGS:
ATTITUDES/BELIEFS:

Here is an example of an offender's Thinking Report. This example is quite brief and is what we call a "Draft Thinking Report." When a Draft Thinking Report is presented in group, the whole group spends at least a few minutes helping the person remember more thoughts, more feelings, and more attitudes and beliefs. These are then added to the Thinking Report.

Sit: An officer told me to pick up a piece of paper on the floor at chow. I got angry and cursed at him. I got a DR for disrespect and disobeying a direct order.

Th: 1. Fuck you, you fucking want-to-be cop.

- 2. If you want it picked up bad enough, pick it up yourself.
- 3. I have a good mind to drive you right where you stand.
- 4. If you ask me instead of telling me then maybe I'd pick it up, asshole.

5. You're nothing but a 4-eyed piece of shit..

F: anger, victimized, singled out

A/B: Cops are assholes. I have a right to be respected.

4. Using Thinking Report to Practice the Steps of Cognitive Self Change

Presentation of Thinking Reports in group is the basic process for learning the skills of Cognitive Self Change. Cognitive Check-ins and Journal Assignments provide practice of these skills, but the systematic learning of how to do each step gets its fullest attention in group presentation of Thinking Reports.

Thinking Reports are presented in practically every group in Stage I. In Stage II, most groups are devoted to the presentation of Cognitive Check-ins.

The 4 parts of a Thinking Report are described in § 3. This section describes the 4 Steps of presenting a Thinking Report in group. Clients will learn to present each step in turn, and will not be permitted to present any step until they have satisfactorily performed each previous step.

The 4 steps mirror the 4 skills of Cognitive Self Change:

Step 1: Report the full content of your thoughts and feelings, attitudes and beliefs.

Step 2: Identify how your thoughts, feelings, attitudes and beliefs led you to do, or put you at risk of doing, something hurtful, violent, or criminal. (In the jargon of CSC, this is called "identify the risk in your thinking.")

Step 3: Find new thinking that reduces that risk.

Step 4. Practice using this new thinking.

Presentation of a Thinking Report generally takes most of a Stage I group period. This limits the number of opportunities each member has to present a Thinking Report. For this reason, Thinking Reports focus on significant criminal, violent or hurtful behaviors. (Occasionally a Thinking Report may be presented on a situation where a person's thinking put them at risk of doing such a behavior without actually doing it.) Every client is required to present a Thinking Report on their current criminal offense during Stage I. Thinking Reports presented in Stage I should include all significant types of violence the client has done in the past, such as domestic abuse and sexual violence.

Thinking Reports are prepared before group and presented to the group on a flip chart. The initial written report is called a Draft Thinking Report. Draft Thinking Reports are the starting point. They are not expected to be complete. Step 1 of the Thinking Report Process is devoted to pulling out more thoughts, feelings, attitudes and beliefs. A brief, sketchy Draft Thinking Report can even be desirable, because it makes Step 1 all the more productive and meaningful and gets the whole group engaged with the person's Thinking Report.

Facilitators begin the thinking report process by asking the client presenting their report to give an informal narrative account of what was happening and what was done by him and others in the situation being reported. This is not part of the formal Thinking Report: It sets the stage. Enough information should be presented here to get an idea of what happened and what the situation meant to the client, but limit the time to about 1 minute.

Facilitators then begin the formal process by asking the client to read his report just as it is written on the flip chart. This focuses everyone's attention on the content of the Draft Thinking Report and helps the person adopt an objective frame of mind toward the content of their report.

The group then proceeds through steps 1-4 in turn, but without going beyond the client's ability to perform each step. That is, we never ask a client to perform the next step until they have succeeded in each previous step. This is called "the principle of progression."

Step 1: Get more content.

Objective: To learn how to look carefully and objectively at one's own thinking.

Process:

• The client presenting their draft Thinking Report is challenged to identify more thoughts, feelings, attitudes and beliefs than are already included in the draft TR.

• All group members focus their attention on the experience in the mind of this person at this time and place, and actively help the person find missing pieces of thinking and feelings, attitudes and beliefs.

• The person is challenged to find more meaning and more content. The process is active and aggressive.

• The person is asked questions to pull out more content in their draft TR. Examples:

"Looking at the report as it is, can you remember any more thoughts (or feelings or attitudes or beliefs) you were having at the time?"

"I'm not sure exactly what you mean by this thought (feeling, attitude, belief). Can you explain it to me?"

"What was the very first thought (or feeling) you had when _____ happened?"

"Did these thoughts go together with particular feelings? Tell me how they fit together?

"Was there a feeling that went with this thought?""...a thought that went with this feeling?"

"Was there a thought or feeling you had that fit in between the one's you have listed?"

"Was there a kind of attitude behind these thoughts (and feelings)? What would that attitude sound like?"

"Do you have a general belief about this kind of situation (or person or action)? What does that belief sound like?"

• Example: In the sample Draft Thinking Report given above in §3, the person might identify the additional thoughts, feelings, attitudes and beliefs which are underlined below:

Sit: An officer told me to pick up a piece of paper on the floor at chow. I got angry and cursed at him. I got a DR for disrespect and disobeying a direct order.

- Th: 1. Fuck you, you fucking want-to-be cop.
 - 2. If you want it picked up bad enough, pick it up yourself.
 - 2a. You get off on telling people what to do.
 - 3. I have a good mind to drive you right where you stand.
 - 4. If you ask me instead of telling me then maybe I'd pick it up, asshole.
 - 5. You're nothing but a 4-eyed piece of shit.
 - 6. I'm sick of being insulted around here.
 - 7. All these cops are alike.
 - 8. I can't take any more of this shit.
- F: anger, victimized, singled out. <u>Belittled. Disrespected.</u>

A/B: Cops are assholes. I have a right to be respected. <u>The only</u> way to get respect is to let people know you'll hurt them if they don't. Without the ability to be violent, no one will respect you. When someone orders me to do something, they are disrespecting me.

• Group members are assigned the role of co-facilitators. Group members are taught to facilitate the process in the same way staff do. Group members should ask most of the questions. Staff can then concentrate on making sure the process stays strictly on track.

Example: Ask group members: "Does this look like it was all the thoughts and feelings the person was having? What could you ask him to help him remember more?"

Example: Get group members to ask your questions. For instance, if you think a particular thought as written in the draft TR may be incomplete, try asking another group member, "Do you understand exactly what _____ meant by this thought? What can you ask him to understand it better?"

• Facilitators must judge when and if it is time to move on to Step 2. Consider these questions:

Has this person has achieved good objectivity in reporting their thinking?

Have they presented enough content to capture the most important meanings of their experience?

Is the connection between the way they thought and the way they acted beginning to be clear?

Ask the group if they are satisfied with the objectivity and the content.

If you and the group are satisfied, and if there is enough time, go on to Step 2.

Step 2: Uncover the risk in the thinking.

Objective: To learn the ability to recognize how one's thinking leads to violent and criminal behavior.

Process:

• The client presenting their TR is challenged to identify exactly how their thinking led to their violent or criminal behavior.

• Every group member is actively engaged in "solving the puzzle" of how the person's thinking led to their behavior. But the client presenting their TR is the final authority.

• Make a clear transition from Step 1 to Step 2. Say something like, "OK. We have a pretty good picture of how _____ was thinking and feeling. Now let's do Step 2. Let's look at how these thoughts and feelings led to the behavior.

• Step 2 requires active staff facilitation. Keep a single-minded focus on the step. Avoid side-tracks into counseling, psychological interpretations, and problem-solving.

• In Cognitive Self Change, thinking that leads to violence or crime is called "risk thinking." Risk always means, risk <u>in the thinking</u>, and always means risk of <u>doing something hurtful to someone else</u>. There is a tendency to use "risk" to mean risk <u>in the situation</u>, or risk <u>of something happening to the person</u>. Watch out for these mistakes. Practice catching

the slightest deviation from our special meaning of risk, and putting it right back on track.

• Don't settle for vague connections. Get the client to display the direct connection between their thinking and their behavior. This awareness achieves "self-responsibility" – awareness that their behavior is the result of their own thinking, not the behavior of other people. It is the awareness that they alone are responsible for what they do. This is the special significance of Step 2. Make them see this connection as clearly and concretely as you can.

• Step 2 is performed in 2 stages. Step 2-A consists of identifying "key pieces" of the Thinking Report. These are the particular thoughts, feelings, attitudes or beliefs that most directly or most strongly lead a person to perform a hurtful behavior. Step 2-B consists of putting these key pieces together in a series or sequence, showing how each key thought and feeling connects with others and with key attitudes and beliefs to lead the person toward a destructive action. Step 2-B provides a graphic representation of the "logic" of the person's criminal behavior.

Step 2 consists of seeing – vividly and personally – how one's thinking led to violence or criminal behavior. At the end of Step 2 the client should be able to answer this question clearly and convincingly:

What was the core thinking behind this behavior?

Often, the core thinking is a simple principle of life, such as "If I want something, I'm going to get it" or "I have a right to do anything I want to." Sometimes it is helpful to ask the question in those terms:

Is there a core principle behind this behavior?

In order to really appreciate their own responsibility for their thinking, it is also necessary for the client to relate their thinking in one situation to their thinking — and behavior — in other situations. They should see the answer to the question:

Is the core thinking behind this act of crime or violence the same as the thinking behind similar acts you have done in the past?

If the answer is yes, we are on the track of finding the core thinking behind this person's history of violence and crime.

Step 2 may sometimes be achieved informally and intuitively, without a strict and formal process. But a structured process can help. It is often useful to use the following sub-steps.

Step 2-A: Identify the key pieces of risk thinking.

Ask the person if any thoughts or feelings, attitudes or beliefs in their Thinking Report stand out in their mind as leading clearly and directly to their behavior. We call these "key pieces" of their thinking. Ask the person to identify "key pieces" of their Thinking Report and explain how each piece worked in their mind to lead them to the behavior. Then circle or underline each "key piece" on the Thinking Report.

Use group members to help identify key pieces.

Encourage group members to "think themselves into" the mind-set of the person presenting the TR.

Ask group members to pick out thoughts, feelings, attitudes and beliefs they think might have led the person to do the hurtful behavior, and explain why. Then ask the person presenting the Thinking Report if they agree. If they do and make sure it is real agreement, not just compliance circle or underline that key piece. If the person does not agree that it is a key piece, leave it and move on, even if you suspect it is an important piece. You can always come back to the point another day, but the client should never experience staff as dictating the content or significance of their thinking.

Everyone should be engaged in solving the puzzle of risk in answering the question, How does this person's thinking lead them to this kind of behavior? Identifying risk should be a kind of game, like solving a puzzle. But the person giving the report is always the final authority about the risk in their own thinking. They decide which guesses count.

Finally, make a judgment whether enough key pieces have been identified to proceed to Step 2-B

Example: in the sample Thinking Report presented above, the person might identify the following key pieces, indicated by bold type:

Sit: An officer told me to pick up a piece of paper on the floor at chow. I got angry and cursed at him. I got a DR for disrespect and disobeying a direct order.

Th: 1. Fuck you, you fucking want-to-be cop.

2. If you want it picked up bad enough, pick it up yourself.

2a. You get off on telling people what to do.

- 3. I have a good mind to drive you right where you stand.
- 4. If you ask me instead of telling me then maybe I'd pick it up, asshole.
- 5. You're nothing but a 4-eyed piece of shit.
- 6. I'm sick of being insulted around here.
- 7. All these cops are alike.
- 8. I can't take any more of this shit.
- F: anger, victimized, singled out. Belittled. Disrespected.

A/B: Cops are assholes. I have a right to be respected. <u>The only</u> <u>way to get respect is to let people know you'll hurt them if they</u> <u>don't. Without the ability to be violent, no one will respect you.</u> <u>When someone orders me to do something, they are disrespecting</u> <u>me.</u> Step 2-B: Put the key pieces together in a circle or sequence





Next Key Thought/Feeling

*

In individual Thinking Reports the cycle or sequence ends with the real or potential hurtful

action. We also do thematic Risk Cycles after a client has done several Thinking Reports. These thematic Risk Cycles represent the general pattern of thinking that leads a person to crime or violence. In these themeatic diagrams, there is a step beyond the hurtful behavior. Usually this is a restoration of the emotional state that was originally disrupted by the trigger event. The diagram of a thematic Risk Cycle becomes a closed circle.

