Associates and Crime: A Cognitive Behaviour Therapy Module for Improving Interactions among Individuals in Contact with the Criminal Justice System

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A Thesis Submitted to the School of Community Services in Partial fulfilment of the requirement for the Honours Bachelor of Behavioural Psychology

St. Lawrence College
Kingston, Ontario
April 2017
Dedication
I dedicate this thesis to my older brother Dylan, my guardian angel, who in a short time taught me that I was capable of achieving the greatest successes and I was destined to change the world. The memories of you cheering me on and the songs you used to sing got me through to the end of this chapter.
Abstract

Barriers to remaining offence free come from many different aspects of an individual’s life. These include social, family, education, stigma, associates, and interactions amongst other individuals (Andrews, Bonta, & Wormith, 2011). For some clients, mental health issues and/or addiction can increase risk for recidivism. Andrew’s et al. identified antisocial associates as one of the major four risk factors. This particular factor was identified in the justice service program as one that required intervention due to the resulting consequences. Some of the negative consequences included aggression, physical and verbal altercations, drug use, and offending behaviours. This thesis critically analyzed recent research regarding offenders and use of CBT (specifically the interplay of thoughts, emotions and behaviour). The justice services team did not have any resources in targeting associates and positive interactions to use with their clients which created a gap in the program and hindered treatment for individuals. This module was created using CBT techniques such as education, role play, and feedback. The pre and post quiz was created to determine whether CBT techniques addressing associate interactions could increase an individual’s awareness on which decision they would make in a variety of different scenarios. Based on increases in scores on the measure, CBT can improve the client’s ability to identify positive ways to respond in particularly difficult interactions with associates. All aspects and parts of this thesis were created and implemented by this student with assistance from a college and on-site supervisor. All strengths, limitations, recommendations for future research, and multilevel challenges to service implementation are highlighted in this thesis.
Acknowledgements
I would like to acknowledge my supervisor Dr. Serran without whom I would not have had the same opportunities in completing my thesis. The input, efficiency, and dedication gave to my thesis will never be forgotten.
To my onsite supervisor Kristin Macleod, you changed the way in which I see myself and my potential in this world. Without you this opportunity would not have been available. You gave me the option to create something of my own that can assist individuals in the program and that was my goal. You showed me how to be passionate but level headed and gave me the independence to become my own professional, thank you.
To my Mom, Dad, Grandparents, closest friends, Jacob, Brittany, and team of peers; there have been many long days and nights and you all helped me get through each one.
Thank you to my professors, who helped shape me into the student and professional I was throughout the thesis process and assisted me with preparing me for all that is to come.
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Chapter I: Introduction

Summary

The Risk Need Responsivity model is a theory that provides recommendations for how offenders should be assessed based on the risk they present and what they need, and what kinds of environments they should be placed in to reduce recidivism (Andrews, Bonta, & Wormith, 2011). This model is used throughout the thesis and was the basis to the development of the techniques target of “associates”. According to Andrews et al’s (2011) Risk Need Responsivity model there are eight factors that increase an individual’s chance to recidivate. These eight central risk factors to crime include substance abuse, education/employment, recreation/leisure, associates, antisocial personality patterns, antisocial cognitions, and family (Greiger & Hoser, 2014). If these areas are problematic for an offender his risk and criminogenic needs are higher; if an offender addresses these areas his risk to reoffend can be decreased. Specifically, problematic use of alcohol or drug use, low levels of education, unstable employment history, poor use of leisure time, unhealthy peer relationships, impulsivity, thoughts that support criminal activity, and criminal family members all serve to increase the likelihood that one will reoffend. While all of these factors are relevant, the current thesis is going to focus specifically on the domain of “associates”.

An associate can be someone that you buy, sell, or use drugs with or a person that an offender engages in positive or negative behaviour with (Andrews et al., 2011). Andrews et al., explained that risk increased if an offender was surrounded by associates who engaged in criminal activity. Many of the clients within the program have difficulty managing healthy peer interactions due to the low rates of coping skills that the clients have in their repertoire which then leads to drug use, recidivism, or injury. Professionals in the agency expressed concerns about the lack of resources available when trying to assist clients to identify positive/prosocial methods to utilize while interacting with others.

The Justice Services program case managers at the agency use techniques from cognitive behavioural therapy (CBT) in practice. CBT uses a client-centered approach to therapy and focuses on challenging and changing the thoughts that may create maladaptive behaviours (Butler, Chapman, Forman, & Beck, 2006). Butler et al., (2006) note that CBT uses psychoeducation, practice through role play, and homework. Through CBT, clients may develop increased self-awareness in the targeted domain (Andrews et al., 2011).

Purpose

The purpose of this thesis was to develop a cognitive behavioural therapy (CBT) oriented session targeting client’s decision making with respect to his or her associates. The session includes a psychoeducation component and incorporates skills building so that clients learn tools to make healthier decisions when interacting with peer associates. It is hypothesized that by using CBT techniques such as psychoeducation and skills building, the participants’ ability to choose appropriate interactions will improve. The improvements are elicited by education, role playing, and discussing different ways to interact and ways to choose appropriate individuals to spend time with. The production of a module targeting associate interactions could be beneficial in a situation where a person is faced with a difficult interaction. If an individual has practiced saying no or dealing with situations prior to a similar one happening it could make it easier and less forced when the situation happens.

Research has found that in situations where we make assumptions about another person’s response, or they don’t respond in the way we expect, or own response can be quite restricted
One’s responses in a social situation can also be strongly affected by emotional reactions (Brase, 2017). This study aimed to target associate interactions by teaching the participants how emotions can affect behaviour. Certain situations could be avoided by awareness of emotions and how to control reactions (Brase, 2017).

Intervening with the clients of the justice services program appropriately could assist in addressing the factors that lead to the offending behaviour as the target of the intervention is consistent with the barriers that are faced for individuals in the program. The program was designed to specifically address the factors that brought a person into contact with the law, which in many occasions is a result of being manipulated by others. Other situations such as interacting in a negative way in a tense moment with another could lead to physical fights and assault charges, teaching a person other options than fighting could reduce these behaviours. Reducing the risk for a person to find associates who also engage in criminal activity could in turn reduce the offending behaviour (Andrews et al., 2011). CBT techniques are often utilized in the Justice Services Program to reduce these behaviours, which have shown to work with majority of the clients in the program who have previously been in the Justice Services Program. Therefore, the module developed for the current thesis was based on CBT techniques.

The justice services program includes clients who have a current criminal charge and have a diagnosed or suspected mental health diagnoses or addiction. According to the professionals in the agency, within the justice services program there were many charges that resulted in co-accusations with others. This barrier is re-occurring and gives potential for the clients listening to others or being manipulated. The agency had a gap in the resources for the justice services program as the program worked on the factors that brought the client into contact with the law. Since there were no resources to address interactions with others, the agency staff were unable to address this factor. Interactions with others was a main factor in the barriers the clients were having with re-offending according to the case managers of the Justice Services Program, therefore this student developed the module as well as administered the pre and post data collection quizzes. This thesis was created as a resource to address how to appropriately interact with others, without being manipulative or aggressive.

Overview

The thesis begins with a critical analysis of recent literature which includes participant criteria and justification for the use of cognitive behavioural therapy (CBT). Recent research about the Risk Need Responsivity model is described below in order to support the relevance of positive associate interactions. A detailed method section follows with a description of the results to allow the reader to repeat the study in the future. The last section is a discussion to critically summarize the results, strengths, limitations, future research suggestions, and implications the thesis had on the behavioural psychology field. A reference list was provided as well as copies of the tools used in the session to allow other researchers to use them in the future.
Chapter II: Literature Review

Participants and Program

Court Diversion programs are a “rehabilitative response to what would otherwise have been criminally sanctioned behaviour” (Schneider, 2010, p. 202). These programs are based on the findings that sometimes crimes are connected to symptoms of mental illness (Schneider, 2007). Schneider (2007) explained clients of these programs often have habitual behaviours that lead them to cycle through the court system. Implementing a court diversion program allowed people who often cycle through the criminal justice system to reduce the behaviours and cognitive distortions that brought them into trouble with the law, moreover reducing recidivism and risk to the community (Schneider, 2007). Clients who have mental illnesses may exhibit riskier behaviours which could be why research has found that mental health issues are increasing throughout the offender population (Schneider, Bloom, & Heerema, 2007).

Literature found that risky decision making resulted in a higher likelihood of an individual being exposed to risky situations (Kuin, Masthoff, Kramer, & Scherder, 2015). Kuin et al., (2015) found violent offenders were more likely to make risky decisions that lead to charges within the criminal justice system. Although the participants in the current study are not violent, there is a history of risky decision making by the participants selected for this thesis (i.e. substance use, physical fighting, and recidivism).

Theories on Peer Associates

Andrews, Bonta, and Wormith (2011) explored the interaction between an individual’s environment and his or her potential to commit crime. They found that eight central factors were strongly linked to offending behaviour. The areas include substance abuse, education/employment, recreation/leisure, associates, antisocial personality patterns, antisocial cognitions, and family (Andrews et al., 2011). The research indicated that associating with antisocial peers increases risk for criminal behaviour. Andrews et al. provided justification for the idea that unhealthy decisions that are made in conjunction with associates could lead to negative interactions or increased exposure to risky situations. These factors are high risk to lead to charges or incarceration, which is why they were identified as important to effectively treat an offender (Andrews et al., 2011).