The person giving the report is the final authority on how to fill in the pieces in a cycle or sequence. A staff facilitator or a group member can write the diagram, following the directions of that person.

It is usually fairly easy for a person to identify which key thought or feeling came first (right after the trigger event) and which key thought or feeling came at the end (right before they did the hurtful behavio). And the rest of the key pieces usually sort themselves out by taking any two pieces at a time and deciding which one came before the other.

Begin by writing in the trigger event at the top of a blank flip chart page. Take the trigger event straight from the "situation" part of the Thinking Report.

Then ask the person, which key thought or feeling came first. Write that thought or feeling in the first position, right under the trigger event.

Then ask if he can identify which key thought or feeling came next, and so on. Write in the key pieces on the diagram as their location is identified.

For each key thought placed in the sequence, ask if a key feeling went along with it. Ask if the feeling came at the same time, or before or after that thought. Put that feeling on the diagram where it fits.

Engage the group. Ask them, "Does this sequence of thoughts and feelings make sense to you? Do you see how this thought and feeling could lead ______to think _____ and feel _____?" Ask group members to guess about the sequence of thoughts and feelings and explain the rationale of their guesses. But always return to the person whose report it is as the final authority.

When all the key thoughts and feelings are connected in order, write in the key attitudes and beliefs in the center of the diagram.

Explain that attitudes and beliefs are the thinking behind our particular thoughts and feelings. They are the engine that drives the circle.

Ask the person and the group if they can see how these attitudes and beliefs relate to the thoughts and feelings around the circle. Ask if they think the attitudes and beliefs help push the circle from one set of thoughts and feelings to the next thoughts and feelings along the circle.

Make sure the person giving the report is the final authority,

Draw arrows from each attitude or belief to the places along the circle where they have the most influence. The diagram will begin to resemble a wheel connected by spokes to a hub.

When all this is done, step back and review the whole diagram. Read it or ask a group member to read it, describing the connections represented by arrows.

Ask the client if this looks like a true picture of how his thoughts and feelings, attitudes and beliefs were working together in this situation. Make adustments and corrections.

The final diagram should be clear and meaningful to everyone. It should be a clear and convincing picture of how the person's thinking and feelings led them toward a hurtful action. <u>Don't accept simplistic or</u> <u>shallow answers. Challenge the client and the group to be real.</u>

Example: In the sample Thinking Report presented above, the circle diagram could like like this:

The officer told me to pick up the paper


Everyone should be able to recognize how the key attitudes and beliefs relate to the thoughts and feelings along the outside of the circle. Generally, the attitudes and beliefs are the engine driving the sequence.

At the end of Step 2-B ask the two questions that get at the heart and purpose of Step 2:

What was the core thinking behind this behavior?

and:

Is the core thinking behind this act of crime or violence the same as the thinking behind similar acts you have done in the past?

• Make a judgment whether you should continue on to Step 3 by considering these questions:

Did the person clearly recognize how their own thinking led to their violent or criminal behavior?

Does the person's other Thinking Report and Check-in work indicate they have a clear understanding of how their thinking leads them to do crime or violence?

Is there time in this group session to go on?

If the answers are yes, go on to Step 3.

Step 3: Find new thinking.

Objectives: To be able to think of new ways of thinking that break the thinking habits of the past, that lead away from crime and violence, and that provide the person with a meaningful experience of self-respect and self-worth.

Process:

• The client presenting their report is challenged to identify new thinking they could use in situations similar to this that would 1) reduce his risk of hurtful behavior, and 2) maintain a sense of self-respect.

• In CSC, new thinking is called "an intervention". Facilitators need to pay attention to both criteria of good intervention thinking: 1) reduction of risk and 2) maintenance of self-worth. Many offenders continue to think and act the way they do because they believe it is the only way they can feel good about themselves. It may be the only way they have ever learned to feel good about themselves. Example: "If I don't threaten violence, people will take advantage of me and disrespect me. I'd be a punk, a nobody." When they shy away from violence they may literally feel that they are a punk, a nobody. The problem of change for such people is to find new ways of thinking that avoid violence and crime <u>and also</u> keeps their self- respect. This is often a puzzle with no easy or obvious answer. But we cannot shrink from facing the question.

• It is sometimes quite difficult for a client to imagine how they could think otherwise than as they do. Sometimes a client's environment and upbringing make criminal ways of thinking seem practically inevitable. Staff need to be able to put themselves in their client's shoes. Staff need to be prepared to think their way into the client's perspective on the world — to see the world through their eyes — and beginning exactly there, to think their way into a more responsible way of looking at that world. We can't ignore the special circumstances of the client's life. And it's always

possible to find a way of thinking that does justice to those circumstances and also steers away from crime and violence and also provides a meaningful experience of self-worth.

"Everything has two handles, the one by which it may be borne, the other by which it may not."

The client chooses their own way, but we are their guide and coach. Our ability to look at the world through their eyes makes the program credible in their mind. The inability – or unwillingness – to do that produces cynicism (even more cynicism than they already have) toward the credibility of people in authority.

• Once a client has clearly recognized how their thinking produces their criminal and violent behavior, and they have clearly identified exactly what that thinking is (Step 2), don't let them off the hook. Keep a single-minded focus on Step 3:

You see the thinking that leads you to crime and violence. Now how are you going to change that thinking to avoid crime and violence?

• Group members are active participants in Step 3. They make suggestions. But the client must judge for themselves which suggestions are most promising for them.

• Remind the group about what we look for in intervention thinking: 1) thinking that reduces risk of hurtful behavior, 2) thinking that maintains self-respect.

• Remind the group (if necessary or appropriate) that we aren't assuming that the person is motivated to want to change either their thinking or their behavior. We are simply learning step 3 of the process: that is to find new thinking that will lead to different behavior while maintaining self-respect. Whether the person chooses to use that skill after they learn it is another question. But until they learn the skill, they have no choice to make because their choice will have already been made by their current, automatic habits of thinking.

• Remind the group (if necessary or appropriate) that we aren't assuming there is something wrong or distorted or false about the way the person thinks now. But we have clearly identified (in Step 2) that this thinking

leads the person to do criminal or violent acts. Again, we are simply learning a new thinking skill. We are opening up new options for thinking and acting. At the same time, we are not saying that their thinking or their behavior is OK. (It clearly isn't.) We are taking an objective, nonjudgmental point if view in order to help the person learn the skills of Cognitive Self Change. Emphasize that each individual is free to make their own choices. We don't demand that people change. We do demand that everyone learns the skills of Cognitive Self Change skills in order to be able to change.

• Begin Step 3 by simply asking the group, "What new thinking could ______ use to steer away from this kind of behavior?"

Consider each "key piece" of thinking from the person's Thinking Report or Cycle Diagram in Step 2. For each key thought, ask, "What is a new thought that might reduce the risk?" For each suggestion from the group, ask the person whose thinking report we are working with, "Do you think that thought might work for you?" Write down every new thought the person agrees might work for him to reduce his risk. The person is the sole authority of what will work for them.

• Focus on attitudes and beliefs. If the underlying attitudes and beliefs don't change, whatever thoughts we might force onto the surface of our mind are riding against the tide. Sooner or later they'll give way to our old ways of thinking.

It can be helpful to review each identified "new thought" and then ask, "What belief or attitude would help you to really think these new thoughts, and really mean them?"

Don't flinch from pressing for profound changes of attitude. Example: A client may say, "That attitude is cast in stone for me." Reply: "OK, let's consider what a new stone would look like." A client says, "I can't imagine thinking different than that. Not in this lifetime." Reply: "OK. Suppose you could create a different lifetime. What could your thinking be then?" The point is, the kind of change we're after is often very deep and profound in the lives of our clients. And it is always possible to find new thinking that points to a new way of life. Everyone is capable of learning to live responsibly, no matter what. Sometimes profound changes in beliefs and attitudes consists in rediscovering beliefs and attitudes a person learned long ago, but put away on a shelf. Intervention may consist in re-activating these beliefs and attitudes. They discover that their new belief is a belief they already have.

• Review the "core thinking" the client has identified in Step 2 and which they have recognized as lying behind a significant portion of their past history of violence and crime. With the focus on this core thinking, challenge the client to find a new way of thinking that meets all the criteria of Step 3.

• Keep in mind that maintaining self-respect while thinking differently is almost certain to be a struggle. The person may need to adjust a whole system of thoughts, beliefs and attitudes to support their new thinking in any given situation. This is the ultimate project of Cognitive Self Change.

• Example: In the sample Thinking Report presented above, the client may have identified the following new thoughts, attitudes, and beliefs:

New thoughts:

I don't need to let this guy make me mad.

He doesn't mean anything personal, he treats everyone this way.

If I feel disrespected by every little insult around here, I don't have a chance.

Let it go.

New beliefs:

I have the respect of the people that matter most to me, without using violence.

I'm not going to let him control my reactions.

Sometimes a man just has to let it go.

• When the person has a realistic and plausible set of new thoughts and attitudes to try out, go on to Step 4. Never do Step 3 without doing Step 4, even if you have to continue into the next group session or work with the client individually outside of group.

Step 4: Practice the interventions.

Clients are required to practice new thinking until they can use is – and get new behavior as a result – in situations in which they are at real risk of violence or crime. This is the skill requirement of Step 4. It is completely consistent with the program principle that:

We don't insist that you change, but we do insist that you learn how to change.

In practicing new ways of thinking it is important that clients be challenged to practice new behaviors along with their new thinking. This is a change of emphasis from early versions of Step 4. Earlier interpretations of Step 4 focused so exclusively on the new, intervention thinking that new behavior appeared merely as a hoped-for byproduct. It is more practical to have clients identify their new thinking (Step 3), then identify overt behaviors that will naturally follow from this new thinking, then identify situations in which they can practice this new behavior <u>together with</u> this new way of thinking.

New thinking and new overt behavior are two sides of one behavior (the inside and the outside).

Objective: To learn how to use new thinking in real life situations.

Process:

- The client tries out his new interventions, first in group, then in real life.
- Begin with a role play or "walk through" of the new thinking.

In a role play, set up a scene that replicates the situation in the Thinking Report. Use other group members to play parts in the role play. The person plays themselves. Write down the new intervention thoughts, beliefs, and attitudes on a flip chart. Place the flip chart where it can be easily read by the person during the role play.

Tell the group the role play will enact the scene leading up to the "trigger event." Then the person will begin to react as he did before. But now they will catch themselves and force their thoughts in the direction of their interventions — the new thinking written on the flip chart.

The person will act-out their thinking (old and new) by speaking their thoughts out loud. They will indicate that they are speaking their thoughts (not talking to another person) by pointing to their head while they speak.

Tell the person to make a conscious effort to think (and speak out loud) the new thoughts listed on the chart, to force themselves to try on (and speak) the new attitudes and beliefs that support these new thoughts.

Make it fun. Use props. Laugh. But make sure the client eventually succeeds in using their new thinking.

Then review the role play.

Ask the group if the role play seemed realistic. If it didn't, make adjustments and do it over.

Ask the person if the new thinking seemed realistic to them. Did it seem effective? Did it seem possible? Could they pull it off and feel good about themselves? If not, make adjustments and do it over.

When the role play is satisfactory, assign real-life practice.

• A "walk-through" of the person's new thinking can be as effective as a full role play. In a walk-through have the person imagine the situation and speak out loud their new thoughts as if they were thinking these thoughts to themselves. Then take the role of "devils advocate." Speak the person's old risk thoughts into their ear as they speak out loud their new intervention thoughts. Be persistent. Make it hard for them to speak their new thoughts with conviction. Make them struggle. When they have to

struggle – but still succeed – they will have meaningful practice of their new way of thinking.

• Assign real-life practice. The client and facilitators plan together how the client will practice their new thinking in anticipated real-life situations. Ask the client to imagine situations that are likely to come up in the near future where they could practice their new thinking. These situations need not be exactly like the original situation, but they should be likely to trigger similar risk thinking in their mind.

In collaboration with the client, agree on one or more situations or kinds of situations the client will target for practice.

Agree on the new thinking the client will practice using. Include new attitudes and beliefs. Have the client write the new thinking down and keep it with them.

Walk through one such scenario.

Agree on when and how the client will report back to the group on how it went.

Example: In the sample thinking report group presented above the client might anticipate being ordered to come out of his cell for inspection, because that happens every day. They could resolve to practice their new thinking, word for word, in their mind, the moment they hear this order.