Based on Andrews et al. (2011) literature, testimonials from agency staff, and observations at the agency, associates was a domain that was not sufficiently addressed for the current clients in the justice services program. Mckim, Bauer, and Boettiger (2016) discussed how certain responses become habitual by having a certain stimuli paired with a behaviour, reinforcement, or consequence. Reframing cognitive distortions and responses clients had based on their individual thought cycles, was found to be increasingly more difficult the stronger the client associated the stimuli to the behaviour (Mckim et al., 2016). The researchers explained this could be why certain associates were triggers for certain behaviours, (i.e. using substances or thrill seeking). Thrill seeking and substance use treatment should include cognitive therapy to allow the client to address cognitive distortions in relation to the behaviour pattern (Mckim, et al, 2016). CBT focused on changing thoughts related to negative emotions and behaviours (Butler, Chapman, Forman, & Beck, 2006), therefore Mckim et al.’s findings strengthened the potential for CBT to be effective with participants of the study. CBT could potentially address cognitions in relation to negative peer interactions, recidivism, and substance use.
McGloin (2009) studied the influence of peers on delinquency using the balance theory as the measurement. According to balance theory, peers gradually balance the delinquent behaviours toward each other over time (i.e. the more delinquent peer decreases negative behaviours as the less delinquent peer increases negative behaviours until they share similar delinquent traits) (McGloin, 2009). McGloin’s study found balance theory to be relevant with the adolescent population. This finding implied that with adolescents there was significant pressure to conform to the behaviour of others. McGloin identified that pressure from peers was a strong indicator of producing certain risky behaviours.

Whited, Wagar, Mandracchia, and Morgan (2015) evaluated the effect of criminal associates on criminogenic thinking patterns in 595 male offenders. Although the study examined incarcerated individuals, offenders that are not incarcerated could be influenced by the same criminogenic thinking patterns when considering risk of recidivism (Whited et al., 2015). Although Andrews et al. (2011) suggested associates influenced recidivism, Thomas (2015) argued that there was not sufficient literature to make this conclusion. Whited et al. used two measures of thinking styles and a linear regression analysis and concluded that the amount of time spent with criminal associates did predict criminogenic thinking. The researchers also suggested that the influence of associates on criminogenic thinking should be targeted to benefit rehabilitation of offenders.

**Emotions and Decision Making**

Recent literature exploring how emotions influence reactions has focused on how the relationship between emotion and cognition is an evolutionary reaction (Brase, 2017). Brase concluded that there was a function and an adaptive outcome for all emotions. The research also discussed that evolutionary theories on emotions posit that humans have emotions to adapt their reactions to fit the current and reoccurring social situations they experience (Brase, 2017). Brase found that situations where two people cooperated would more likely have an outcome of respect or gratitude which could help improve trust between the individuals. A situation that produced negative emotions may have also ended in anger or aggression (Brase, 2017). A person is more likely to respond with anger and aggression that leads to a negative consequence if contempt was felt toward the other (Brase, 2017). He also found contempt could be produced by many different things but most often when a person feels as though help is not being reciprocated.

In social interactions, there are minimal options for a person when dealing with another individual. This is due to there being only minimal ways to respond when a person is exhibiting a certain behaviour and because of the unpredictability of the other person’s response. (Scott-Parker & Weston, 2017). Scott-Parker and Weston (2017) found when a person makes risky decisions there are even less options for responses than when the individual is making rational decisions. This can lead to interactions escalating based on the decisions that a person makes in an interaction, but especially when a person has higher reward sensitivity (Scott-Parker & Weston, 2017). An example for this situation could be a person who uses substances; the more often they put themselves in situations where others are using, the more likely they are to relapse or use. They also found that a higher reward sensitivity can be found most often in adolescents, which can result in problem behaviour. If high reward sensitivity is not addressed in youth it could be harder to change risky-decision making patterns in the future. Overall, when a person is making decisions, emotions can often influence them (Scott-Parker & Weston, 2017). If an individual feels negative emotions around specific individuals more frequently than around others, it could heighten the chance of risky health related behaviours happening during or after
their interaction with those particular people i.e., drug use or fighting.

**Justification for Use of Cognitive Behavioural Therapy**

The literature discusses a variety of therapeutic modalities that are effective in working with offenders, but most of the research is focused on CBT techniques. CBT uses techniques such as psychoeducation, skills training, and role playing (Butler, Chapman, Forman, & Beck, 2006). Butler et al., (2006) found utilizing these techniques allowed the individual to identify areas where there were significant struggles in relation to cognitive distortions. They explained if an individual practiced these techniques then the individual may develop skills that they could use on their own and eventually be self-sustainable in terms of coping with strong thoughts, emotions, and behaviours.

Skeem, Steadman, and Manchak (2015), found strong support for assessing risk and using CBT to target risk areas in offenders. They discovered this could be better than psychiatric treatment alone. Since the Risk-Need-Responsivity model focuses on public safety, then assessing risk and assisting with increasing coping skills in relation to those risk areas would be helpful in reducing recidivism with the offender population (Skeem et al., 2015). CBT can assist in allowing clients to build coping skills and could be used to assist in the risk areas according to Skeem et al. They also proposed that there was a lack of evidence that supported psychiatric services assisting in reducing recidivism. Skeem et al. found that in order to target the risk-need-responsivity risk factors, an individual must have both criminal justice system involvement and a mental health diagnoses. It was also noted that using these techniques could be more effective in institutional settings due to time management difficulties when offenders are in the community (Skeem et al., 2015).

Pybis, Saxon, Hill, and Borkham (2017) found that the outcome of CBT can be related to the amount of sessions a participant attended. When comparing counselling with CBT, counselling was found to be more effective than CBT when comparing between the first two sessions with counselling eliciting a 12.79% higher recovery rate (Pybis et al., 2017). As the sessions increased to 18 or 20 CBT effectiveness increased and counselling effectiveness decreased (Pybis et al, 2017). Pybis et al. compared the effectiveness of CBT and regular counselling in patients who were diagnosed with depression. They found the difference in recovery rates after 18 sessions was between 17.8% and 19.8% with CBT, which was a higher percentage than counselling. The CBT session in this research was used in conjunction with other topics throughout a six month diversion period. Therefore, for the purposes of this research a long list of sessions is not examined, due to the agency already having session plans for the other target areas.

Yoon, Slade, and Fazel (2017) studied recent literature to compile a meta-analysis that compared therapy effectiveness to determine the most effective therapy for improving offender rehabilitation. The study examined different categories that included trauma, CBT, mindfulness, and other based therapies i.e. art and music therapy. Research included in Yoon et al. included 2761 prisoners, 56% of which were male, who had diagnoses of post-traumatic stress disorder or depression from seven different countries. The meta-analysis included research that was completed between 1979 and 2015. Yoon et al. did not include any research where the participants were able to consume medication. Yoon et al. examined the studies by calculating the confidence interval and variance for each study. Results of the meta-analysis indicated that there was only moderate evidence to improve symptoms of Mental Health using CBT. Although the current thesis uses clients who are currently medicated, they do not have the same diagnoses
as those in the Yoon et al. study. The current thesis included offenders in the provincial system, whereas Yoon et al., included participants who were incarcerated in federal institutions. This study is not aiming to determine if mental health symptoms improve and is focusing on teaching skills in relation to associate interactions.

Pybis et al. (2017) found CBT most effective when the participant was able to respond to consequences, engage in appropriate behaviour, and understand benefits of treatment. The participants of the current study were all selected with the capability to comprehend consequences and able to engage in conversation as teaching skills is important while utilizing CBT techniques (Butler, Chapman, Forman, & Beck, 2006). Takebe, Takahashi, and Sato (2017) studied the use of CBT in influencing a person’s ability to positively express anger. A CBT technique that was used in this study was cognitive reappraisal, which was defined a person’s ability to see things from another’s point of view (Takebe et al, 2017). These researchers found that if a person was provided skills to see the positive point in the situation using cognitive reappraisal, aggressive behaviours were less likely to occur. They compared the cognitive reappraisal group to two other control groups, involving or using free recall and anger rumination which were two groups that allowed the participants to express their anger rather than reframing it (Takebe et al., 2017). Those in the cognitive reappraisal group were less likely to respond with aggression. However the study was unable to compare cognitive reappraisal with other emotion regulation techniques which posed a limitation for finding the most effective strategy for controlling anger.

Wergeland et al., (2016) found that when working with children who have an anxiety disorder, CBT was not effective in reducing symptoms. This research suggested there may be a correlation between the work put into CBT and the age of the participants (Wergeland et al, 2016). Fernandez, Salem, Swift, and Ramtahal (2015) found that CBT had a 35% drop-out rate through conducting a meta-analysis with clients who were incarcerated. The meta-analysis explained that there is a need for preparation in terms of selecting participants and allowing them to familiarize with the environment (Fernandez et al., 2015). Fernandez et al. also explained that inpatients had a lower rate of dropping out of CBT as the environment was more structured. Although this thesis involved individual outpatient treatment, the preparation strategies and familiarizing with the environment is not necessary as the participants are mandated to engage in the program by the criminal justice system. Although Justice Services Program is voluntary if the client does not complete the program they go to prison. Vandorn et al (2006) found that 63.7% of people in their study reported one barrier to treatment that was due to mandated treatment. Mandated treatment has the ability to affect the therapeutic rapport and treatment adherence (Vandorn et. al, 2006). Collins (2005) stated that after analyzing 4000 cases there was a high percentage of offenders who stated that treatment was helpful. The key to successful restorative-justice is to ensure treatment is happening outside of the case manager as well (Collins, 2005).

An examination of offender rehabilitation completed by Kewley (2017) indicated that strength-based therapy combined with re-integration into social situations is necessary for treatment to be effective in reducing recidivism. Taking Kewley (2017) into consideration, a combination of assertive style and strength based therapy was considered for use in this thesis. As the participants in this study have mental health diagnoses, an integrated approach was used in the module, which is considered to be an approach that focuses on strengths of the individuals. The module considered integration into the community as an important component of the associates module. Integrating a person into the community poorly caused a higher risk for the clients in the program to reoffend according to Kewley (2017).
McMurran and Ward (2004) suggested using the Good Lives model for rehabilitation with offenders. This model was based on the theory that there is an innate push for humans to accomplish goals that are rewarding and increase positive functioning (McMurran & Ward, 2004). Findings of this study were that motivation is a crucial component of offender rehabilitation because without motivation to change, no change can occur. Due to McMurran and Ward’s findings, it could be of benefit to discover negative and positive triggers for behaviours and motivate the client to find other individuals that trigger positive emotions.