• Ask the client to think of other times and situations when they can practice their new attitudes and beliefs, even without there being a "trigger event" that provokes their old risk thinking. These are opportunities for positive practice of new attitudes and new ways of thinking.

Examples: In the sample Thinking Report presented above, the client might agree to practice their new thinking whenever they see the particular officer who told them to pick up the paper. Or they could practice their new attitudes/beliefs whenever they think of family members who love and respect him. Or they could take a few minutes at the end of each day and review how they practiced their new attitudes/beliefs during that day, and resolve to continue practicing the next day. Or they could make a list of situations in

their life where they can imagine it being the responsible thing to do to "just let it go."

Remember: practice of new thinking means running the new thoughts through your mind and genuinely trying to capture the meaning of these thoughts. If new thinking doesn't "take", either the client is not trying hard enough or they have chosen new thinking that is beyond their grasp at this time. As a facilitator, you need to be able to tell which. Either way, there may be thoughts, beliefs or attitudes not yet identified that are interfering with making the new thinking work. You need to find out, and then target the thinking that is getting in the way.

• Step 4 is not just getting new thoughts into your head. It is getting your head into new ways of thinking.

General Guidelines for Thinking Report group process:

• Do each step in turn, and don't go on to the next step until the person has clearly performed the current step. We call this the Principle of Progression. Each step is the foundation for the next step. Don't ever skip a step, even with advanced group members.

If a client is struggling with a step, stay with that step until they get it. If they can't get it in one group session, have them practice that same step in journal assignments, Cognitive Check-ins and future Thinking Reports until they do. Only then, ask this person to try the next step of the process.

This means: Don't explore the risk (step 2) until the content of thoughts, feelings, attitudes and beliefs have been fully and objectively presented (step 1). Don't explore new thinking (step 3) until the risk in the thinking (step 2) has been fully understood and appreciated. Specific practice of each step in group is critical to clients learning and practicing the steps in real life. Don't reinforce the bad habit of "glossing over" steps.

• Keep the particular client and all the group members focused on the step being performed. Stay strictly on track. Avoid digressions (commentary, counseling, advice, problem solving, therapy, psychological interpretation, story telling, etc.). Make each step clearly defined and cleanly practiced. Your are teaching a skill that can only be performed well when your clients give it their full attention.

Counselors and therapists trained in other methods are sometimes tempted to "enrich" the CSC process by bringing in their favored forms of treatment. It never works that way. Instead, bringing other forms of treatment into the CSC process blurs the skill learning and confuses the process.

• Make sure each step is performed with objectivity. Objective detachment – the ability to step back from one's own thinking and see it objectively, to see objectively what behavior it leads to, and to recognize the objective possibility of new ways of thinking – is the heart of Cognitive Self Change. Avoid the temptation to insinuate criticism, moral judgment, or disputation of the client's current thinking.

• As a rule, one Thinking Report presentation will take up the main portion of a Stage I group session. Take all the time you need, but don't let it get boring. Only with the most advanced group members will you cover all 4 steps in one session.

• Stay interested and pay close attention! Your attitude sets the tone for the group. These steps can be and should be completely engaging and interesting. You and your co-facilitator and the group members should be paying extremely close attention to the person presenting their Thinking Report. This could be more personal attention than they have ever experienced in their life. This makes the experience positive and personally meaningful. Treat each step as urgently important.

• End each Thinking Report group with the experience of success. The client should experience success with the step or steps they performed, even if they were able to do only the most elementary part of Step 1. (Anyone can report one thought and one feeling. If that's really all a person can do for now, praise them for doing it, and expect them to do a little bit more next time.)

5. The Cognitive Check-in

Cognitive Check-ins provide clients with the chance to practice all the steps of Cognitive Self Change together, like they will eventually need to do on their own, in real life. They also allow every group member to practice the steps in every group meeting.

Cognitive Check-ins follow the same steps as the Thinking Report process. In general, Check-In Reports are briefer and less detailed than Thinking Reports presented in group. And Cognitive Check-ins usually focus on current or recent situations where the person was at some risk of hurtful behavior without actually doing that behavior.

The steps of Cognitive Check-ins:

Introduction: Begin by having the person present an informal description of a situation when they were at some risk of acting criminally, hurtfully, or violently. This sets the stage for the Cognitive Check-in.

Step 1: Have the person describe the situation briefly and objectively, then go on and report their thoughts, feelings, attitudes and beliefs. (This is a short oral thinking report.)

Step 2: Have the person explain what hurtful behavior could have resulted from their thoughts and feelings, and explain how their particular thoughts and feelings were leading them in that direction. (In CSC jargon, "explain the risk in your thinking.")

Step 3: Have the person identify alternative thinking they used – or could have used – to reduce the risk of acting hurtfully.

In Cognitive Check-ins we do not do Step 4: role plays and assigned practice of the new thinking.

Facilitators need to judge how much time to take with each Cognitive Check-in. The general guide is, Stage I Cognitive Check-ins take 3 to 7 minutes. Stage II Cognitive Check-ins take from 10 to 15 minutes. But there is room for considerable fluctuation.

6. Using Cognitive Check-ins to practice the Steps of Cognitive Self Change

Experienced group members will often be able to present all 3 steps of their report with little or no guidance from the facilitator. Even so, a certain amount of interaction with the presenter helps focus the process and keeps it from being superficial. Each step needs to be given close attention by the presenter, the facilitator, and the group. Facilitators should ask questions — or better, get group members to ask questions — that challenge the presenter to give a truly meaningful report.

As with Thinking Reports, Cognitive Check-ins follow the principle of progression. This means, do not let a client present Step 2 of a Cognitive Check-in until and unless they have presented Step 1 adequately. Do not let them present Step 3 until they have adequately presented Steps 1 and 2 adequately.

Check-In Reports, Step 1:

Objective: The client states the situation and objectively reports their thoughts and feelings during the situation.

Process:

• Ask for an informal description of a risk situation, the ask the person for their thoughts, then their feelings, then their attitudes and beliefs.

• Make sure the client does not gloss over Step 1. The process of objective self-reporting is as critical in advanced levels of Stage 2 as it is in beginning levels of Stage I.

• Facilitators need to tune-in to the slightest sign the person is a) re-living their thoughts and feelings, or b) justifying their thoughts and feelings. Every deviation from a strictly objective report needs to be captured as an opportunity to teach the practice of objectivity. This is as important for the group as it is for the presenter. With a little training and encouragement, group members can detect non-objectivity in Check-Ins and help set the process immediately back on track.

• Watch for communication between group members and the presenter that is confrontive or adversarial. Take such examples as an opportunity to teach the practice of objectivity.

• Watch for communication between group members and the presenter that is collusional (supportive of criminal thinking). Take these examples too as an opportunity to teach the practice of objectivity.

• Facilitators should take notes during Check-Ins. Check-Ins often contain important clues to the client's personal logic of behavior. These clues can be important to understanding the client's overall "criminal logic." Don't let them be lost. Note-taking should be as transparent as possible: Don't try to write down every word, and don't let your note-taking slow down or hamper the spontaneity of the report. One facilitator can write notes while the other guides the group process. Group members should understand why you are writing notes. It may put group members at ease if you offer to share your notes and explain them to any group member who is interested at the end of the group.

• End Step 1 of a Cognitive Check-in by repeating back the client's thinking exactly as they reported it. Don't paraphrase.

Cognitive Check-In Reports, Step 2

Objective: To direct the client's attention to the way their thinking leads them to crime and violence.

Process:

• Begin Step 2 by asking, How did your thinking put you at risk of doing something violent or hurtful? Ask for the kind of behavior that could have (or did) come out of this way of thinking, and an explanation of how this thinking aimed toward that behavior.

• Presentation of risk in Cognitive Check-ins is more intuitive and less formal and structured than presentation of risk in Thinking Report groups. Check-Ins don't diagram how "key pieces" of risk thinking connect together to produce a hurtful behavior. In Cognitive Check-ins, we simply want the client to become aware that their thinking is what produces their behavior.

• Establish a group norm that it is the presenter's task to get everyone in the group to recognize and understand the risk in their thinking. It is not the group's – or the facilitator's – responsibility to make the presenter see that risk. Rather than try to "drag out" the risk and make the client see it, facilitators should take a skeptical posture: "I don't see the connection between your thinking and that behavior. Can you make it more clear to me?"

• Take care that each presenter is clear in their own mind that they are looking for risk in their thinking, not risk in the situation. And they are looking for signs that they are at risk of doing something hurtful, not risk of suffering injury from someone else. Facilitators need to tune-in to the slightest signs that the presenter is deviating from this strict concept of risk. Every deviation needs to be captured as an opportunity to teach the CSC concept of "cognitive risk."

• At early levels of Stage I, learning the process is more important than using the process to find important patterns of risk thinking. Facilitators need to judge how and how far to challenge each individual in their presentation of Step 2.

• Make sure a clear picture of the risk in the thinking has been drawn before you move on to Step 3. Again, a clear picture in a Cognitive Check-In will not be a complete and detailed picture. The main point is that the presenter – and the group – clearly recognize how a risk of hurtful behavior came out of the presenter's way of thinking.

Cognitive Check-In Reports, Step 3

Objective: The client identifies new thinking that could lead away from hurtful behavior.

Process:

• Begin Step 3 by asking, Is there thinking you could have used (or did use) to reduce that risk?

• Step 3 of Cognitive Check-Ins is not as complex as Step 3 of Thinking Report groups. In Cognitive Check-Ins we encourage clients to imagine new ways of thinking. We don't necessarily press to find the best possible new thinking.

• Group members can suggest possible new thinking. Group members should be engaged, and in fact should actively facilitate the process. Staff must assure that the process stays focused and brief.

7. Make Thinking Reports and Cognitive Check-ins meaningful

Each participant's experience of Cognitive Self Change should be intensely and personally meaningful. Looking at their own thoughts and feelings will capture their interest — if they really do it. Discovering that they are personally responsible for their thoughts and feelings — and all the consequences of those thoughts and feelings — will wreck the comfortable illusion that other people and external circumstance are to blame for what they do. This is a dramatic — and intensely personal — revelation. Their discovery that they really can think differently — and therefore live differently — is an equally dramatic revelation. Finally, when the program is delivered well each client will confront an intensely personal choice: to use new attitudes and ways of thinking or continue with the criminality of their past.

It's the job of facilitators to focus and nurture these personal experiences. This means facilitators must communicate with group members as a personal encounter. This is essential to the process of delivering Cognitive Self Change. We must not let the technical process of the report overwhelm the personal meaning of the report. We need to be prepared to look past the details of any report to the core thinking underlying it and to challenge the client to see that core thinking with absolute clarity.

This is a considerable challenge. Even well trained facilitators can fail to make Cognitive Self Change a meaningful experience. We permit participants to "go through the motions" of an activity, without challenging them to make every part of that activity real and meaningful. We feel rushed for time. Or we feel we are struggling so hard to get their cooperation that we welcome any kind of compliance. Or we simply fail to pay attention. We forget how personal and meaningful CSC must be if it is going to truly influence our client's lives. We forget that it is our job to make that happen.

Thinking Reports and Cognitive Check-ins follow practically the same group process. But that process is just the technical part of facilitation. To make that process real and meaningful takes something more than technique.

Make a human connection. Facilitation of CSC is not an anonymous process. When we explain the steps, define the rules and expectations, or challenge a client to perform, we are engaging in an intimately personal communication. We present ourselves as a human being, interested in and respectful of the human being we are speaking to. Making a human connection means each of our clients recognize that we recognize them as a human being. This is also the basic meaning of respect.

Challenge clients to perform. Challenging a client means that we are clear in our own mind what that client needs to do and clear in communicating the need to do it. It does not mean being authoritarian or threatening. We do not challenge clients when we allow them to give superficial cognitive reports or to gloss over the risk in their thinking as if they were reading from a text book, or offer "new thinking" that doesn't touch the emotional meaning of their criminal ways of thinking. We challenge them by caring enough to pay attention to the real experience of their criminal thinking and to demand that new thinking happens at that exact place.

Pay close attention. Cognitive Self Change takes "active listening" to a new level. Listen for the meaning behind their words. Listen for the thoughts and feelings, attitudes and beliefs that are part of the client's living experience, not just their words on a page. Try hard to understand that meaning. And challenge them to make that meaning clear.