Gannon (2016) studied the effect of the behavioural experiment on cognitive change in people who have contact with the criminal justice system. Using CBT on offenders can often fail due to inconsistent attendance and drop-out rate potential, therefore the behavioural experiment (behavioural activation) has been more recently researched than CBT (Gannon, 2016). The goal of the behavioural experiment is to use planned activities that can allow the client to experience something positive that the client was not participating in previously (Gannon, 2016). This research project was not able to include an intensive enough treatment outline due to the transitional nature of the program, therefore the behavioural experiment cannot be used in this project. Gannon found in her research that when using CBT with offenders it can be effective if the person is willing to observe and evaluate behaviours in between sessions or after completion of a session.

Recent literature suggested that ensuring an observable behaviour was discovered prior to CBT sessions would provide a target for treatment (Farmer & Chapman, 2016). Farmer and Chapman (2016) also analyzed whether utilizing CBT to focus on what happens before the behaviour and directly after the behaviour assists mental health workers in determining what to target in treatment. The findings of the study were that examining the events directly prior and after the behaviour increased, provided the mental health workers with an increased ability to assist the clients in treatment planning. There were findings by Farmer and Chapman that also elicited suggestions to use reinforcements in situations that can be considered positive that the participant did not previously engage in. Therefore, if the clients in the study use the skills, behaviours could potentially be reinforced positively if the participant can make changes in how conflict is handled with others.

Chaves, Lopez-Gomez, Hervas, and Vasquez (2016) suggested there were no significant differences in using Positive Psychology interventions or CBT protocol. The study examined women who had diagnoses of depression and clinical mental health diagnoses (Chaves et al., 2016). Findings of this study suggested that there were a wide variety of treatment choices when dealing with people who had clinical diagnoses. Many research articles on depression use CBT as the choice of therapy, as it is the most widely used therapy for depression (Chaves et al., 2016). Although all of the clients in this program do not have depression they do have a mental health diagnoses. Utilizing CBT for this population could potentially contribute to literature that suggests CBT can be effective with addressing risk factors from the RNR model, specifically associates. Although there is literature which supports other modalities than CBT, the agency adopted CBT as their choice of therapeutic approach, therefore it was logical that this thesis utilized the same approach.

**Gaps in Literature**

There was a frequent finding that the use of CBT was more effective when there were an increased number of sessions (Pybis et al., 2017). There were few studies in literature that discussed individual treatment with the specific population of offenders in the provincial system.
with a mental health diagnoses. However, there were other studies that discussed individual CBT being ineffective with other populations such as young children with depression (Wergeland et al., 2016) As there is limited research on CBT with offenders who had mental health diagnoses in the provincial system, this study is utilizing the success of group CBT with incarcerated individuals in the federal system (Gannon, 2016; Takebe, Takashi, & Sato, 2017; Yoon, Slade, & Fazel, 2017). Whited et al. (2015) found a limitation and gap in the literature was there were few studies that specifically targeted criminogenic associates and treatment efforts. This meant that literature did not focus on the effect of treating offenders in rehabilitation about how to interact with associates (Whited et al., 2015)

Skeem et al., (2015) found there was no direct support to suggest that that the risk-need-responsivity risk factors are effective for treatment. Literature suggested that when using the RNR model, risk decreases for the individuals (Andrews et al., 2011). Risk for some individuals includes associate interactions (Andrews et al., 2011), and CBT can effectively teach skills to increase positive interactions (Butler et al., 2006). There are articles on mental health diversion programs, but there are not many on Canadian literature. Many mental health diversion programs are run differently outside of Canada, which poses a gap in finding literature related directly to the current policies and procedures. Practicing CBT skills is only effective when the skills are practiced outside of session; literature shows that unmaintained practice leads to loss of skill and poses a gap in the literature for using CBT (Bennett-Levy & Padesky, 2014). Numerous studies in literature found that there has been a significant wait time between the development of CBT and the actual implementation of the therapy (Chorpita & Regan, 2009; McHugh & Barlow, 2010). Bennett-Levy and Padesky (2014) also found that a gap in using CBT is that there were minimal studies on how critical the skill level of the therapist is at using the techniques themselves. Together these pose an issue because with gaps in wait times for treatment implementation there is increased potential for periods where the skills being taught are not being practiced or maintained.

Findings from research completed by McMurran and Ward (2004) explained that there is limited professional and academic literature that included motivation as a part of offender rehabilitation. McMurran and Ward concluded that motivation is an essential aspect of offender rehabilitation because the amount of motivation someone has to change reflects the effort that is put in to changing. With increased effort to change it is more likely changes will occur (McMurran & Ward, 2004).

Summary

Research compiled on the influence of the RNR model and how associates can have a significant influence on a person socially and physically (Andrews et al., 2011) specifically highlighted the influence of drug use and recidivism. Andrews et al., (2011) discovered a correlation between offender’s interactions with negative peers or associates and increased crime rate or drug use.

The majority of the literature found that CBT was not overly effective when conducting only a few sessions (Pybis et al., 2017), however the transitional nature of this program does not allow for a large number of sessions as literature suggested. Although there are other therapeutic modalities such as behavioural activation (Gannon, 2016) and other psychotherapy techniques (Yoon et al., 2017), this study chose to use CBT based on many different factors. The agency already uses these techniques in practice and would like to keep the techniques consistent. Other reasons to use CBT in practice is the education and skills building component (Butler et al.,
clients in the justice services program were not taught skills in related to coping with distress or emotions in a positive way. Clients in the program also have a mental health diagnosis, which (Farmer & Chapman, 2016) found CBT as an effective type of therapy to reduce symptoms of these diagnoses. Considering the findings that risky decision making can elicit more unreasonable responses, emotions are an evolutionary pattern (Brase, 2017), and CBT targets automatic thoughts and responses, CBT seems as though it could be a beneficial therapy style to use with this population. The CBT based session is integrated into a motivational and strength-based approach, as doing so appears to enhance gains based on literature review.

Kuin, Masthoff, Kramer, and Scherder (2015) suggest that using encouragement with participants was beneficial in engaging clients in CBT. Based on the findings from Andrews et al., (2011) positive interactions were considered by examining CBT techniques that decreased recidivism in participants of the study. Skeem et al., (2015) discovered through a meta-analysis that targeted male offenders with mental health diagnoses that CBT programs have increased success over psychiatric treatment alone when treating this population. Considering Andrews et al., (2011) discovered that associates are a major risk factor to rehabilitation with offenders; Skeem et al. found that CBT is effective with offenders who have mental health diagnoses. This thesis targeted offenders with mental health diagnoses; based on previous research that using CBT from a motivational approach should help decrease negative interactions with peer associates and increase the number of positive interactions in the participants of this study. Considering negative interactions were found to increase the probability of impulsive aggression and anger expression (Brase, 2017) and CBT has been shown to be effective in anger expression (Takebe et al., 2017), CBT may facilitate a person’s ability to effectively manage his or her emotions faced with negative interactions with other individuals.
Chapter III: Method

Setting
This research took place in an outpatient setting at a community mental health agency. Some of the research took place in client’s homes as not all clients were willing or able to attend the agency. The researcher and supervisor gave clients the option of location so that clients were comfortable and less anxious throughout the process. Allowing the client to pick the environment to learn was anticipated to elicit better results.

Participants
Justice Services program criteria involves individuals between 16-50 years old, however the criteria for this study were participants between 18-40 years old. The reason for the age criteria was due to the limited clients in the program, and at the time of the study the youngest participant in the program was 20. There were four participants between 20 and 50 years of age who consented to take part in the study, including both male and female participants. The participants were selected by the agency supervisor based on her clinical judgment that these clients required assistance with the associate interactions. Due to the transitional nature of the program, the professionals who worked in the agency chose people who were interested in receiving assistance. The program was completely voluntary and therefore the participants must have been interested in receiving assistance in this domain, which is why there were few participants in the research.

Participants must have a current minor charge and a mental health diagnoses. The participants in this program had varied diagnoses, including paranoid schizophrenia, Attention Deficit Hyperactive Disorder, anxiety related disorders, mood disorders, and substance abuse. All of the individuals who participated in this research had a mental health diagnosis, but individuals who had only diagnoses of substance abuse were excluded from the study. Specifically, for the justice services program there were many clients who experienced difficulties in their choice of and interaction with associates. Criteria for mental health diversion excluded assault or driving under the influence due to the intent and violence involved in the offense, but this study did not exclude clients who had violent offenses.

Design
This study used a non-experimental design. The researcher examined the effectiveness of the CBT module by providing the participant with a quiz. An examination of the research study was completed by supervisor via a Likert scale 1 (strongly disagree) to 5 (strongly agree).

Format and Rationale
The format of this study was chosen because the professionals in the justice services team provided information on the gaps within the resources at the agency. Information regarding the clients and how recidivism was influenced due to negative interactions with others, allowed this researcher and the professionals to determine that interactions with others was a needed target area for many clients in the program.

Cognitive Behavioural Therapy Techniques
The agency currently uses a CBT approach therefore the current module was based on techniques from CBT. There was a need for techniques to assist clients with healthy peer interactions as many clients were returning to the court system due to
negative interactions with others (i.e., drug use, debt, physical fighting, peer pressure, and misinformation). Techniques such as education, role playing, and feedback were used within the module to provide opportunities for insight and practice. This module could be used in conjunction with the other modules throughout the diversion process to teach clients about multiple aspects of their lives where coping strategies were needed.

**Research Design**

This program was evaluated by a pre and post-test design to allow the researchers to identify the participants’ knowledge on how to respond in difficult situations prior to the sessions and after sessions.

**Measures**

This study included measures that were created with the assistance of professionals in the agency. The first measure included was a multiple choice quiz that was presented at the onset and the completion of the CBT session. An analysis of the multiple choice quiz (Appendix B) was completed by calculating the total amount of correct answers (Appendix C) for each separate attempt at the quiz. A percentage was completed by dividing the correct answers by the total number of questions on the quiz (15) for the first attempt and the second separately. The two percentages were compared by subtracting the lower percentage from the higher percentage. A 10% increase from the first attempt to the last attempt is anticipated. This student notes that anyone who receives an initial score lower than four out of 10 represents a clinically meaningful population as they are in need of treatment in this domain. Feedback on the quiz was given after the second attempt at the quiz to review any incorrect answers and an explanation was given as to why the best answers were correct. This was completed by the student with supervision and was given in the individual sessions with the clients. The feedback was included as a CBT technique for the purposes of the study.

The second measure used in this study was a Likert scale that ranged from 1(*strongly disagree*) to 5(*strongly agree*). This measure was presented to the supervisor of the session at the onset of the session. Results from the Likert-scale included quantitative data that was evaluated by adding all of the same ratings together and dividing it by 10 (the total number of statements). There is an opportunity for the supervisor to complete a qualitative question and for any comments regarding the session. This allowed the student to make changes to the module, provide suggestions for the future, and discover further limitations of the study.

**Procedures**

The session consists of four handouts and five worksheets. During the development of the module it was evident that the module was too lengthy to complete in one session, therefore the session was broken into two separate sessions so as not to overwhelm participants. Each session was one hour and 15 minutes in length. This resulted in a total of two hours and 30 minutes duration. At the onset of the first session consent and the multiple choice quiz were completed. The session included handouts one, two, and three. Worksheets included in session one were worksheet one and two. The second session included handout four and worksheets three, four, and five and the final administration of the quiz. The supervisor was present during the sessions to evaluate the content of the CBT module.
**Consent**

At the onset of the session, a copy of the consent form (Appendix A) was provided to each participant. The consent form was explained in detail and participants were provided the opportunity to ask any questions or clarify any concerns. When the participant, supervisor, and student facilitator felt a fully informed decision was made, a copy of the signed consent was given to the participant and one was kept for the facilitator to scan into the online file. The consent form was shredded after it was scanned into the file. An electronic copy will be kept on file for 10 years. A verification letter was signed and sent to Saint Lawrence College to be kept on record for 10 years, ensuring that the college had documentation stating consent was attained.

**Methodology**

*Multiple choice quiz*

A multiple choice quiz (Appendix B) was given to each participant of the study prior to beginning the module. The quiz was administered again after the module was completed. The correct answer key (Appendix C) was not given to the participant until the completion of the second quiz. Results of the quiz were discussed and the best answer sheet was read to the client, explaining why the best answers were selected.

*Handout one*

The first handout (Appendix D) was called ‘associates’ and was developed to teach the participant about what an associate is and how an associate could influence decisions and behaviours. Refer to the appendix for further information on this handout.

*Worksheet one*

Worksheet one (Appendix E) was constructed to allow the participant to troubleshoot through different types of associates they may come in contact with and discover if the description would be someone that the individual would want to associate with.

*Handout two*

Handout two (Appendix F) explained how different emotions may have influenced behaviour. Reaction types were discussed to gather information on how a person perceived themselves, (i.e. angry, sad, and guilty). Discussing which emotions cause harmful reactions may have allowed the participant to discover which emotions were triggers. Identifying areas that trigger certain emotions was the goal of this worksheet.

*Worksheet two*

Worksheet two (Appendix G) was compiled to allow the participant to identify triggers to certain strong emotions. It was found in literature that strong emotions could cause negative behavioural reactions (Brase, 2017), therefore identifying triggers to emotions could help elicit insight into the feeling. If the client was advanced enough in his or her problem solving, he or she was asked to
discuss the reaction in the situation and how the emotion could have impacted the reaction.

**Handout three**

The third handout (Appendix H) is the handout where the participants were able to define what each emotion meant to them. The process of defining the emotion could benefit the participants by allowing them to understand how to describe what they are feeling. Strong emotions are often avoided due to individuals not understanding what they are feeling. Allowing the participants to critically think about what types of reactions can come after the feeling of these emotions could allow them to identify when they are engaging in maladaptive behaviours due to strong emotions, (i.e. guilt, regret, jealousy could be expressed as anger).

**Worksheet three**

Worksheet three (Appendix I) was created for the purpose of allowing the participant to make a connection between scenarios and how those situations may make an individual feel. This could be for the purpose of normalizing the feelings to the participants or allowing them to identify how the other person in a situation may feel to elicit empathy toward the other.

**Worksheet four**

Worksheet four (Appendix J) was a continuation of worksheet three and included the same scenarios listed at worksheet three. The scenarios in worksheet three were listed for the client to discuss emotions that an individual could have felt in that situation. This worksheet included how the individual could have reacted based on the scenario and the emotion.

**Worksheet five**

To conclude the trigger, emotion, and response learning, worksheet five (Appendix K) gave the opportunity to put together how the participant was triggered in certain situations. The participant was then tasked to think about an alternative response to discover if it could have deescalated the situation rather than ending with the negative consequence.

**Handout four**

Handout four (Appendix L) is called troubleshooting. This section was included to assist the participants to further understand how people respond and how being assertive could end up with less consequences than being passive and aggressive.

**Mindfulness package**

A mindfulness package (Appendix M) including two different exercises was given to the client to review as this researcher marked the quizzes. The exercises included were progressive muscle relaxation and 4-7-8 breathing. These exercises were given to allow the client to have a coping mechanism during times
of strong emotion. Using deep breathing and progressive muscles relaxation have been shown to produce relaxation and positive emotions (Liang et al., 2017).

*Satisfaction Survey*

A satisfaction survey (Appendix N) was used for the on-site supervisor to rate the useful nature of the sessions based on the targeted population. This survey was filled out at the completion of the second session to allow this student to discover limitations of the project and make changes for more productive use in practice.

*Materials*

Materials for this study included two copies of the consent form, two copies of the quiz, pens/pencils, two agendas, two copies of the best answers, a copy of each worksheet/handout, a copy of the supervisor rating scale, and a full package of all of the information included. A client and a facilitator were both needed to complete the session.
Chapter IV: Results

Summary of Module

This module was developed by incorporating CBT techniques such as education, role-playing, and feedback. Specifically, the module included four handouts and five worksheets to be completed in one session. Initially, one session was planned due to the transitional nature of the program, which can often lead to minimal time with clients to complete sessions. The module began by educating the participants about associates and how negative and positive implications can follow interactions with associates. As the participants worked through the module, they were asked to complete some role playing and problem solving in relation to certain hypothetical scenarios or descriptions of other individuals. The participants were then asked to use the newly learned skills and apply them to situations that occurred in their personal history. Participants were encouraged to use these techniques in the future when dealing with challenging situations.

Changes Made to Module

While delivering the module, the student realized the content was too extensive to cover in a one hour session. The student broke the module into two sessions, the initial session included consent, initial administration of the quiz, handouts one, two, three, worksheet one, and two. The second session included handout four and worksheets three, four, five, the final administration of the quiz, feedback, and a debrief. Completion times varied for each participant depending on the level of cognition of the participant and/or if strong emotions/past traumas came up during the session.

Evaluation of Data

Overall, the results indicated an average 35% increase in scores on the post session quiz which is 25% higher than the anticipated results of a 10% increase from the first attempt to the second. All four participants met the expected increase of 10%, with the lowest score being a 10% increase. Participant number one began with one out of 10 correct answers on the pre-test. This participant had a 50% increase to six out of 10 answers correct. The second participant scored four out of 10 on the pre-test and increased 10% for a five out of 10. Participant number three scored two out of 10 on the pre-test and increased 30% with a score of five out of 10 on the post-test. The fourth participant began with a three out of 10 on the pre-test and increased 50% for an 8 out of 10 on the post-test.

While examining the raw data that is found in table one, trends were identified with respect to treatment need based on initial scores on the quiz, along with increases in scores following application of the module. The first participant had the lowest score on the initial attempt at the multiple choice quiz, which means they had the highest clinical need for the module. This participant scored one out of 10, but was considered one of the two highest increases with a 50% difference in attempts. The other individual who showed a 50% increase had a significant need for the module, scoring three out of 10 on the first test. The participant who had the second highest clinical need had a 30% increase, which meant that the participant with the lowest clinical need had the lowest increase in score comparison.

Participants one, three, and four all had a score lower than four out of 10 which suggests that the data for these participants is clinically meaningful due to the need for treatment in the domain of associates. Participant number two also had clinically meaningful results with a starting score of four out of 10. Based on the data, it appears these participants could benefit
from the treatment module, and based on their post quiz scores, they potentially learned from the activities.

The trend line for Figure 1 indicated that there was a slight decline trend. This was shown due to the statements being both positive and negative, resulting in what was perceived to be a more reliable measure to evaluate the usefulness of the module.

Table 1. **Raw Data of Participant Quiz Results**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Pre Score</th>
<th>Post Score</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3/10</td>
<td>8/10</td>
<td>50.00%</td>
</tr>
<tr>
<td>2</td>
<td>4/10</td>
<td>5/10</td>
<td>10.00%</td>
</tr>
<tr>
<td>3</td>
<td>2/10</td>
<td>5/10</td>
<td>30.00%</td>
</tr>
<tr>
<td>4</td>
<td>1/10</td>
<td>6/10</td>
<td>50.00%</td>
</tr>
</tbody>
</table>

*Figure 1. Participant Result Percentages*
Satisfaction Survey Results

The satisfaction survey was completed by the on-site supervisor. Included in the data were 11 quantitative statements that were rated on a Likert-scale from 1 = *Strongly Disagree* to 5 = *Strongly Agree*. The results for each separate session and the average score for each statement are located in *Table 2* below.

For each participant the supervisor wrote a qualitative answer to a statement regarding limitations of the study. Some limitations found throughout the sessions were that depending on the stage of change of the client, the engagement and understanding of the information may be different. Understanding that each participant may have a barrier and discovering the barrier prior to the use of module techniques would be beneficial for effective use in practice. Some participants had a lower literacy level in terms of writing thoughts down, therefore sometimes the sheets had to be discussed and the student wrote the answers down. The on-site supervisor indicated that some of the wording was too politically correct for some individuals as the participants found it distracting and that moving forward using street slang could help ease the distractions. The last limitation that was addressed was that the quiz caused some anxiety in certain individuals, therefore explaining that it is “okay to not have correct answers” could help alleviate anxiety for some individuals.