Practice skepticism. We don't start out with a full picture of our clients' thinking – or the risk in that thinking, or the how they will use new thinking – so we use our ignorance as leverage to get the person to make that picture clear.

Practice thinking and saying things like these:

"Let me see if I understand. You were thinking...what exactly ?" (Step 1)

"I don't think I understand exactly what those words mean. Can you make it clear to me?" (Step 1)

"What did that thought sound like in your head at the time?" (Step 1)

"What did that thought feel like, exactly?" (Step 1)

"Help me see exactly what it looked like in your mind." (Step 1)

"I'm not sure I see how that worked. Can you help me see just how thinking that way put you at risk? How did those thoughts work in your head?" (Step 2) "I'm not sure I see how that new thought would help you reduce your risk. How does it work in your head?" (Step 3)

This kind of skeptical questioning has been called the "Columbo" process, after the TV detective. It's a good image. By putting ourselves into a Columbo frame of mind, we can draw out the real meaning from the participant.

We are detectives. We need to develop a nose for the reality that goes on inside each group member's head.

Be directive. In Stage I almost all Thinking Reports presented in group are selected in advance by the facilitators. We choose significant criminal behaviors that we expect to contain significant patterns of thinking. In Check-ins we allow a measure of flexibility on which situations are the subject of reports. (Learning to select meaningful situations is an important skill for clients to learn.) But this doesn't mean clients can report on anything they might choose, simply because they might choose to report only on safe and insignificant situations. We need to direct clients toward areas of genuine risk. We need to use our authority to keep each client focused on their own risk thinking.

Don't let them practice doing it wrong (the 30 second rule). CSC focuses on 4 simple and basic cognitive skills. There is inevitably some inclination to digress from performing these skills and do any number of other things. Instead of reporting their thinking clients may want to justify their thinking or express (relive) their feelings. Or they may complain about their circumstances in life. Or group members may offer advice and "problem solve" another member's situation, rather than help them practice the skills of CSC. Or they may want to do counseling of some sort.

The only way to learn the skills of CSC is to practice doing them correctly, and that means doing the skills and not doing something else. Sometimes it takes a few moments before we (or they) recognize that the process is off track. When it is off track, we should usually be able to recognize it and correct it within one half minute. We call this "the thirty second rule."

Teach members to facilitate. The best CSC groups function with group members as facilitators and staff members as teachers. In these groups, staff facilitators main role is to teach group members how to facilitate well. Staff guide the process by guiding group members to guide the process.

8. Delivery of Stage I

Stage I groups are open enrollment, meaning that new members may join an ongoing group at any time, and individual members complete the group on their own schedule.

Stage I is defined by a set of tasks and presentations to be performed by each member. The total amount of time allotted for these tasks and presentations varies between 6 and 22 months as determined by their PPC requirements based on their minimum sentence.

When a client joins a Stage I group, staff facilitators immediately calculate a schedule of tasks and presentations on their required PPC's. This schedule is shared with the client. In general, all clients will perform the first 6 months with the same required tasks and presentations. Clients in prison programs with more

than 6 required PPC's will end month 6 with an "Interim Self Risk Management Plan" to apply during their remaining months in Stage I. Staff facilitators will extend journal assignments and create new journal assignments and group presentations to cover the clients further work in Stage I.

Stage I Group Structure. All Stage I groups follow a single format:

- First, Cognitive Check-ins are presented by every member.
- Then, 1 or 2 members make a major presentation.

Cognitive Check-ins in Stage I groups are quite brief, usually no more than 5 minutes each. These Cognitive Check-ins focus on recent situations in which the member's thinking put them at some risk of acting illegally, violently, or irresponsibly. Group members follow the 3 Steps of presenting Cognitive Check-ins, but do not go beyond their level of competence. This means that new members will practice presenting only the first Step of a Cognitive Check-in until they demonstrate a clear ability to do so. This will take a minimum of several groups. Then they will be asked to present Step 1 plus Step 2, and so on. Only advanced group members will present all 3 Steps.

Note: It is important to "hold back" new member's performance of the Steps to assure they give full attention to the content of each step and demonstrate clear mastery of each step before proceeding to the next step. This is called "the principle of progression."

Facilitators need to pay close attention to each member's performance of each Step. Make sure they are performing the appropriate step without doing anything else. It is all too easy to "dilute" Cognitive Check-ins with open discussion or debate among group members, story telling, counseling, advice giving, problem solving, therapy, psychological interpretation or any number of other digressions from the strict process of Cognitive Self Change. Cognitive Self Change can only be adequately learned when each step has the client's full and undivided attention.

Major presentations are either individual Thinking Reports or a presentation of a major Journal Assignment. Individual Thinking Reports are always on a past criminal or violent behavior the client has done in the past. Major Journal Assignments to be presented in group are the Fearless Criminal Inventory, Themes and Patterns of Risk Thinking, and the Personal Self-Risk-Management Plan. Usually only one major presentation is done in any one group, though in some cases it may be possible to do two

Stage I – Schedule of Tasks and Group Presentations – 6 month delivery schedule

This section describes the delivery of an on-going Stage I group. When facilitators begin a brand new Stage I group — where all members are beginning at the same time — they will begin by presenting the start-up lessons attached as Appendix A. After presentation of these start-up lessons, each group member will follow the schedule of Tasks and Presentations outlined below.

This section outlines the delivery of Stage I for clients with 6 months to spend in Stage I.

Staff facilitators will determine each group member's personal schedule of tasks and presentations at the time they enter the group. Generally, clients with more than 6 months in Stage I will spend proportionally more time practicing the latter Steps of Cognitive Self Change, especially the Tasks and Presentations outlined for month 6.

It is essential that group members adhere to their schedule of Tasks and Presentations. As a matter of Department Policy, we will not extend a member's time in Stage I simply because we believe they are not learning the Steps fast enough. This puts an important responsibility on staff facilitators.

The Tasks and Presentations outlined below are designed so that any client who successfully performs them will necessarily learn the Steps of Cognitive Self Change. Facilitators need to pay strict attention to each client's performance of every task and presentation, including all Cognitive Check-ins, Thinking Reports, and Journal Assignments. Whenever a client's group presentation or journal assignment is not satisfactory – at the level of expectation determined by their place in the program schedule – staff facilitators must respond immediately with a plan to get that client back on track for learning the Steps within their allotted time for Stage I. This plan will generally be an Individual Competency Development Plan written in collaboration with the client. We use the Group Documentation Form as a tool for identifying and responding to these deficits in client performance.

Individual Competency Development Plans are done in the spirit and with the explicit message that staff are working to assure the client's success in the program. We are not creating barriers, we are finding paths to success. A well designed ICDP should is written to the client's level of ability: we know they can do it. And a well designed ICDP guarantees that, if the client conscientiously

completes the plan, they will have learned and demonstrated competency in the Steps of Cognitive Self Change at the level appropriate to their place in the schedule of Tasks and Presentations.

Month 1:

Present check-ins in every group, step 1 only.

Journal assignment: Prepare your FCI.

Present your FCI at end of month 1. (Note: the FCI should include the client's current offense and all acts of violence for which criminal charges were filed.)

Month 2:

Present check-ins in every group, step 1. (Add step 2 when ready.)

Journal assignment 1): If you have any history of <u>domestic abuse</u>, <u>substance abuse</u>, or <u>sexual abuse</u> <u>behavior</u> (not victimization), describe that abuse behavior following this format:

- Write a short history of the abuse behavior.
- Describe the circumstances that led up to your earliest abuse behaviors.

• Describe the thinking in your mind at the time of your earliest abuse behaviors.

Journal assignment 2) : Write TR's on selected past criminal or violent behaviors, step 1 only.

Do special journal assignment as prescribed by facilitators to learn the first skill of CSC.

Present your first TR on a violent or criminal behavior, step 1 only. (Note: this first TR presented in group will generally not be on the person's current offense.)

Month 3:

Present check-ins in every group, step 1 plus step 2.

Journal assignment 1): Write TR's on selected past violent and criminal behaviors, step 1 plus step 2.

Journal assignment 2): Describe all the times you have relapsed into a criminal, violent, or substance abuse behavior after you had intended to stop doing that behavior. Describe the sequence of events leading up to each relapse. Describe the changes in your thinking leading up to each relapse.

Do special journal assignments as prescribed by facilitators to learn the first two steps and skills of CSC.

Present your second TR on a violent or criminal behavior, step 1 plus step 2. (Note: the second TR presented in group will generally be on the person's current offense. If it is not, it is imperative that they present their current offense as their next TR.)

Month 4:

Do check-ins in every group, step 1 plus step 2. (Add step 3 when ready.)

Journal assignment 1): Write TR's on selected past criminal and violent acts, step 1 plus step 2. (Add step 3 when ready.)

Journal assignment 2): Review the 3 TR's you have presented in group and up-date them by adding step 2 and/or step 3. All the TR's you have presented in group should now include all 3 steps.

Journal assignment 3): Write a description of the <u>themes and patterns</u> of thinking that have led you to do violent and criminal behaviors in the past. (No Labels.) Describe what you are doing when you think that way. Draw a thematic "cycles and sequences" diagram based on these themes and patterns of thinking.. Describe how this thinking leads you to criminal or violent behavior. Identify the core thinking or core principles behind your history of criminal behavior.

Journal assignment 4): Identify the <u>scope and consequences</u> of the thinking identified in your "themes and patterns" assignment. Answer these questions: How often have you though this way?... in what kinds of situations? How much of your live is been controlled by this kind of thinking? Aside from crime and violence, how has this way of thinking affected your behavior and your relationships? How has this behavior affected others?

Do special journal assignments as prescribed by facilitators to learn the first 3 skills and steps of CSC.

Present your Themes and Patterns assignment to the group.

Month 5:

Do check-ins in every group, step 1 plus step 2 plus step 3.

Journal assignment 1): Write TR's on past violent and criminal behaviors, step 1 plus step 2 plus step 3.

Journal assignment 2): Review your "themes and patterns" from month 4. For each kind of risk thought, describe a new kind of thought that would reduce the risk. Do the same for each risk attitude and risk belief. Draw a new "cycles and sequences" diagram representing these "themes and patterns of new thinking." For the core thinking or core principles identified in your Themes and Patterns journal assignment (month 4), identify new core thinking and core principles.

Journal assignment 3) Identify opportunities to practice the new thinking you have identified in check-ins, TR's, and journal assignments. These should include situations that typically trigger risk thinking in your mind. They should also include neutral or positive situations where you can practice your new thinking and new attitudes without being at explicit risk of criminal or violent behavior. Keep a "practice log" of each time you use new thinking, listing:

- the situation
- the risk thinking triggered by that situation (if any)
- the exact new thinking you chose to use
- an evaluation of the degree of conviction with which you used this new thinking (how much did you mean it; how much did you believe it)

• describe the effect of your new thinking on your behavior

Journal assignment 4): Describe the kinds of current situations that continue to trigger your risk thinking. Give examples along with the risk thinking they triggered in your mind.

Journal assignment 5): Describe the kinds of situations you expect to encounter in the community that are likely to trigger risk thinking, with examples of what that risk thinking is likely to sound like in your mind. (Note: clients with more than 6 required PPC's should concentrate for now on situations that occur in prison. As they approach completion of Stage I they should do this journal assignment concentrating on situations anticipated in the community.)

Do special journal assignments as prescribed by facilitators to learn the steps and skills of CSC.

Present your 3rd TR on a past violent or criminal behavior, steps 1, 2 and 3.

Month 6:

Do check-ins in every group, steps 1, 2 and 3.

Journal assignment 1): Continue your practice log of new thinking.

Journal assignment 2): Review the new attitudes and beliefs you have identified in check-ins, TR's and your "new thinking" journal assignment. Then:

• List as many kinds of situations as you can where your new attitudes would be appropriate. These should not be restricted to situations that present risk of crime or violence. They can be neutral or positive situations where your new attitudes would fit.

• Practice speaking your new attitudes to yourself as you visualize these situations. (Adjust the words to make them feel appropriate.)

• Find as many real life situations as you can that you can make your new attitudes fit. Practice them in these situations. Speak the new attitudes and beliefs to yourself in these situations. Enter these examples in your practice log of new thinking. Journal assignment 3): Plan 1 major new positive life-activity you will begin doing in the community which will 1) help repair damage you have done to the community in the past and 2) will provide you a concrete opportunity to practice the new thinking, attitudes, and beliefs that reduce your risk of relapse. This plan will be part of your Personal Responsibility Plan required by DOC. Identify the new thinking you will practice and how you will practice it. (Note: clients with more than 6 required PPC's will wait until nearer the end of Stage I before planning this positive life activity in the community.)

Journal assignment 4): Put together your Self-Risk-Management Plan, to include:

1. Current or most serious offense, and the thinking that led to it.

2. Past relapses (if any), the circumstances and the thinking leading up to them.

3. Risk situations, and what you have done in these kinds of situations in the past.

4. Risk thinking (themes and patterns), and what these ways of thinking have led to in the past (scope and consequences).

5. New thinking, and how you will practice it:

(1) in high risk situations,

(2) in normal (not high risk) situations.

6. Your new positive life activity plan.

7. A 1-page summary of your RP Plan based on parts 3, 4, and 5.

Present your approved Self-Risk-Management Plan to the group. (Note: clients with more than 6 required PPC's will present an Interim Self Risk Management Plan to practice while in prison. They will do a final Self Risk Management Plan for the community as they prepare to enter Stage II.)

Keep all written work you have done in Stage I in your Personal Portfolio:

• Your FCI,

- Your history of domestic, sexual and substance abuse (3-part format)
- All thinking reports presented in group (steps 1, 2 and 3),
- All thinking reports done as journal assignments.
- Your 2 "themes and patterns" journal assignments: old thinking and new thinking.
- Your practice log of new thinking and attitudes.
- Your Self-Risk-Management Plan.

Note: Staff will keep a copy of each member's personal portfolio as permanent documentation of the client's participation in Stage I. Clients will keep a personal copy.

[Insert Chart of 6-Month Stage I Delivery Schedule Here]

9. Delivery of Stage II

Stage II groups are open enrollment, meaning that new members may join a group whenever there is a vacancy, and members will complete the group according to their own schedule.

All members participate in Stage II groups for 12 months based on a universal requirement of 12 PPC's for Stage II. Stage II groups meet 2 times a week.

Presentation of Self Risk Management Plans: New members must present their Self-Risk-Management Plan to their Stage II group within 2 weeks of joining the group. This is a major presentation, on a par with the major presentations done in Stage I. It is the responsibility of the member to explain clearly and convincingly how their thinking has got them into trouble in the past and how and when they will use new thinking to stay out of trouble in the future. It is the responsibility of the group to challenge that member to make an honest, thorough, and convincing presentation. It is the responsibility of staff facilitators to teach and coach the group in the performance of their responsibilities.

Each member's SRMP should be revised in the course of Stage II to reflect their growing understanding of how to practice new thinking to live responsibly in the community. Each member will make a new presentation of their PSRMP to the group after 6 months of Stage II and again at the end of 12 months.

Stage II Group Structure. All Stage II groups follow a single format:

- First, Cognitive Check-ins are presented by every member.
- Then, a member presents their SRMP, if scheduled.

A presentation of a SRMP will occur approximately only about once every 6 group sessions. Cognitive Check-ins are therefore the main activity in Stage II groups.

Cognitive Check-ins in Stage II groups are given more time than in Stage I groups — from between 10 and 15 minutes. In Stage II, all group members are expected to present all 3 Parts of a Cognitive Check-in. Ideally, all group members should present a Check-in in every meeting. In practice, it may be not be possible to hear meaningful Check-ins from everyone. When this happens, members who did not give a Check-in in a group meeting will be scheduled to give a Check-in at the next meeting.

It is a major challenge in facilitating Stage II groups is to assure that Cognitive Check-ins are meaningful to the client and the group. Facilitators should use collateral information from field officers and others to be sure each client is addressing the real risk in their current life. Clients with histories of specific areas of violent or criminal behavior should be directed to focus attention on these areas of risk in their Check-ins. Examples are: substance abuse, domestic violence, sexual violence. Review Section 6 of this Manual: Make Thinking Reports and Cognitive Checkins Meaningful

Journal assignments and Individual Competency Development Plans in Stage

II: Staff facilitators of Stage II use the Group Documentation Form to identify deficits in each clients practice of the steps of CSC. Journal assignments and ICDP's are the major tools for overcoming these deficits. Staff should assign individual journal assignments and ICDP's that target each client's deficits in using CSC. Routine journal assignments, such as "a thinking report a day" should be avoided in favor of more personal – and more meaningful – assignments, focusing on areas of personal risk.

10. Individual Case Management: Using the Group Documentation Form

The CSC Group Documentation Form is the main tool for individual case management in both Stage I and Stage II. (The CSC Group Documentation Form is included at the end of this chapter and in Appendix D of this manual.) This form as been designed to accomplish several things at once: 1) It defines standards for satisfactory or unsatisfactory performance by individual group members for purposes of calculating PPC's. 2) It serves as the de-brief form for each group meeting and defines the content of preparation for the subsequent group meeting. 3) It identifies deficient performance for each member in each group and triggers a mandatory staff response aimed at overcoming that deficit (informal strategy or an ICDP). 4) It provides for on-going self-evaluation and self-improvement by facilitators using the same criteria used by supervisors in on-site and video supervision reviews.

As part of the full implementation of this form in Stage I, each group member will need to be presented with an Individual Program Schedule when they first enter the group. The Individual Program Schedule will define the series of assignment for Stage I with dates for completion, and the performance expectations for Check-ins and Thinking Reports and Journal Assignments as they progress through Stage I. Individual Program Plans are easily constructed based on the 6-month delivery schedule outlined above in §8, modified by the individual's required number of PPC's. The simplest way to plan an individual schedule for clients with more than 6 months in Stage I is to use the standard 6 month delivery schedule for the first 6 months and extend on-going journal assignments (such as the intervention log) for the remaining months of Stage I. Staff should then focus quite intensely on monitoring these client's actual practice of intervention thinking in their daily living in the institution.

General Directions: Each item on the form must be answered for every group meeting. Section 1 (administrative data in the boxes at the top) can be entered by one facilitator, either before or after the group. Section 2) (individual member information) and Section 3 (group process review and process notes) must be answered by consensus of both facilitators, and must be completed immediately after the group.

Section 1, Administrative data: This is a simplified version of the information asked for in the older group documentation form. The items should be self-explanatory.

Section 2, Individual member information: This section is similar in appearance to the old data form but the items now reflect the criteria for satisfactory group participation as identified in DOC Directive 371.12, Appendix B. When a member is satisfactory on all items they will be credited with one satisfactory group towards their PPC (80% satisfactory groups for one month = 1 PPC). When any item is scored unsatisfactory, they will not be credited with one satisfactory group toward their PPC. When all items are satisfactory, the will be scored "3" in the Scheduler Software Program. When one or more items is unsatisfactory, they will be scored a "1" in the Scheduler Software Program, and the explanation entered as required. We will not use scores of "2", "4" or "5" in the Scheduler Program.

Column 1: List all members enrolled in the group, whether present or not.

Column 2: Enter PPC's required of each member to the right of the slash. Enter the current PPC (i.e., successful month of participation) to the left of the slash. This ratio tracks the member's progression through the program and determines both the tasks and performance expectations of each member.

Column 3: Enter either "S" (satisfactory) or "U" (unsatisfactory) for both attendance (left of slash) and punctuality (right of slash).

Column 4: Constructive Participation means there was no deliberate obstruction or disruption AND the person was paying attention to others AND when called upon was willing to offer at least some amount of constructive input. Enter either S or U.

Column 5: Presentations include Check-ins (Stage I and Stage II), Thinking Reports (Stage I), Major journal assignments (Stage I), and personal Self Risk Management Plans (Stage II).

The standard of satisfactory Check-ins and TR's is determined by the person's place in the progression through Stage I. For instance, during the first month a member is expected to learn to objectively observe and report their thinking and feelings in some significant situations. At about the mid-point of Stage I they are expected to identify risk in current situations and identify the specific patterns of thinking (using Thinking Reports) that led them to crime and violence in the

past. Toward the end of Stage I they are expected to identify and use intervention thinking to reduce risk of crime and violence.

When a member is on track for learning and demonstrating the skills of Cognitive Self Change as defined by their Individual Program Plan, they score S. If they perform below these expectations they score U.

NOTE: When a member's presentation is not satisfactory facilitators must use the group process itself to <u>challenge</u> that client to perform and <u>teach</u> that client the proper process.

Column 6: Journal assignments for Stage I include weekly Thinking Reports on past criminal and violent behaviors and Major Journal Assignments (FCI, Patterns of risk, Individual Self Risk Management Plan), and individual journal assignments prescribed by facilitators to help clients learn the steps and skills of CSC. Journal Assignments are evaluated by written content and in the case of major journal assignments, by the presentation of that assignment to the group.

Score column 6 for journal assignments that fall due on the day of this group or which have been reviewed at the time of this group.

If a Journal Assignment is completed on time and is judged to meet program standards as interpreted for this individual, score S. Otherwise score U.

Column 7: Whenever a client scores U on any item 2–6 a note must be entered in their Individual Progress Record explaining the deficit AND outlining a plan or strategy for getting the person to overcome that deficit. One-time deficits can be dealt with informally (e.g., reminding the client of standards or directing them to concentrate on a particular kind of situation in their next Check-in). Two deficits in a row requires an Individual Competency Development Plan.

These individual notes must be reviewed by both facilitators prior to the next group meeting, as part of their preparation for that group.

Column 8: Enter S if all items 3-6 are satisfactory. Enter U if any item 3-6 is unsatisfactory. A PPC is awarded if a client has 80% (+) for the month in Column 8.

Section 3, Group Process Review: These items are to be reviewed and scored as part of the de-brief of each group. Scores must be determined by agreement of both facilitators. These are the same items that will be reviewed and scored during supervision at site visits or video reviews.
This section evaluates the group process and not simply the performance of the facilitators. However, facilitators have the primary responsibility for achieving good group process. By implication and in the long run, evaluation of group process is an evaluation of the group facilitators.

As a general rule, we regard a score of "3" as barely adequate (a "C"). "4" is the norm for competent group process. "5" is the ideal. When any item is scored below 4 there must be a process note explaining the deficit AND outlining a plan or strategy for overcoming the deficit. This note and plan will be reviewed by both facilitators together as part of the preparation for the next group meeting.

Item 1: CSC group format is defined for Stage I as a round of Check-ins (4-8) minutes each) followed by a major presentation by one group member (TR, FCI, etc.). CSC group format is defined for Stage 2 as Check-ins from every member on a current risk situation, with occasional presentations of a SRMP.

Score 1 if a totally different process was followed. Score 5 if the exact format was followed throughout the group.

Item 2: Score 1 if no attention was paid to the steps of CSC. Score 5 if facilitators and members focused objectively and exclusively on the steps of CSC (observe your thinking, show the risk in that thinking, identify new thinking, and practice it) AND followed the Principle of Progression (each step taken in turn and performed satisfactorily before going on to the next step).

Item 3: "Challenge" means facilitators and members insisted that each member give their reports (report their thinking, display their risk, identify new thinking, and practice it) genuinely, not superficially. "Connection" means facilitators and members communicated personal interest, support, and respect to each person they worked with. (see "Make a Human Connection", chapter 7.)

Score 1 if members were not challenged and there was minimal personal connection. Score 5 if every member was clearly both challenged and connection was strong and meaningful.

Item 4: "Meaningful content" means reports were on significant situations that posed real risk to do harm as a result of their thinking. "Meaningful process" means that members experienced the process as meaningful and important. Score 1 if no member presented meaningful content or experienced meaningful process. Score 5 if all did.

11. Authority, Consequences and the Strategy of Choices

The attitudes a person has toward rules and authority is obviously critical to whether they live responsibly or criminally. The Strategy of Choices challenges each client to make conscious and deliberate choices about these key attitudes.

Authority can be defined in terms of rules and consequences. We present rules and consequences to offenders in a way that respects their right and ability to make their own choices, including the choice of whether or not they will follow these rules. This may sound naïve, even contradictory, but it is not. The fact is, of course, that no matter what we say or do, offenders do have a choice about how they will respond to what we say and do. The history of antisocial behavior proves the ability of determined offenders to remain defiant, even in the face of severe punishment. We present rules and the consequences for breaking these rules objectively, without coercion, threats, moral judgment or condemnation. But we present them clearly and enforce them strictly.