At the bottom of the Likert-scale there was a place for comments, which indicated that the overall comment on each survey highlighted the validity of the topics covered due to the main themes in the session resonating with each client who participated. Some of the scenarios could have been triggers for clients, so allowing more time to reduce adverse behaviour after the client leaves would be helpful. Other comments included “great conversations with the client” and “client was very engaged throughout the whole session”. Figure 2 had a trend line that indicated a slight increase. The trend is not an indication of the results for each individual participant, therefore analyzing the trend for this figure would not be contributing to the analysis.

*Table 2. Raw Data of Supervisor Satisfaction Survey*

<table>
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<tr>
<th>Statement</th>
<th>Participant 1</th>
<th>Participant 2</th>
<th>Participant 3</th>
<th>Participant 4</th>
<th>Mean</th>
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<tr>
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<td>4</td>
<td>4</td>
<td>5</td>
<td>4</td>
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</tr>
</tbody>
</table>
Figure 2. Results from Supervisor Satisfaction Survey
Chapter V: Conclusion/Discussion

Module Overview

Improving associate interaction was identified as a need area for many individuals who were receiving support from the justice services team. Professionals indicated the agency lacked structured resources that could assist individuals in improving this domain. As the agency already used CBT techniques, it seemed suitable to continue using this technique as in research it has shown to be effective in creating behaviour change with offenders (Skeem, Steadman, & Manchak, 2015). The module, quiz, and supervisor survey was created uniquely by this student to be used specifically within the agency and targeted toward the justice services population. This student administered all of the measures and the module with all four participants.

The module commenced with a description of the target of change (that being associate interactions). Participants were asked to use critical thinking to identify how they would react in specific situations that may end in negative consequences. The first session ended with a focus on the connection between emotions, behaviours, and consequences. Specifically, the clients were informed that their behaviours could be healthy or problematic depending on how they respond to their emotions in a given scenario. Role playing was introduced in the first session and incorporated throughout the second session.

The second session focused more specifically on the individual participant and situations specific to him or her. This allowed the participant to show insight into their personal relationships and practice different ways to produce a more prosocial lifestyle. The session ended with an analysis of the difference in the individual’s thinking patterns when experiencing difficult interactions with others. The participants were able to insightfully discuss how they were feeling about their results, which were higher than anticipated.

Strengths

Strengths of this module were that each client found aspects of the module that were relatable to their situations as each client questioned whether the module was made specifically for them. The participants were able to connect with the scenarios that they were asked to role play and found it helpful to practice how to make a potentially negative outcome a more positive one. Participants were all able to increase their scores on the quiz following completion of the module. The lowest increase was still in line with the anticipated increase of 10%, which showed the module was producing higher outcomes than were hypothesized.

The participants all had an initial score of four or lower which showed that the multiple choice quiz was not too easy for the population. Low scores on the initial quiz also indicated a need for the module, which signifies the sample population represented the target population. The sample included four individuals that had four different mental health diagnoses. This indicated that the module was translatable to the different diagnoses that could be present in practice.

The agency will continue to use the module in practice as this module was developed to target a gap in the agency resources, and overall it was found to be beneficial for the specific population. The impact on the agency was shown by analyzing the results of Figure 2. Supervisor Satisfaction Survey as the results indicate that all scores were rating the module as effective for the use within the justice services team.

Limitations

The measures and manual were both created by this student, therefore are only as reliable as the research that was analyzed in the literature review and obtained from agency staff. There
were no analyses that could be conducted to determine if in fact the quiz was a reasonable tool to use in this project. The manual was worded to use more client friendly language as minimally as possible, but it was difficult at times for participants to understand as the education level of some individuals was lower. The supervisor indicated that sometimes the manual relied on writing and some individuals had difficulty translating thoughts to paper, which could provide a barrier in practice. The student combated this limitation by writing for the individual, but accommodating for this in advance would have been more beneficial to reduce anxiety and client frustration. The satisfaction survey identified that there was an incident where the test elicited anxiety for the client, so to assess whether the quiz is necessary or discovering ways to manage client anxiety could produce better results. There was a time where choosing one answer became difficult because of the specific symptoms of the mental health diagnoses.

Specific mental health diagnoses impacted the answers for some individuals which created a change in the way the module was approached. The difference in answers and module understanding based on mental health diagnoses was not considered prior to the sessions. This could be more heavily evaluated in the future. A client experiencing paranoia had lower rate of understanding of the concept of emotion and behaviour due to the nature of the disorder.

Initially the plan was to implement one session, but due to the amount of material two sessions were conducted. As well, some clients needed more time to process the material, which also extended the length of the session.

When working through strong emotions, the supervisor only intervened if necessary. This allowed for the student to practice the use of the module and the supervisor to identify any areas for change. Although the student elicited positive results, due to lack of experience, a more experienced clinician may have been able to elicit even more improvement.

**Recommendations for Future Research**

When using this module in the future, it is suggested it be divided into more than two sessions, as a limitation of the module was that the sessions were over an hour in length. The clients would have more time to process the information and practice in between sessions. Finding a more reliable measure to allow for a more in depth analysis of the behaviour change would also be worthwhile. This could create opportunities for other teams within the agency to utilize the module within their programs.

As some of the limitations were that some of the clients in the population have a difficult time with writing, more verbal worksheets could be added or created to account for this barrier. Some language could be changed as the satisfaction survey outlined that some participants felt uncomfortable with the structured language. More relatable language that was targeted to be understood by the client could be helpful when trying to build rapport or obtain buy in from clients.

**Implications for the Behavioural Psychology Field**

This research was created by critically analyzing recent empirical research to validate that the module was using best practice. The professionals in the agency provided insight into the techniques used in the program, therefore this student created new tools using behavioural techniques being currently in the field. Within the agency there was a gap which was a module targeting the domain of associate interactions, therefore this module will be used in practice and has potential to change behaviour of the clients who are in contact with the justice services team. This module also allowed this student to have further insight about the use of CBT
with offender population. The high increase of scores and the higher than expected increase in the scores indicated that CBT techniques were effective for a sample of the provincial offender population.

**Multilevel Challenges to Service Implementation**

**Client**

There are many barriers when it comes to receiving services for mental health symptoms, but combining offending behaviour with mental health can add further barriers in terms of treatment. The Justice Services Program is completely voluntary, but if the client wants the charges to be stayed they must abide by the contract and make steps toward addressing some risk factors. The program is mandated in order for charges to be stayed, which makes success more challenging for a person who has difficulty with routine, stable housing, and trusting others. One specific barrier is the challenge of time management, given all of the difficulties that clients with mental health issues and addictions experience. Time management difficulties could come from lack of housing, heavy use of substances, states of severe mental illness, and fear of judgment. All of these issues are prominent in the population that the Justice Services team has on their caseload. Due to the client needing to put forth effort to complete the program, it could be difficult for clients to obtain the stay of charges due to low rates of motivation and for most high substance use. Each client in the program had different capabilities with writing, reading, and critical thinking. This could cause a barrier for the module as there is always going to have to be small changes made to fit the client. (i.e. discussing the writing worksheets out loud and scribing for the client). There are also a large variety of mental health diagnoses and traits clients in the program have; therefore the skill of the facilitator is going to be a large contributor to the modules success. If the facilitator is not able to use the module as a guide and adapt to the clients strengths and weaknesses, the intervention may not be as successful.

**Program**

The Justice Services Program works with the justice system to assist individuals with mental health needs through the court process. There are many barriers to treatment, but having the criminal justice system delegating with the mental health workers can cause strain on the program. The difference in opinion regarding whether a client should be given an opportunity to complete a diversion or not could affect the client and the opportunities available to them in the future. Since it is a voluntary program that is mandated to complete if the client wants to refrain from jail, the court and mental health supports can often have opposing views on treatment. The program would not run without the criminal justice system mandating certain aspects, therefore this can be difficult when creating effective treatment plans.

**Organization**

The organization is funded by donations and relies on money coming into the agency from outside sources. Since limited funds are given to the agency each year, the money is delegated to teams based on the board’s decision which can benefit some teams, while others are overlooked. For these reasons, it can be difficult to pay the amount of staff that is needed to manage the large caseloads. The Justice Services Program
specifically holds a large amount of clients between few staff, which can make it difficult to meet the immediate needs of clients. There are times when clients need to be prioritized based on the urgency of the crisis and other teams are sometimes asked to handle what cannot be managed. It can be difficult for clients to bounce around from worker to worker when dealing with court matters. Overall, limited staff can be a barrier to implementing intense services for individuals in the program.

**Society**

Stigma can be difficult to combat when living daily life with mental illness or addiction difficulties but adding the term “offender” to the list of stigmatized attributes makes reintegration into society more challenging. Obtaining employment with a criminal record can be very difficult, especially when a higher income is needed to support a household. When a criminal record is attached to someone, society tends to make that label stick and tries to hinder them from a reintegration into society. Without jobs there are limited stable housing options in areas where there will not be triggers for use or offending behaviour. Many people stigmatize these types of individuals and place them in a category of a sub-culture which could dramatically decrease their chances to becoming a pro-social citizen. Depending on the type of offense, society will often ensure that the community knows when an offender is living there which also makes it difficult to produce positive treatment results. All of these stigmatizations and labels often cause people to end up in situations that elicited their offending behaviour. Recidivism is higher when people do not have jobs or homes to return to because of the desperation to obtain the things that they need. Overall, societal judgment is very detrimental to the treatment of this population.
References


Appendix A
Consent Form

Project title: Associates and Crime: A Cognitive Behaviour Therapy Module for Improving Interactions among Individuals in Contact with the Criminal Justice System

Invitation
You are being asked to participate in a research study for my thesis project. I am currently in my fourth year of the Honours Bachelor of Behavioural Psychology program at St. Lawrence College. My placement is currently being done at Addiction and Mental Health Services Kingston Frontenac Lennox and Addington in the court support program. I would like to ask you to be a participant in this thesis project. Please read below for further information on the expectations of the study. Ask any questions that you may have while you carefully read the rest of the consent form.

Why is the research being completed?
The research is being conducted because there has been identified a need for skills training on healthy interactions among associates in the court diversion program. The project aim is to increase your ability to interact in a positive way with associates in your life. As a student, I have dedicated my time to create an educational module using Cognitive Behavioural techniques. These techniques include education, identification of areas that need improvements with respect to interactions with associates, and practice of skills. I have created a multiple-choice questionnaire to learn if this module has been effective at teaching you new ways to manage high risk situations involving your associates.