We present our authority with this message:

We respect your right to choose. How you respond to the rules we lay down is up to you. Whichever way you choose we will respond to your choice, either by working to support your success or by enforcing consequences.

We want to teach a new meaning (new to them) to the ideas of authority and rules. And we want them to make adherence to rules and standards their own conscious decision.

Most offenders think of authority strictly in terms of power. Rules, in their mind, are simply the imposition of the will of people in power on those without power. This concept of authority gives them moral permission to break rules whenever they can get away with it.

We teach a different conception of authority and rules:

Rules are the conditions necessary for people to work and live in cooperation with each other.

The rules of the Cognitive Self Change are those conditions necessary for the program to function and be effective. The rules of an institution are those conditions necessary for the institution to function safely and efficiently. The rules of society are those conditions necessary for people to live with each other. And the natural consequence for refusing to follow the rules of a group is to be excluded from taking part in that group.

You can choose to disregard rules of the group and be excluded from the group, or you can accept the rules and participate in the group. That is your choice to make. But you cannot take part in the group and disregard it's rules. That is our choice to make.

This concept of authority replaces moral condemnation and coercion with an objective choice. We call this The Strategy of Choices.

The Strategy of Choices has 4 parts:

1) Define rules, requirements, standards, and consequences for failing to meet them objectively. Without threats. Without coercion.

2) Present real options (including the option to reject the rules and not participate) and support positive choices. Make it clear that by choosing the positive option you will join with them to help them succeed in that option.

3) Challenge the client to make a deliberate and conscious choice. Insist that they choose (remembering that their answer in words may not be consistent with their answer in behavior).

4) Respect their choice, and follow through with appropriate consequences. Support responsible choices. Impose consequences for antisocial choices. Avoid condemnation and blame. "It's nothing personal."

The idea is to present authority and responsibility in the form of a choice, while <u>in the same voice</u> you present positive options and personal support for these positive options. We are not just challenging their thinking, we are challenging their acts of will. To make a choice consciously and deliberately is to recognize and accept your own responsibility for that choice. To comply with rules out of fear is to assign responsibility for your compliance to someone else. Our goal is to teach self-responsibility. The compliance we want is motivated by internal choice, not fear.

Cognitive Self Change uses the Strategy of Choices throughout the program.

Example: We make the general demand that clients make an honest effort to learn the Steps of Cognitive Self Change. Even though the threat of exclusion from the program is usually kept far in the background, staff and clients are aware that a basic decision not to learn and practice these steps – whether that decision is expressed explicitly or implicitly – is equivalent to resigning from the program. At critical moments non-performing clients need to be reminded that performance of each Step – really and truly – is a requirement of the program. They need to be challenged to choose: Stay with us and meet our conditions, or reject our conditions and don't stay with us.

Example: A client may act rudely in group meetings. He needs to be reminded that showing respect for others, always and unconditionally, is a necessary condition for the group to function and accomplish its purpose. The client needs to be challenged to choose: Stay with us and meet our conditions, or reject our conditions and don't stay with us.

Example: A client is repeatedly late to group or fails to do assignments. They need to understand that their performance violates a basic condition for the program to be effective. We challenge them to choose: Stay with us and meet our conditions, or reject our conditions and don't stay with us.

In every case, the objective is not simply compliance. It is to make the client conscious that the decision to accept or reject the rules is their own choice. Unless we convey our positive support for their success as strongly as we convey the rules and consequences, and unless we really put them on the spot and make them choose, consciously and deliberately, the client will simply respond to our threat — with no conscious awareness of their own responsibility in choosing their own behavior.

The Strategy of Choices is at the heart of Cognitive Self Change. We could call it a "therapeutic" use of authority and control.



A series of positive choices will lead an offender, step by step, into full, pro-social participation in society. A series of negative choices will lead them deeper and deeper into trouble. But even the deepest, hardest-core offender is confronted with the choice — and the opportunity — to take the first step back into society.

Part Two Program Standards and Administrative Procedures

This section defines program standards on:

- A. Rules of Client Conduct and Standards of Client Performance
- B. Admission, Discharge, and Transfer Procedures
- C. Delivery of Groups
- D. Program Management and Supervision

A. Rules of Conduct and Standards of Performance

Rules of conduct for group members are those rules required to conduct groups in an orderly and effective way. The rules of conduct for Cognitive Self Change are simple and basic:

1) Be respectful

Respect is unconditional. This means that respect is to be shown whether or not we agree with or like or approve of a person and whether or not we perceive that person as respecting us.

2) Participate constructively

This means to engage in group processes and discussions to actively help other group members learn and practice the skills of CSC.

3) Be punctual

This is self-explanatory.

Standards of performance are the quantitative and qualitative standards for program participation. They are:

1) Maintain an open channel of communication.

This means being willing to learn and practice objective observation and reporting of one's thoughts and feelings, without censorship or deliberate distortion. It means not keeping areas of one's thinking and behavior secret if it is related to a risk of criminal behavior.

2) Do assigned tasks.

Cognitive Self Change is a cognitive skill composed of 4 sub-skills: 1) Learn how to observe your thinking, 2) Learn how to recognize when your thinking is leading you to crime or violence, 3) Learn to find new thinking that doesn't, 4) Practice using new thinking to support new behaviors until you can do it when it matters most. The assigned tasks of Cognitive Self Change are designed to assure that any client who completes them satisfactorily will both learn and demonstrate the skills of CSC.

Satisfactory performance of an assigned task must display a genuine effort to accomplish the purpose of the assigned task, defined in terms of these basic steps of CSC. Performance that merely "goes through the motions" is not satisfactory. It's the responsibility of staff facilitators to make this judgement. When they judge performance to be unsatisfactory they must apply the "3x3 strategy" explained below. This will usually involve using the Group Documentation Form and the Individual Case Management process explained in Chapter 10, Part 1.

Assigned tasks in CSC are thinking reports, check-ins, and journal assignments. Some of these tasks are prescribed for all clients. Others are prescribed by facilitators for individual clients.

Performance of the assigned tasks of CSC in a satisfactory manner is the basic requirement of the program. By performing these tasks satisfactorily clients earn Positive Participation Credits for each month of participation.

When a client's performance of assigned tasks indicates they have not learned the associated skill, facilitators will design special tasks (usually, an Individual Competency Development Plan) to help and/or challenge the client to learn and demonstrate the level of skill appropriate to their place in the program.

When a client persistently fails to perform assigned tasks the program team must decide whether this failure is due to the client's inability to perform or their lack of effort to perform. In the former case, the client is terminated from CSC with the recommendation to the client's caseworker that the client be referred to an alternative form of program. It is the position of CSC that no offender should be penalized for an honest inability to perform the CSC program. In the latter case, the client is terminated from CSC without such a recommendation.

Note 1: The assignments of Stage One include doing thinking reports on a past criminal behaviors including the client's current offense. If a client denies they did this offense they cannot do this assignment and will be dropped from the program. In such cases the client can appeal their DOC status to the DOC administration but in any case will not be kept in the CSC program. In exceptional cases a client my be unable to remember and report their crime for psychological reasons. If a client makes this claim the program team will seek an outside clinical evaluation and make a decision about the client's program status that includes consideration of this clinical information.

Note 2: The assignments of Stage One include identifying patterns of thinking that have led the client to acts of crime and violence, identifying new thinking that leads away from crime and violence, and the practice of this new thinking in challenging real life situations along with new behaviors. It also includes a written document outlining these patterns of thinking, the new thinking, and a strategy for practicing and using this new thinking. This document is called a Self Risk Management Plan. A client who fails to satisfactorily perform any of these assignments – or any personal assignment created by their group facilitators – will not earn PPC credit for the month that assignment is due, and the same assignment(s) will be carried over to the following month. As a result, no client will complete their required number of PPCs for Stage One without completing these required assignment.

The "3 x 3" strategy of enforcing rules and standards:

The Rules and Standards of Performance define the basic conditions for CSC to be effective. Clients that refuse to accept the rules and conditions are refusing to participate in the program, and this should be explained to them in just this way. When clients fail to live up to rules or conditions, we use this opportunity to create a "crisis of choice" in which they are confronted with the need to make a fresh choice, here and now: reject the conditions and withdraw from the program or make a new commitment to accept them and remain in the program. We don't make a major crisis out of every small transgression, but we do confront clients with the need to make a choice, even with small transgressions. In this way we use conscious choices as stepping stones toward change.

This strategy is an application of the Strategy of Choices described in §11 of this manual: Authority, Consequences, and the Strategy of Choices. The 3-parts of the 3x3 communication are:

1) The client is clearly informed of the rule or standard.

2) The client is challenged to make a conscious decision and deliberate choice: to accept the rule or standard or reject it.

3) Staff acts on the client's decision.

This 3-part communication is applied at 3 distinct times (hence "3 x 3):

1) Before a violation or performance failure.

2) At the time of the violation or performance failure.

3) After the violation or performance failure.

Examples:

1. Clients are informed of the rules and program standards of performance at the time of their initial interview. They are explicitly asked if they agree to abide by them. If they do, they meet this qualification for acceptance to the program. If they don't (their rejection may be expressed by their behavior or their words), they are not accepted to the program.

2. If and when a client breaks a rule (example: being disrespectful to a staff or group member), that client is reminded of the rule and challenged to make a decision here and now whether to abide by that rule. The reminder may be low key and non-confrontive, but it must be clear. And the client must clearly be put on the spot of making a conscious decision. If the decision is positive (in the judgment of the staff) the group continues with that client's participation. If it is negative, the client is asked to leave the group meeting.

3. Finally, staff meets with that client individually, after the group. They are asked to review their decision and re-commit themselves to the program. That commitment is defined explicitly in terms of the rule or standard in question. Once again, staff act on the client's decision.

This strategy places responsibility for what happens with the client. Clients are made to experience their participation or non-participation as their own conscious decision, not as a decision imposed by an external authority. The basic consequence for deciding not to comply with the rules or standards is removal from the program, but staff present the 3x3 strategy without being threatening. Even if a client verbally expresses compliance staff may have reason to doubt their sincerity. In some cases special conditions may be added to the client's continued participation that allow them to demonstrate their sincerity and also protect the integrity of the group.

The same strategy applies to maintaining quality standards of program performance, even though quality standards are seldom as "black and white" as rules violations.

1) Every client is informed of the standards and challenged to make a commitment to them before they enter the program.

2) If and when it appears that a client is failing to perform up to a program standard, they client must be counseled by the staff facilitators. That counseling consists of reminding that client of the standard, pointing out exactly how they are failing to meet it, and challenging them once again to decide if they intend to meet it. If their response is positive (in staff's judgment), they continue in the program – perhaps with special conditions, as above. If not, they are dropped from the program.

3) Removal from the program is always tied to the client's deliberate decision. When they are informed of the decision to remove them from the program, they are also informed of the new decisions they must make to get back in, and the tasks they must perform to demonstrate that they have made these decisions. Clients are never removed from the program without explicit directions as to the conditions they can and must meet for re-admission to the program. These conditions are to be documented in a final Progress Review.

The " 3×3 " strategy puts a special burden of judgment on staff. They must constantly evaluate whether or not a client is genuinely committing themselves to the rules and conditions of the program.

This is a very appropriate judgment for staff to make. The decision to remove a client should always include a review of the client's overall performance in

group and should consider any special or extenuating circumstances connected with their failure to perform.

Graduated Sanctions, Special Program Interventions, and the Program Team:

In general, Graduated Sanctions are initiated by the DOC and communicated through the program team. Program interventions including an Individual Competency Development Plan, program suspension, and termination are decided and communicated by the Cognitive Self Change program staff.

Graduated Sanctions: Any time a participant is given a graduated sanction for violations outside of the program, the participant may be considered still active in CSC, i.e. not terminated, and therefore still responsible to meet all the program standards and to perform any assignments given by the program staff.

If the sanction for a community custody participant includes incarceration, then absences from the community group while incarcerated would be considered excused. The incarcerated participant will be required to perform program tasks while incarcerated, possibly including participating in a Stage I group in the institution. Such participation would not be credited toward the minimum number of community PPCs.

On the other hand, if a violation behavior indicates that a client has not been maintaining an open channel of communication with their program group, they may be judged a reason to terminate them from the program, and the above conditions would not apply.

Program Interventions: Violations of program rules and failure to meet program standards are dealt with by special program interventions. Directions for documenting such failures and the special interventions designed to deal with them are presented in §10 of this manual: Individual Case Management: Using the Group Documentation Form.