What will you need to complete if you take part?
There will be two worksheets to work through in this study. The expectation is that you show up for the session on time and try your best to complete each sheet. There will be one session that will be an hour in length. This will allow you to work on coping strategies to use when you are facing a negative interaction with an associate. There will be a total of two short multiple-choice questionnaires to complete, one at the beginning and other at the end of the session that should take about 5 minutes complete. You are more than welcome to ask the facilitator to read the questions and answers to help you.

What are the benefits of being included in this study?
You may benefit indirectly from participating in this study by knowing that you have helped me in my pursuit of my Honours Bachelor degree. You may also benefit directly from learning new ways to improve healthy interactions with associates.

What are the potential risks of taking part?
During the sessions there is a risk of strong emotions occurring. For this reason, you are able to contact myself or either of my supervisors at any point before or during the process. As there is always a risk of confidentiality breaches, names will not be included on the worksheets or homework. All information collected from participants will only be identified by a specific number. This number will be used on all worksheets in place of names.

What will be done if something goes wrong?
If there are any problems that arise there will be a supervisor on sight that can be debriefed with during any point in the session. The supervisor’s duty will be to ensure that you are not under the influence or in a state that would compromise you to sign consent. If there are strong emotions that arise and the client begins feeling distress, there are crisis workers on site to contact.
Information privacy
Client confidentiality will be maintained by locking all data in a filing cabinet that is stored in a locked office at the agency. No names will be kept on the sheets, just the corresponding number to the clients. Data and consent forms will be kept at the agency on your electronic file and there will be no paper record kept at the agency. All hard copies of data will be destroyed after the completion of this project. All electronic data will be kept for 7 years and then destroyed. All information discussed during the session will be kept private and confidential. Although there are measures to maintain confidentiality, there are still risks that some information may not be held confidential if participants choose to share information outside of the sessions. If at any time confidentiality is breached, participants will be informed and you will be debriefed on how this may impact you. The results from this study will be presented at the St. Lawrence College Behavioural Psychology Poster Gala, and may be reported at other conferences or published in a scientific journal. No identifying information will be included in these reports.

Are you required to take part?
Participation is completely voluntary and you can withdraw at any point without reason by contacting myself or my supervisors. There is also an option to participate, but not have your data included in the project. If you choose to participate but later choose to withdraw from the study, you can have your information removed from the study up to two weeks after the completion of the study.

Contacts for more information
If you have any further questions or concerns about this study, please contact me at aheisel05@student.sl.on.ca or Geris Serran at gserran@sl.on.ca or 613-583-5988. You can also contact Kristin Macleod at kmacleod@amhs-kfla.ca or 613-544-1356 x2246. If there are any concerns regarding your rights as a participant, you can contact the St. Lawrence College Research Ethics Board at reb@sl.on.ca.

Consent
If you give your informed consent to participate in this project, then you are agreeing to the statements below. Once you feel you have had all of your questions answered to your satisfaction, please sign at the bottom. When the consent form is complete, please bring it back to me or Kristin Macleod in order to begin participation. The signed consent form will be photocopied by myself and the photocopied version will be given to you for your records. A letter stating that the agency has kept the consent form on the database file will be held at St. Lawrence College for 10 years. There will be a version kept electronically at the agency and will not be kept in paper form.

By signing this form, I agree that:
- The study has been explained to me.
- All my questions were answered.
- Possible harm and discomforts and possible benefits (if any) of this study have been explained to me.
- I understand that I have the right not to participate and the right to stop at any time.
- I am free now, and in the future, to ask any questions I have about the study.
- I have been told how my personal information will be kept confidential.
- I understand that no information that would identify me will be released, unless required by law, or printed without asking me first.
- I understand that I will receive a signed copy of this consent form.
- I understand that the data from this study will be presented at the St. Lawrence College Behavioural Psychology Poster Gala, and may be reported at other conferences or published in a scientific journal. No identifying information will be included in these reports.

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Appendix B
Verification Letter

This letter is to confirm that written consent was obtained by Amara Heisel, Behavioural Psychology student at St. Lawrence College, to implement a program/project. The program was approved by Geris Serran and Kristin Macleod. The written consent explained the details of the program/intervention, including the risks and benefits of participating. The consent form(s) was/were signed by the clients on November 28, November 29, November 30, and December 1, 2017.

The four consent form(s) will be kept in a locked storage cabinet at the agency, for a minimum of 10 years according to the professional standard.

____________________  _____________________  ________________
Student Name  Student Signature  Date
(Printed)

____________________  _____________________  ________________
Agency Supervisor Name  Agency Supervisor Signature  Date
(Printed)
Appendix C
Multiple Choice Quiz

1. You are walking down the street and you happen to see Joe. You hear Joe yelling at you from across the street. In this moment you realize that you owe Joe money. As Joe gets closer you see he is red in the face, clenched fists, and his voice is raised. Noticing these signs you identify Joe is angry. How may you respond to Joe when he states “Give me my money now or I’ll beat you up”?
   a. Not if I beat you up first.
   b. I understand you are still upset I will have the money for you next time. If Joe continues to get aggressive yell for help or call 911. This altercation could get me into trouble with the law.
   c. Running away.
   d. Yelling for your friends and beating Joe up.

2. Recently, you have been in contact with the law. Since this time you have been making gains in the community by keeping the peace and not committing crimes. After some time you have not seen some old friends that used to engage in the criminal behaviour with you. This afternoon you are sitting on the bus heading to an appointment and an old friend sits beside you. This friend invites you to hang out at your old hang out spot with all of your old friends. You remember from your session that associates can be triggers to engage in old patterns of behaviour. At this time you respond with.
   a. Yes, I miss all of you. We just cannot get into any trouble; I have been making progress to keep myself out of jail.
   b. I apologize but I am on my way to an appointment. It was nice to see you tell the others I say hello.
   c. No screw you; you were part of my problem. I know you are still doing the same things you did before.
   d. Yes sure, I was feeling like getting up to no good today.

3. Your best friend tells you she has been using crystal meth lately. One night you are at her house and she bring out drugs. Your response would be.
   a. Stating “I just realized I have to be somewhere right now” and leaving the home.
   b. Ask if you could have some.
   c. Stay because you are worried about them.
   d. Explain to the friend that you are concerned for them and ask if they could put the drugs away for a moment. After this you ask her why she is using.

4. Your friend owes you $50 and you have not seen this friend since they borrowed it. You have made effort to connect with this friend, with all attempts being ignored. Today you see this friend walking down the road. You feel the best way to respond is.
   a. Go and threaten them to give the money back.
   b. Physically hurt them until they give you the money back.
   c. Raise your voice and yell “you ripped me off”.

d. Say hello and try to reconnect with your friend in order to discuss what may be going on in their life.

5. You run into the police officer who arrested you during your most recent charge. This police officer was very aggressive and was saying false facts about you in the report. The cop looks at you with what you think is a disgusted face. You respond by.
   a. Walking directly into the police officer and pretending as though you did not see him.
   b. Threatening the police officer “you will get him back”.
   c. Walking the opposite direction and saying nothing.
   d. Yelling “you pig”!

6. The stress of work has become overwhelming. While in the lunch room you notice one of your work associates eating your lunch. Lunch time is normally your favourite time of the day. The appropriate way to respond to this situation could be.
   a. Yelling at them.
   b. Taking it out of their hands.
   c. Telling them that it was rude to eat your lunch and to not do it again or else.
   d. Asking them if they knew it was your lunch. If your co-worker responds that they knew it was your food inquire as to why they took the food.

7. You walk into a store and you see the person who just beat up your best friend. This person used to be a friend of yours. The approach you and say hello. You choose too.
   a. Walk away and ignore them.
   b. Say hello and that you are in a rush. Continue on with your shopping.
   c. Ask them why they beat up your friend.
   d. Believe you must get revenge for your friend and start a violent altercation.

8. You frantically wake up realizing you turned your alarm off and you would be late for work. As you get up you remember where you left your favourite outfit. You notice the outfit is not there. You head to the kitchen to see you roommate wearing them. Your roommate is also using the last clean dish. It’s your roommates turn to wash to dishes and you need a bowl for cereal.
   a. You respond with “I need you to not wear my clothes please. I know you like my outfits but it stresses me out when you don’t ask. You decide to skip breakfast.”
   b. You respond with “I need you to do the dishes. It is overwhelming when I don’t have a dish to use in the morning on your turn. You decide to leave the clothes situation to another time”.
   c. You yell at your roommate for always making you late and taking your things. You call them names such as “slob”.
   d. You do the dishes and find a new outfit without causing an argument.

9. You’re at a store with your acquaintance. The person tells you to steal something. When you decline their request, they call you a “chicken”. You respond by.
   a. Agreeing you are a chicken and moving along without stealing.
   b. Stating you are not, you are smart.
c. Stealing to prove them wrong.

d. Yelling at them loudly so the cashier hears you that you will not steal with them.