The lowest level of program intervention — for both program rules violations and failure to perform up to program standards — is a personal conference between program staff and the client. The client is informed of the rule or standard, confronted with their failure to meet it, and challenged to make a fresh decision. Even though the consequence of a negative decision is severe (removal from the program), the encounter itself is brief and verbal. In almost all cases the outcome will be positive. In those cases in which a client decides — deliberately and consciously — to reject the rules or conditions, their removal from the program is the consequence of that decision, not the consequence of their violation behavior.

Application of this strategy requires staff judgment and good sense. If, for instance, a client tells staff to "stuff you damned program", that response may express the emotion of the moment and not a deliberate decision. Good judgment may call for a new conference after emotions have cooled down.

Staff should apply the "3 x 3" strategy for every violation and every failure to meet standards. This means having a conference with the offender at the time of and/or soon after every violation. These conferences need not be long or complicated. Some may be as brief as a few seconds—just enough to focus the client's attention and force a new conscious decision.

A second level of special program intervention is a documented special journal assignment that challenges the client to learn and demonstrate their ability and willingness to meet the relevant rule or standard. This is normally a plan documented as an Individual Competency Development Plan.

A third level of special program intervention is suspension from the program. Suspension is used only when a client has repeatedly failed to respond to 3x3 intervention and the conditions specified in ICDP's but staff still have reason to believe the client can succeed in CSC. Suspensions should be for no longer than 30 days and must always include journal assignments that challenge the client's performance at least as strongly as normal participation in CSC groups. These assignments should be designed to demonstrate that the client is ready to resume regular participation in the group. Clients will not earn PPCs while on suspension.

The Program Team: Staff should report all serious or repeated program violations and failures to the program team. The program team will make it's own determination whether or not to impose special "risk control" conditions on that offender.

The primary role of the program team is to manage the risk of offenders in the program. Violations of program rules and failures to meet program standards are indicators that the client is not reducing his own risk to re-offend. But they are not the only indicators. A client may, for instance, be doing very good program work except for a tendency to be late to group. Or a client who is doing consistently well in group may be associating with criminal friends, or drinking, or missing work.

The program team considers all risk indicators (positive and negative), and applies new risk controls in proportion to the client's failure to reduce their own risk. Some program violations and failures will require external risk controls in addition to the personal conference already held by the program staff. Others will not. Program staff will help the program team assess the client's risk by interpreting the client's response to their conference and by reviewing other aspects of the client's participation in the program. Correctional Officers will bring in behavioral indicators of risk (positive and negative) from outside the program.

The criteria for imposing additional risk controls should always be that the client's risk to offend is not otherwise being safely managed. The underlying strategy is risk management. It is not punishment. The program team will select from the approved list of sanctions based on the ability of that sanction to provide an appropriate degree of risk control.

In the Cognitive Self Change Program, any risk controls that increase a client's custody level must be imposed by the program team. This can be at a special meeting called for the purpose. In emergency situations a correctional authority can impose risk controls, subject to later review by the team. Risk controls imposed because a client disclosed information about himself in group or in a journal requires special attention because of the need to maintain an open channel of communication, and trust, with all group members. In these cases a team meeting with the client should fully explain the reasons for this action. Efforts should be made to achieve willing cooperation from the client, even when the imposed controls are uncomfortable.

Client removal from the program: reasons and procedure:

Every removal from the program must include a conference with the client in which the both reasons for the removal and the conditions for the client's reentry into the program are explained. To the greatest extent possible, a client's removal from the program should be framed and experienced by the client as the direct result of their conscious choice.

As described above, clients may be removed from the program for failure to follow the rules of conduct or failure to meet the standards of participation.

The 3×3 strategy forces each client to face their own responsibility for deciding to meet or not meet these rules and standards. It is always an objective of the program to make clients consciously aware of this responsibility.

Removal from the program is never an "automatic consequence" of a client's behavior or failure to perform. Certainly there are some behaviors that will always result in removal (violence in group, for instance) but even in these cases a conference is always held with the client to focus their attention on the choices they made and to define the conditions for their possible re-entry into the program.

A primary requirement of the program is to keep an open channel of communication. As long as that channel remains open, the client is giving us the basic tool we need to work with them toward the goals of the program.

In general, clients are not automatically removed for committing crimes or rules violations or for getting DRs. The sanctions for such violations are provided by the Department outside the scope of the program. The program does not intervene to soften these consequences, but it does not automatically remove a sanctioned client either.

On the other hand, rules violations, often go together with a lack of communication between the client and the program. If a client's violation behavior indicates a closed channel of communication, it may be appropriate to remove the client for failure to maintain open communication. This is a matter of judgment for the program team. In the history of the program, there have been several cases of each sort: sometimes a client really does keep an open channel of communication with the program, even through they relapse into rule breaking. Such clients should keep their standing in the program. In some such cases, the client will lose their custody status as a consequence of their violation. If so, the program should follow them to their new status and, if necessary, to their new location. In other cases (the majority), relapse into violation behavior goes along (or follows) cut-off of communication with the program.

Clients are not generally removed for missing groups if the reason for them missing is beyond their immediate control. (For example: if a client is hospitalized, or is in segregation.) Acceptable "excuses" must be documented and reviewed by the program team.

Guidelines for CSC staff actions in instances of clients being suspended or removed from the program:

A participant may be removed from the program for any combination of three standards violations occurring within a three-month period of time; for example missed attendance, failure in completing assigned homework, or disruptive behavior in group. Clients may also be suspended for failure to earn PPC credit two consecutive months. They may be removed for failure to earn PPC credit three consecutive months.

Whenever three standards violations occur within a three-month period, or a client has failed to earned PPC credit for two months or more, the program team

will meet to decide if the client should remain in the program, be suspended, given a new ICDP, or (in exceptional circumstances) receive no consequence.

Program Removal:

When a participant is removed from the CSC program, the program team will document: 1) the exact reasons for removal, 2) the conditions to be met before the client will be re-admitted to the program. These conditions should be designed to assure as much as possible that the kind of failure exhibited by this client will not be repeated in the future. 3) How many PPC credits will be required upon return,

It would generally be expected that a restart in the present program would be indicated if the removal is longer than six months.

These decisions by the program team will be documented in a final Progress Review and a copy of this review given to the client.

Finally, to successfully complete Stage Two of CSC, any suspended or removed participant must end his course of programming with three continuous months of participation with no major violations of rules or standards.

B. Admission, Discharge and Transfers.

The Principle of Continuous Programming:

The program is designed to be delivered continuously from the beginning of Stage One through to the completion of Stage Two. This means that no client should have gaps in their program participation caused by their transfer between sites, institutions or areas, and even if they are transferred from the community back to an institution.

It is the responsibility of the Site Coordinators to arrange the client's admission and transfer to appropriate groups.

Referral and movement through the system:

Initial Referral:

When a client is identified by their caseworker as appropriate for the CSC program, the caseworker will prepare a Program Packet consisting of:

Referral form Program Participation Data Form Participant Tracking sheet Affidavit (current offense) Record Check Pre-sentence Investigation Report (if available)

Samples of all forms are included in this manual in the section on documentation.

The caseworker will send this packet to the program Site Coordinator.

The program Site Coordinator will fill in the appropriate section of the Participant Tracking Sheet, and will then forward the packet to the group facilitators.

Initial Interview:

One or both program facilitators will interview the client, following the standard interview format. (A standard interview checklist is included in the section on documentation.)

If the offender is not accepted, staff completes the appropriate section of the Participant Tracking Sheet and returns the referral packet to the Site Coordinator.

If the offender is accepted, the program staff keeps possession of the Program Packet and creates a six-part client file from this packet Admission to Stage One:

The Site Coordinator assigns the client to an appropriate Stage One group. The lead facilitator makes certain that the new client understands the Stage One Client Agreement and Limited Confidentiality forms and signs them before starting in group.

Completion of Stage One of CSC:

Clients complete Stage One by earning their required number of PPC credits as defined by the DOC directive. PPC credits are earned by satisfactory completion of a well defined set of journal assignments and group presentations. The program does not impose other standards or clinical judgments such as "internal change".

Stage One groups offered in the community require 6 PPC credits for all group members. Stage One groups offered in prison require PPC credits of individual members as determined by a formula based on their minimum sentence, as defined by DOC Directive. A client earns one PPC credit per month when their group participation and group presentations, including journal assignments, is satisfactory for 80% of the groups in a calendar month. In Stage One these assignments require the client to identify the thinking that has led them to crime and violence, identify new thinking that will not, and successfully practice this new thinking in real life situations. The final journal assignment in Stage One is a Self Risk Management plan which summarizes these skills and defines the framework of practicing CSC in Stage Two. Whenever a client fails to satisfactorily complete one of these journal assignments when they are due, they will not earn a PPC credit for that month and the assignment will carry over into the following month. In effect, no client can complete Stage One without satisfactory completion of these key assignments.

Stage One clients are expected to report on their current offense in at least two assignments: in their FCI and in a thinking report presentation. This means that clients that deny or severely minimize responsibility for their crime will not successfully complete these key assignments. They will not be given PPC credit for any further work until these assignments are done. If a client clearly refuses to do these assignments the program team will meet to consider their removal.

The only exceptions to removal from the program of people who do not give responsible reports of their current offense are cases where there are psychological/emotional barriers to such reporting and this is verified by an independent clinical assessment by a qualified clinician. 2) The administration of DOC chooses to override the recommendation of the program team.

A client's completion of Stage One must be approved by the program team and documented as a final Progress Review. This approval will be based on verification that the client has earned the required number of PPC's and that PPC credit for each month was based on satisfactory performance of the tasks specified for each month of the client's program participation.

The Stage One site coordinator will notify the site coordinator of the proposed Stage Two site about the expected transfer and will send copies of the client's FCI, Risk Management Plan, and Progress Reviews one month before anticipated completion of Stage One. When the client does complete Stage One, the Stage One program staff will ascertain that the six-part client file is complete, including the Participation Tracking Sheet and the Program Participation Data Form as well as the final Progress Review. The Stage One site coordinator will then send the 6-part file to the Stage Two site coordinator. The program file should be received at the Stage Two site before the client arrives.

The Stage One site coordinator sends a copy of the Program Participation Data Form to Central Office (M.I.S.).

Admission to Stage Two:

The Stage Two site coordinator reviews the above documents and assigns the new client to an appropriate group. The lead facilitator of this group has the client sign the Stage Two Client Agreement form before their first group session. Although this form is similar to the Stage One Agreement and the client should be familiar with it, it is recommended that it be fully explained to the client before they sign it.

Completion of Stage Two:

An offender will be regarded as successfully completing Stage Two when they have earned 12 PPC credits. Credits are earned each month by meeting program standards of satisfactory performance and participation for Stage Two, which includes presentation of check-ins on meaningful situations, identification of risk in their thinking, and practice of alternative thinking that reduces that risk. Participation in Stage Two also includes the expectation that clients will actively assist other members in practicing the skills of CSC.

When an offender completes Stage Two, the facilitators complete the appropriate sections of the Participant Tracking Sheet and the Program Participation Data Form and up-date the client program file with:

All Stage Two progress reports, including a final progress report documenting the completion of Stage Two

An up-dated Self Risk Management Plan

All individual session notes

Any case notes

The site coordinator reviews the client program file for completeness and sends a copy of the Program Participation Data Form to Central Office (M.I.S.).

Drop-outs and Removals:

Dropouts and removals from any program Stage follow the same procedure:

Group facilitators or the program team write a final Special Progress Review explaining the dropout or removal and specifying the conditions for re-admission to the program.

Group facilitators complete the appropriate sections of the Participant Tracking Sheet and the Program Participation Data Form.

The site coordinator sends a copy of the Program Participation Data Form to Central Office (M.I.S.).

The site coordinator informs the client's caseworker that the client is no longer participating in the program and why, so that the caseworker can take whatever action they judge appropriate.

Transfers Between Sites and Between Areas:

Site coordinators at the originating location are responsible for facilitating all routine communication between different program sites. Admission and discharges between different sites follow the same procedures (outlined above) as within the same site.

Transfers between different groups should not affect a client's status in the program. This applies whether the groups are at the same site, different sites, or even different Areas.

It is the responsibility of the program to maintain the same standards for all locations. When this appears to be not the case, it is the responsibility of the receiving site coordinator to arrange communication between facilitators, site coordinators, and (if appropriate) program supervisors to resolve the perceived inconsistencies.

Clients should not be penalized for the program's failure to maintain consistent standards.

C. Delivery of Groups

Frequency and length of group meetings:

Groups in both Stages will meet a minimum of two times per week for 1.25 to 1.5 hours duration. Clients in prison participate in Stage One for a

minimum of 6 months (6 PPC credits) and up to 22 months, depending on their minimum sentence. The number of PPC credits required for each client is calculated by a formula defined by DOC Directive.

Stage One groups in the community all require 6 PPC credits.

Stage Two groups are always in the community and all require 12 PPC credits.

Size of groups:

Groups in all CSC groups will be limited to 8 participants.

Group Preparation and Debrief:

Group facilitators must prepare for group by reviewing the previous Group Documentation Form, all special notes written on individual clients in the previous group, and all notes on the group process from the previous group. This review must include any Individual Competency Development Plans that are still active for individual clients.

Group facilitators must debrief each group by completing the Group Documentation Form immediately following the group. The parts of this form on individual group members and on the group process must be completed by both facilitators together. Completion of this form is understood to include writing notes explaining any deficit performance of group members and writing a plan for overcoming such deficits. It also includes notes on deficient group process and plans for overcoming such deficits.

Co-facilitation of Groups:

Two staff will facilitate groups one of whom will be the lead facilitator appointed by the site coordinator. In the event that one facilitator cannot be present for a session, every possible effort will be made for a substitute. Substitutes should be qualified as CSC facilitators. If no substitute is available, the group session may be held if the remaining facilitator is comfortable leading the group alone. The facilitators may work out these arrangements on their own or with the help of the site coordinator.

Note: Lead facilitators are appointed in order to assign responsibility for assuring that program procedures are followed for the conduct and documentation of groups. Lead facilitators are expected to delegate tasks to the co-facilitator. Lead facilitators do not necessarily take a dominant role in the conduct of groups.

Note: It is recommended that every group be assigned two regular facilitators and one alternate facilitator to serve as a substitute as needed.

Journal Reviews:

All of the group member's journal work should be either presented and processed in group or reviewed and commented upon by the facilitators outside of group.

In Stage One, journals consist of major journal assignments required of all clients and special journal assignments prescribed by facilitators for individual clients. Credit for successful participation in any group meeting includes successful completion of all journal assignments due at the time of that group meeting. Major journal assignment are assigned in a sequence, which means that when a member of Stage One fails to satisfactorily complete a major journal assignment they cannot earn any subsequent PPC credits until that journal assignment is satisfactorily completed. In such cases staff have an obligation to design a concrete plan to help assure the client's timely completion of the journal assignment, as described in §10: Individual Case Management: Using the Group Documentation Form.

Program team meetings and Area Network meetings:

Program teams should meet regularly to review client referrals and transfers, to make decisions about changes in clients' status, to coordinate program and supervision concerns, and discuss other appropriate matters. These meetings should be led by the site coordinator and should include all CSC staff and any correctional or casework staff that have responsibility for the CSC clients and who are able to attend. The collateral information of the non-CSC staff is often essential to individual program planning.

Special program team meetings are scheduled on as needed basis. These would normally be just with CSC staff and clients to present an Individual Competency Development Plan to them or apply a 3X3 strategy when necessary.

Area Network meetings are scheduled for Area site coordinators to meet with a representative of the CSC Management Team. Other CSC staff will be invited to these meetings depending on their availability and the needs for the Area. These meetings are held to coordinate CSC activity within the Area including the staffing of cases as needed.

D. Program Management and Supervision

The overall program design and the creation of the Cognitive Self Change Manual is the responsibility of the CSC Program Consultant and the trainer/supervisor team under the authority of the Program Administrator and Director of Clinical Services. The Program Consultant, trainer/supervisors, and Program Administrator will meet regularly to monitor program performance, establish policies and procedures to improve this performance, address any special needs or issues, plan basic and advance training, and execute other assigned duties such as certifying lead facilitators. Every community office or facility in which CSC is delivered will be assigned a trainer/supervisor to meet with staff and to observe group sessions in order to provide constructive criticism, ongoing facilitator training, and direction for the facilitation of CSC groups. Supervision of staff facilitating groups will be accomplished through site visits by the trainer/supervisors in which they observe groups and participate in CSC team meetings and by video tape recording and analysis of group sessions. Assignments of facilitators and groups and the monitoring of program documentation and individual program files will be the responsibility of a locally appointed CSC Site Coordinator. The training of facilitators will be the responsibility of the Program Consultant and the trainer/supervisors.

PROGRAM STAFF:

Program Administrator:

The Program Administrator reports to and is appointed by the Department of Corrections, Director of Clinical Services. The Program Administrator is responsible for the administration, design, delivery, and evaluation of the Cognitive Self Change program.

The Program Administrator has ultimate responsibility for assuring consistency and quality in the delivery of the CSC program statewide.

Specific duties include: 1) overall review and inspection of program activities; 2) approval of program policies, procedures, and methods; 3) direct supervision of the Program Consultant and program trainer/supervisors.

Program Consultant:

The Program Consultant is the lead consultant on the design and implementation of the Cognitive Self Change program. It is a contracted position. The Program Consultant reports to the Program Administrator and provides recommendations to the Program Administrator on all aspects of program delivery.

The Program Consultant is responsible for overseeing the quality of program delivery and providing consultation to assist staff in maintaining program standards.

Specific duties include: 1) program development and design; 2) staff training; 3) consultation with all levels of program staff on all aspects of program delivery; 4) direct supervision of program groups in collaboration with CSC trainer/supervisors; 5) program supervision of CSC trainer/supervisors; 6) participation in administrative and program meetings and reviews; 7) consultation on program evaluation; and 8) supervision and analysis of video taping of group sessions.

Qualifications of the Program Consultant: This person must have established expertise in the design, implementation, evaluation and training of programs in cognitive restructuring for criminal offenders.

Trainer/Supervisors:

The position of trainer/supervisor may be held by either DOC staff or contracted consultants. In either case, trainer/supervisors are responsible to the Program Administrator and take direction, especially for program delivery, from the Program Consultant. Trainer/supervisors are responsible for assuring quality and integrity in the delivery of the CSC program and for assuring that it is delivered according to the standards and methods defined in the program manual.

Specific duties: 1) provide onsite and direct program supervision of CSC groups and document this supervision; 2) mentor group facilitators on how to deliver the program to participants; 3) help the Program Consultant in the training of program staff; 4) provide consultation to all levels of program staff on all aspects of program delivery in their sites of responsibility; 5) participate in administrative and program meetings and reviews; 6) provide consultation to site coordinators and facilitators on the video taping of group sessions.

Qualifications of trainer/supervisors:

Trainer/supervisors must have a minimum of two years experience as a lead facilitator; participate as a trainer assistant in one 3 day basic CSC training and one 2 day advanced CSC training; have been supervised by trainer/supervisors and/or the Program Consultant in at least 6 onsite group visits; have a minimum of four years experience in working directly with offenders; and be approved for this position by the Program Consultant and his team of trainer/supervisors and by the Program Administrator.

CSC staff at facilities and community service centers:

Note: Exceptions to the qualifications requirements listed below may be made when approved by the Program Administrator with consultation with the CSC Management Team.

Program Site Coordinators:

Site Coordinators are Department of Corrections staff assigned responsibility for the administration of program activities at a particular site. The site Superintendent makes this assignment with the approval of the Program Administrator. Site Coordinators will usually be casework supervisors and may or may not facilitate groups themselves.

Specific duties of Site Coordinators: 1) assign staff and offenders to groups; 2) schedule groups; 3) coordinate client transfers and communicate with sending or receiving sites, ensuring that all necessary file information is sent or received; 4) supervision of group facilitators with respect to program documentation and file completion as defined in the program manual; 5) identification of CSC staff training needs and communication of these needs to the local superintendent and to trainer/supervisors or the Program Administrator; 6) coordinate the use of video taping equipment as defined in DOC Protocol number 368.02.02; 7) chair local team meetings; and 8) provide other coordination as necessary to ensure that program standards are maintained.

Qualifications of Site Coordinators: Site Coordinators must have completed a 3 day basic CSC training and 2 day advanced training; have administrative experience and ability sufficient to understand correctional procedures and to perform the duties described above; and be able to interpret program standards as defined in the manual to all staff. It is also desirable but not necessary for the Site Coordinator to be or to have been a lead CSC facilitator.

CSC Facilitators:

CSC Facilitators are DOC or contracted staff who are fully qualified to facilitate CSC groups.

Duties of facilitators: 1) facilitate groups, 2) participate in documentation of groups and individual case management, 3) participate in group preparation and debrief, 4)participate in special and regular progress reviews, 5) participate in team meetings, area meetings, and advanced program training sessions.

Qualifications of facilitators: Completion of the 3-day basic training curriculum for CSC, co-facilitation of at least 20 CSC groups under the direction of a qualified lead facilitator, and participation in at least one 2-day advanced training session on CSC.

Apprentice facilitators: Staff who facilitate groups after completing the 3day basic training course but who have not yet facilitated 20 groups or taken a 2-day advanced training course will be considered apprentice facilitators. Apprentice facilitators may not be designated as lead facilitators.

Lead facilitators: Lead facilitators are designated as such by the Site Coordinator. Lead facilitators are responsible to assure that program standards for delivery of groups are met and documented. They do not necessarily take a dominant role in the conduct of groups. Administrative tasks such as documentation will be shared by the 2 facilitators.

Group Process and Administrative Supervision:

Supervision of groups:

Notwithstanding lines of authority and the need for administrative control, the preferred method of supervision of group facilitators is active coaching to improve skills in delivering the program. It is intentional that this method of supervision and training is similar to the method of group facilitation expected to be performed by group leaders, as the goal of the program is skill development (not therapy). Clients are expected to develop cognitive skills and staff are expected to develop CSC facilitation skills.

Supervisors of groups will use the same criteria of performance used by facilitators to assess their own group process. These criteria are explained in §10: Individual Case Management: Using the Group Documentation Form.

It is an expectation that CSC groups will occasionally be video taped. Video tapes will be used for staff supervision and training. Clients will sign an acknowledgment when they first join the program that such video taping is a matter of program routine.

Administrative supervision:

Site coordinators are responsible for the administration of CSC at their site.

Site coordinators will present a monthly audit report to the CSC Program Administrator on the administrative performance of all groups at their site, to include: 1) number of groups scheduled and groups held, 2) groups co-facilitated by qualified staff, 3) completion of required group and individual documentation, 4) documentation of scheduled and special progress reviews.

Representatives of the CSC Management Team will make periodic independent audits of each program site to assure state-wide consistency of administrative standards.

Handling Special Cases

Special situations inevitably arise that are not described in the program manual. Such cases may include – but will not be limited to – clients who make a plausible claim not to remember their crime, clients who appear to be cognitively or emotionally unable to perform CSC, clients not proficient in English, administrative exigencies that call for relaxing or modifying CSC procedures, clients who have long gaps in their participation in CSC, clients who fall between old and new versions of program or DOC procedures. In these and other special cases, CSC provides a few general guidelines and a general procedure:

General guidelines for Special Cases:

1) CSC does not intend to "punish" any offender for an inability to perform the tasks of CSC. Whenever a client is judged by the program team to be genuinely unable to perform these tasks — for whatever reason — the client will be dropped from the program but with the explicit recommendation to DOC that an alternative program be provided, and that if no such program is available, that a correctional case plan be designed that does not punish this offender for their inability to perform CSC.

2) CSC does not routinely use clinical assessments as part of it's admission process. When clinical issues arise — including questions as to a client's emotional or cognitive ability to perform CSC — the program team should seek assessments from a qualified clinician. The program team will then consider such assessment information in recommending a course of action for the client. When appropriate, the program team will recommend clinical treatment for the client.

General procedures for special cases:

Group facilitators are responsible to be alert to special circumstances affecting individual clients. When such circumstances call for special actions or judgments facilitators will present the issue to their site program team. The program team will review the issue and recommend a solution.

In some cases the program team may be competent to provide a concrete solution. Or they may first seek external expert assessment. Or they may refer the issue to the CSC Management Team.

In all special cases, the site coordinator will communicate the nature of the issue and any actions taken to the Program Administrator in Waterbury.