10. You approached by a friend who wants money. In the past this person has not returned borrowed stuff. Due to the history you tell your friend you cannot loan the money. Your friend begins getting angry and aggressive, calling you names. You could respond to the situation by.

a. Yelling getting aggressive with your friend back to control the situation.

b. Explain to your friend that you do not have enough money to give them.

c. Ask if you can assist them into looking at other financial options.

d. Walk away from the situation until your friend is calm and ready to discuss it with you.
Best Answers:
1. B. This answer is considered the best first choice to the situation because you could get in trouble if the situation escalated to physical assault. Other situations may result in more serious outcomes.
2. B. Associates can be triggers for old pattern behaviours. It is best at this point in your life to focus on removing yourself from situations that may result in reproduction of old behaviours.
3. D. Showing concern for your friend is a better approach to show concern for your friend. If you show concern it can potentially lead to them opening up about life stress. Leaving could result in overdose or harm to the other person. Removing yourself from the situation would be necessary to avoid triggers or breach of probation if the friend decided to keep the drugs out.
4. D. Asking for a why before assuming the worst can be a better approach to achieving what you want out of a situation. This can help the person understand you are not angry and stop avoiding you leading to a resolution in the future. Causing tension can create conflict which can escalate to more serious issues.
5. C. Police officers are authority figures. Walking away is best because your perception may be different then the intention. Addressing this may only make them think you dislike them.
6. D. Taking the time to understand why the person did it may result in a better understanding of the situation. This can help you express your feelings toward the situation in a more appropriate and calm manner.
7. B. Saying hello shows you are not upset. Removing yourself from the situation will allow you to avoid a confrontation.
8. B. Allowing others to understand your needs and providing a rationale can produce positive change in your life. Doing things for others continuously will only reinforce that behaviour.
9. A. Agreeing and moving along will remove you from the situation without disagreeing with everything the acquaintance said.
10. C. Asking to help find other financial options can help reduce the conflict now and in the future if the other agrees.
Appendix E  
Handout One: Associates

**What is an associate?**

An associate is a term to use when describing someone in your life that you interact with and would say hi too or use for a service, but would not call a close friend. The term could include people that you would interact with for purposes of buying/using drugs. It could also include people you pass on the street or have friends in common with. The term can range from many different people that you interact with, if you have any specific situations you want to know about ask your facilitator.

**Positive Associates**

Positive associates are people who do not influence your life in a negative way i.e. influence you to do drugs, get you to make money illegally, commit crimes, or do things that threaten your reputation. A positive associate would try to influence your life in a positive way. It could mean doing something as easy as saying hello and being pleasant for each interaction or as complex as influencing you to stay sober or out of jail. *Can you think of any associates that have made a positive impact in your life?*

**Negative Associates**

Negative associates are people that can hinder you from making progress in your life. During interactions there may be altercations that cause bad things to happen. Just being around someone who has poor impulse and anger control could cause you to be in a situation that ends up being harmful to you in some way or another. *Can you think of any one you have interacted with that may have been a trigger for past behaviours or influenced your life negatively?*

**Ways of Expressing Yourself**

Expressing yourself when someone else is upset or angry can be difficult. Blaming the other and giving them a reason to become defensive could escalate the situation. Starting off conversation with “I feel… because…” could take the blame off the other and make the situation less threatening. However, this is not always possible if someone comes up to you looking for a physical altercation. *How may you appropriately respond to someone who is looking for a physical fight?*

Many people would say “defend myself” or “fight back”, but in this situation retaliating may end you up back in front of the criminal justice system. This is exactly what we are aiming to avoid by teaching you new ways to interact in high tension situations. Other options to avoid a physical fight could include behaviours such as to yell for help, walk away, or try and reason a mutual agreement of some kind. These options unfortunately are not always therefore, calling authorities if you feel threatened is encouraged. Some people think of using these techniques as a weakness, but these behaviours could avoid getting a new charge or doing something you are not proud of. Acting calm in a high risk situation is not always easy and causes internal strength and practice.

**Saying “No”**

If you are faced with a situation that does not feel right or makes you
uncomfortable, remember it is okay to say no. Learning to say no is a skill, it takes practice and courage. Not all people are able to say no, and numerous people have difficulty with saying no effectively. Take some time and practice saying no to the following requests.
1. I have a bunch of free dope/booze at my place, you should come back and join the fun.
2. I need to go shoplift something to pay for ____. Can you cover me?
3. Can you come with me to my doctor’s appointment?
4. Can you lend me $30 until my next cheque comes in?

The influence of associates on your life
As the above explained associates can have both a negative and positive effect on your life. There are times when associates open opportunities for you and other times when they close opportunities for you. Settling drug debt or emotional tension can be difficult when someone is in a happy state of mind, not to mention especially when they are upset or angry. There are only so many different reactions in situations that can happen, sometimes there are only two options, to stay and fight or run. When your mind is full of emotions and confusion it can make your reaction even harder to control, leaving the possibility of negative consequences. Throughout the rest of this module you will learn about triggers, emotions, and behaviours and how they can cause negative consequences when interacting with others. It is important to be honest with yourself and put effort into the work that is asked to gain the most from these exercises.
Appendix F
Worksheet One: Choosing Associates
Based on the types of situations listed below, would you choose to associate with people listed below? Write yes or no to each character description. If you want to approach them about it before you decide write what you would want to say. Have a discussion about what you chose and why for each description.

1. Your friend invites you over to use drugs after you have decided you want to quit using and previously discussed this with them.

2. For some reason when you have a certain friend over you seem to be missing items from your house.

3. You see this person randomly in town and every time you do they say hello and strike up a conversation. This person wants to see how things are going for you.

4. A person steals things for money. You live with this person and they are your best friend. The stolen items are in your place.

5. A person approaches you and introduces them to yourself. You know this person from others breaks the law by selling drugs to others and stealing.
Appendix G
Handout Two: Reaction Types

Reacting out of Anger
The emotion of anger can be triggered by a range of different things. For example anger can develop from being asked to do dishes to getting yelled at for something that you believe is not your fault. Automatic reactions from someone can be delivered aggressive, hurtful, or assertive if they are angry. Other emotions can cause an anger reaction i.e. guilt and fear.

How may you react to conflict when you feel angry?

Reacting out of Guilt
When someone feels guilty the delivery of the emotion being felt can range from sadness to anger. The reaction can be delivered how the person wants if the response is carefully examined prior to responding to the situation. A person may try to blame another or feel defensive. Automatic reactions from someone could come across as aggressive, accusatory, or apologetic.

How may you react to conflict when you feel guilty?

Reacting out of Sadness
When someone feels sad the person may feel a wide range of emotions along with being sad. A person may deliver something in an angry way when they feel sad due to feeling hurt or betrayed. With sadness a person may also shut down and be unable to respond. It is important to understand when you are feeling sad and discover why you are sad because ‘why’ in this situation will determine your automatic behavioural response in a situation.

How may you react to something when you feel sad?

Reacting with Passion
When a person is passionate it means that the person believes in what they are fighting for or what they are doing. A person is more likely to become defensive and territorial when they are passionate about something. Effectively delivering the message is important when reacting with passion because you can educate others during this time.

How may you react to conflict when you feel passionate?

Reacting with Fear
When a person is fearful in a situation there are three common ways they may react. Fight, flight, or freeze. This is why certain situations end up in physical conflict even though the person was not angry and did not want to fight.

How may you react to conflict when you feel fearful?

Reacting out of Happiness
When you are happy it is easy to react in a positive way in a not so positive interaction. Generally, when you are happy it is hard to come across as aggressive or threatening. If someone is angry that you are ‘too happy’, they probably are not a positive
associate in your life. People who positively influence your life want to see you happy and hopefully you want to see the people you care about happy as well.

*How may you react to conflict when you feel happy?*

**Summary**

It is important to remember there are other emotions attached to the overall emotion. The other emotions you feel in these situations can determine how you interact with and react to others. Recognizing the other emotions and why you are feeling them can help you interact in a more positive way and allow you to develop more prosocial (positive) ways of resolving conflict. Now that you have examined some emotions and how they may influence you, you will learn triggers to certain emotions you have felt in the past. Remember to recognize which emotion reacts the most with
Appendix H
Work Sheet Two: Discovering Triggers to Emotions

**Definition:** Triggers are identified as situations or events that cause a person to feel a certain emotion. Each emotion is a reaction to how you interpret an event. If an event causes a reaction this means the event triggered you to feel an emotion.

**Justification for the Exercise:** This exercise allows you to think about situations in your life that may have triggered you to feel a certain way. When you are thinking about the situation ensure to write down what happened right before you felt it and how you reacted in the situation. Be honest with yourself.

1. **Think about a time you were angry and try to visualize yourself in the moment.**
   Think about the feelings in your body (i.e. dizzy, sweaty, tingling skin) and write them down. Try to think about the situation that made you feel angry and write this down. Write down the first thought that comes into your head. If possible, write down how you reacted in the moment.

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2. **Think about a time you felt guilty and try to visualize yourself in the moment.**
   Think about the feelings in your body (i.e. nausea, tears, sore stomach) and write them down. Try to think about the situation that made you feel guilty and write this down. Write down the first thought that comes into your head. If possible, write down how you reacted in the moment.

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3. Think about a time you were sad and try to visualize yourself in the moment. Think about the feelings in your body (i.e. tears, nausea, tired) and write them down. Try to think about the situation that made you feel sad and write this down. Write down the first thought that comes into your head. If possible, write down how you reacted in the moment.

4. Think about a time you were passionate about something and try to visualize yourself in the moment. Think about the feelings in your body (i.e. butterflies in your stomach, energized, sweaty) and write them down. Try to think about the situation that made you passionate and write this down. Write down the first thought that comes into your head. If possible, write down how you reacted in the moment.

5. Think about a time you were frustrated and try to visualize yourself in the moment. Think about the feelings in your body (i.e. hot, tingly, sweaty) and write them down. Try to think about the situation that made you feel frustrated and write this down. Write down the first thought that comes into your head. If possible, write down how you reacted in the moment.
6. Think about a time you were scared and try to visualize yourself in the moment. Think about the feelings in your body (i.e. loss of legs movement, speech, or shortened breath) and write them down. Try to think about the situation that made you feel scared and write this down. Write down the first thought that comes into your head. If possible, write down how you reacted in the moment.

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7. Think about a time you were happy and try to visualize yourself in the moment. Think about the feelings in your body (i.e. energized, tingly, racing heart) and write them down. Try to think about the situation that made you feel happy and write this down. Write down the first thought that comes into your head. If possible, write down how you reacted in the moment.

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Appendix I
Handout Three: Emotional Reaction
Write down your definition of what each emotion means to you. Then write what types of behavioural reactions may happen when you feel these emotions during interactions with others.

**Angry**
Definition:

Behavioural Reaction:

**Sad**
Definition:

Behavioural Reaction:

**Happy**
Definition:

Behavioural Reaction:

**Fear**
Definition:

Behavioural Reaction:

**Hurt**
Definition:

Behavioural Reaction:

**Jealous**
Definition:

Behavioural Reaction:

**Frustrated**
Definition:

Behavioural Reaction:
Appendix J
Worksheet Three: Identifying Emotions

Read through the following scenarios. Write down beside the scenario what emotion you feel as you read it. If you do not feel an emotion, imagine what you think the person should be feeling and write that down. Remember it is okay to feel more than one emotion.

Scenario #1: A person approaches you that you have bought drugs from previously and says you owe them money. You know for a fact that you paid this person all of the money you owed them?

Emotion(s): ____________________________________________________________

Scenario #2: A person asks you to do drugs/or drink alcohol. You are trying to stay clean and have been for a few weeks.

Emotion(s): __________________________________________________________

Scenario #3: You have been consistently cleaning up after everyone in your home. There have been numerous attempts to ask them to help you do chores and all of them are ignored.

Emotion(s): __________________________________________________________

Scenario #4: People in your life continue to steal even though you tell them you cannot be around that behaviour due to contact with the criminal justice system. You try to tell your friends this, but they continue to do it and ask you to guard watch.

Emotion(s): __________________________________________________________
Appendix K
Worksheet Four: Practice Responding to Situations

The same scenarios listed in the last worksheet will be listed below. Now examine the emotion that you wrote. Based on the situation and the emotion how would you respond? There will be an opportunity to think about if the situation was reverse. Think about how you may feel and respond differently if you were in the other person’s position.

**Scenario #1:** A person approaches you that you have bought drugs from previously and says you owe them money. You know for a fact that you paid this person all of the money you owed them?

**Response:** 

How would your emotion and response change if you did owe the person money? (Discuss)

**Scenario #2:** A person asks you to do drugs/or drink alcohol. You are trying to stay clean and have been for a few weeks.

**Response:** 

How would your response change if a person you used to use with denied to use with you? (Discuss)

**Scenario #3:** You have been consistently cleaning up after everyone in your home. There have been numerous attempts to ask them to help you do chores and all of them are ignored.

**Response:** 

How would your emotion and response change if you were being asked to do a chore you did not want to engage in?

**Scenario #4:** People in your life continue to steal even though you tell them you cannot be around that behaviour due to contact with the criminal justice system. You try to tell your friends this, but they continue to do it and ask you to guard watch.

**Response:** 

How would you respond if the person got aggressive with you?

Now that you have found your initial automatic response to the situation and how you would feel in the others position, identify an alternate way to approach the situation.
Appendix L
Worksheet Five: Processing Previous Interactions

Think about times where you had a reaction to a situation that may not have ended positively. Process what the trigger was, think about the emotion, and the behavioural response. Write all three down and then discover an alternative way you could have approached the situation.

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4. **Situation:**

**Trigger(s):**

**Emotion(s):**

**Response(s):**

**Alternative Response:**

5. **Situation:**

**Trigger(s):**

**Emotion(s):**

**Response(s):**

**Alternative Response:**
Appendix M
Handout Four: Troubleshooting

Next time you find yourself in a situation where you are not sure if the person was trying to take advantage of you or not, think about the following:

a) Did the person ask you for a favour?
b) If yes, did this favour include something for you?
c) Did this person ask you to do something legal?
d) Will what this person asked you to do hurt you emotionally or physically in any way?
e) Is this person asking nicely?
f) Does this person constantly talk about their own problems?
g) When you are struggling, does this person help you?
h) Where was the last time you saw this person and for what reason?

Thinking about these questions can assist you to see if a person is trying to take advantage of you or is taking more from you than they are giving. Being manipulated is common and therefore asking yourself these questions can cause awareness.

Discovering how others are asking for things and in which way you should say no can be difficult. Identifying which style is being reflected in the situation can be helpful.

**Passive**

Passive people tend to have a more difficult time achieving the things that they want. Approaching a situation in a passive manner can make it easier for assertive and aggressive people to push their point of view until eventually ending up with the better deal. Most times being passive ends in people having many “friends” or being “liked” by everyone. It can be beneficial to be this way in making friends or having people like you, but it does not always attract the right people. Sometimes people who are passive get taken advantage of or end up believing people when they should not.

**Aggressive**

Aggressive people often end up getting what they want, no matter what it takes. People who become aggressive can be mean and hurtful. Emotional and physical harm to both parties comes from being aggressive. If you are being aggressive it could add “fuel to the fire” or escalate the situation. Many people argue that when getting something they are often aggressive because it usually ends up with them getting what they want. The consequences of being aggressive though can end up being physical and/or verbal altercation, jail, or losing friendships. Be mindful if someone is being aggressive toward you or you are beginning to be aggressive, avoiding being aggressive could deescalate a potentially dangerous situation.
Assertive

People often confuse aggressive with assertiveness, which are two different things. Being assertive can assist you in getting what you want without a negative consequence. When you say no and you are asking for something, being assertive can often get you better results than being aggressive or passive. Some tricks to being assertive is act confident, negotiate, stand relaxed/tall, practice before, have data to back it up, and don’t be afraid to continue to ask for what you want.

Can you identify situations that are beneficial and situations that are not beneficial times to use these styles?
Appendix N
Mindfulness Package
Progressive Muscle Relaxation (For daily relaxation)

Progressive muscle relaxation is an exercise that relaxes your mind and body by progressively tensing and relaxation muscle groups throughout your entire body. You will tense each muscle group vigorously, but without straining, and then suddenly release the tension and feel the muscle relax. You will tense each muscle for about 5 seconds. If you have any pain or discomfort at any of the targeted muscle groups feel free to omit that step. Throughout this exercise you may visualize the muscles tensing and a wave of relaxation flowing over them as you release that tension. It is important that you keep breathing throughout the exercise. Now let’s begin. Begin by finding a comfortable position either sitting or lying down.

Allow your attention to focus only on your body. If you begin to notice your mind wandering, bring it back to the muscle you are working on.

Take a deep breath through your abdomen, hold for a few second, and exhale slowly. Again, as you breathe notice your stomach rise and your lungs filling with air.

As you exhale, imagine the tension in your body being released and flowing out of your body.

And again inhale…..and exhale. Feel your body already relaxing.

As you go through each step, remember to keep breathing.

Now let’s begin.

Tighten the muscles in your forehead by raising your eyebrows as high as you can. Hold for about five seconds. And abruptly release feeling that tension fall away.

Pause for about 10 seconds.

Now smile widely, feeling your mouth and cheeks tense. Hold for about 5 seconds, and release, appreciating the softness in your face.

Pause for about 10 seconds.

Next, tighten your eye muscles by squinting your eyelids tightly shut. Hold for about 5 seconds, and release.

Pause for about 10 seconds.

Gently pull your head back as if to look at the ceiling. Hold for about 5 seconds, and release, feeling the tension melting away.

Pause for about 10 seconds.

Now feel the weight of your relaxed head and neck sink.

Breath in…and out. In…and out.

Let go of all the stress. In…and out.

Now, tightly, but without straining, clench your fists and hold this position until I say stop. Hold for 5 seconds, and release.

Pause for about 10 seconds.

Now, flex your biceps. Feel that buildup of tension. You may even visualize that muscle tightening. Hold for about 5 seconds, and release, enjoying that feeling of limpness.

Breath in…and out.

Now tighten your triceps by extending your arms out and locking your elbows. Hold for about 5 seconds, and release.

Pause for about 10 seconds.

Now lift your shoulders up as if they could touch your ears. Hold for about 5 seconds, and quickly release, feeling their heaviness.

Pause for about 10 seconds.
Tense your upper back by pulling your shoulders back trying to make your shoulder blades touch. Hold for about 5 seconds, and release.

Pause for about 10 seconds.

Tighten your chest by taking a deep breath in, hold for about 5 seconds, and exhale, blowing out all the tension.

Now tighten the muscles in your stomach by sucking in. Hold for about 5 seconds, and release.

Feel the limpness in your upper body letting go of the tension and stress, hold for about 5 seconds, and relax.

Tighten your buttocks. Hold for about 5 seconds…, release, imagine your hips falling loose.

Pause for about 10 seconds.

Tighten your thighs by pressing your knees together, as if you were holding a penny between them. Hold for about 5 seconds…and release.

Pause for about 10 seconds.

Now flex your feet, pulling your toes towards you and feeling the tension in your calves. Hold for about 5 seconds, and relax, feel the weight of your legs sinking down.

Pause for about 10 seconds.

Curl your toes under tensing your feet. Hold for about 5 seconds, release.

Pause for about 10 seconds.

Now imagine a wave of relaxation slowly spreading through your body beginning at your head and going all the way down to your feet.

Feel the weight of your relaxed body.

Breathe in…and out…in…out….in…out.

**Deep Breathing Exercise (For in the moment relaxation)**

4-7-8 breathing

This exercise also uses belly breathing to help you relax. You can do this exercise either sitting or lying down.

1. To start, put one hand on your belly and the other on your chest as in the belly breathing exercise.
2. Take a deep, slow breath from your belly, and silently count to 4 as you breathe in.
3. Hold your breath, and silently count from 1 to 7.
4. Breathe out completely as you silently count from 1 to 8. Try to get all the air out of your lungs by the time you count to 8.
5. Repeat 3 to 7 times or until you feel calm.
6. Notice how you feel at the end of the exercise.
Appendix O
Performance Evaluation for Observer

Please identify your answer by circling a number rating for questions 1-11. The number scale is from 1 to 5, one being a low rating and five being the highest. If you wish to not answer a question, leave it blank. If you have any information other than the questions asked, please identify this in the comments section at the back of the form.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The module provided information that was relevant to the topic.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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<tr>
<td>2. I feel this session was a benefit to the client.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. The worksheets were appropriate for the client.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>4. I feel I could use this in practice with clients.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>5. The client seemed engaged throughout the session.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>6. The quiz targeted relevant situations for the client.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>7. I would rate the students skill level during the session as..</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8. The module is too easy for the population.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>9. The session fills a gap in the agency.</td>
<td>1 2 3 4 5</td>
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</tbody>
</table>
10. The module needs to address different target areas (If responded agree please identify why in the comments)  

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

11. Overall, the session could be used for clients of this team in the agency.

| 1 | 2 | 3 | 4 | 5 |

12. Some limitations to this session are: 

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*Thank you for your contribution!*