Treatment Manual Developed for Male Offender Substance Users with Trauma-Related Symptoms

By

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The procedures in this staff training manual/workshop are meant to be used by agency staff, as part of the broader services they provide, or under supervision of agency staff.
Dedication

To my incredible daughter Annabella, who is the very reason I am getting a degree; and my amazing and supportive family. Absolutely none of this would have been possible without any of you.

Thank you for never letting me give up.
Abstract

Individuals who suffer from substance – use issues and trauma – related symptoms can experience major negative impacts on various aspects of their lives. It is important for individuals who experience substance – use issues and trauma – related symptoms to learn effective and positive coping skills that will decrease the effects of negative coping strategies on different aspects of their lives. It was indicated that substance – use issues and trauma – related symptoms have been identified as an issue throughout the male offender population. It was also identified that the male offender population could benefit from learning positive coping strategies and techniques to deal with substance – use issues and trauma – related symptoms which can be adapted to fit their environment and promote successful community reintegration. This applied thesis was designed to provide adult male offenders serving time at a federal institution an individual treatment manual that focuses on positive coping strategies to use when experiencing substance – use issues and trauma – related symptoms. The techniques and psychoeducation provided were empirically – based and included mindfulness training, emotion regulation worksheets, progressive muscle relaxation, and automatic thought records. The results section of the thesis includes the final product of the manual that will be used at a federal institution. Any changes made to the manual were based on feedback from the staff working in the mental health department in a federal institution, however; the purpose of the thesis was not to measure the manuals’ efficacy. This created the major limitation to the applied thesis, although; the manual included simple exercises that can easily be adapted to the offender’s environment. Testing the manual using a control group and a treatment group was a major recommendation for further research in terms of increasing evidence of efficacy of the manual.
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Chapter 1: Introduction

A relatively high number of male offenders have, at one point in their lives or another, experienced childhood or other trauma, prior to entering a Correctional Setting. (Machisa, Christofides, & Jewkes, 2016). Male offenders who have had to deal with personal trauma most often cope with their experiences in a negative way, such as resorting to substance abuse (Ertl, Saile, Neuner, & Catani, 2016). It is said that one attempt to cope with previous traumatic experiences such as child abuse (in any form), sexual abuse, physical and mental abuse, “the use of drugs to alleviate or suppress the suffering” (Ertl et al., pp. 2). Substance use that is used as a way to alleviate any mental or physical pain can result in negative consequences for the male offender (Machisa et al., 2016). Consequences of substance abuse may include: receiving a longer sentence for bringing in illegal substances or creating illegal substances inside the institution, mental, emotional and physical consequences (such as unintentional injuries, a weakened immune system, liver damage or failure, impaired judgement and loss of self-control; among other things), and consequences that may extend beyond the offender; such as familial and/or financial distress (Gurley & Satcher, 2003). In order to prevent further negative consequences stemming from substance abuse related to trauma, it is essential that treatment interventions for this problem behaviour include positive coping techniques and strategies.

Denney and Connor (2016), state that male juvenile offenders emerging into adulthood are at a high risk for recidivism if they are frequent substance users, such as the use of alcohol. Denney and Connor (2016) also conducted a study supporting evidence that after a seven – year follow-up with 524 juvenile offenders approaching adulthood, substance use was a major indicator of an offender being rearrested. This relates to the current major thesis project, because it provides further evidence that recidivism among offenders in linked to substance use. It is said that childhood maltreatment and related trauma experiences are also strongly associated with repeated crime (Young, Jiung, and Bongseog, 2016). The Young et al., (2016), state that traumatic childhood experiences were greatly related to a weakened resilience, mental illness, substance abuse, and higher recidivism rates for male offenders. Experiences that have the potential to cause trauma – related symptoms in the male offender population, are often found to be a precursor to substance abuse and can very well lead to a host of consequences that can negatively impact a person’s life (Mills, 2015). The purpose of this major thesis project is to create a manual that will allow offenders to individually learn positive coping strategies and techniques that pertain to substance use and trauma – related symptoms. This, in turn, will hopefully have a positive impact on reintegration, reduce recidivism, and increase the offenders physical and mental well – being.

The techniques identified in the manual include: cognitive behavioural therapy techniques (CBT) such as progressive muscle relaxation techniques (PMR), and Automatic Thought Records, as well as dialectical behaviour therapy techniques (DBT), such as Mindfulness training and Emotion Regulation information and worksheets. Each of these techniques have shown to be relatively quick and easy to learn, and do not have any financial requirements associated. PMR is a relaxation technique used to reduce tension, decrease physiological strain, decrease anxiety, and decrease psychological distress – among other things (Suh, Chung, Kim, Lee, & Kim, 2015). Automatic Thought Records are used for the purpose of understanding and altering your negative thought patterns – which can be important to an individual who abuses substances and also has negative thought patterns related to traumatic experiences (Hawley, Rector, & Laposa, 2016). According to Himelstein, Saul, Garcia – Romeu,
and Pinedo (2014), Mindfulness training involves paying attention to external and internal experiences occurring in the present, and it has been shown that incarcerated male adolescents who engaged in mindfulness training have shown a decrease in recidivism and an increase in coping mechanisms when dealing with substance abuse. Emotion Regulation worksheets are used for the purpose of learning how to respond in a manner that is socially appropriate to experiences that may cause personal distress, and have been proven as an effective treatment option for male sexual offenders who have previously experienced trauma (Sakdalan & Gupta, 2014).

Overview

This major thesis will discuss and explore empirical literature on the importance of using positive coping strategies while incarcerated and dealing with substance abuse and trauma – related symptoms. The literature review will include supporting research for each coping strategy being discussed, as well as possible strengths and weaknesses of each. The method and procedures section discussing the creation of the manual will follow the literature review. This section will outline the development, design, intended participants, and setting of the manual. The results section of the major thesis will include an overview of the actual manual, and a description of any major changes made to the manual. The discussion section will be comprised of the limitations, future recommendations, and challenges to service implementation.
Chapter 2: Literature Review

This literature review will discuss general information about trauma, and how it impacts individuals in a negative way, as well as general information related to substance abuse and the offender, and mental and physical consequences of substance abuse and trauma – related symptoms. Following the above topics, coping strategies and techniques for male offenders who are substance users and have trauma-related symptoms, be introduced and reviewed. This will assist in establishing a rationale for creating a manual for the male offender population serving a federal sentence. Following this information, four best practice coping strategies and techniques will be discussed in addition to the strengths and limitations of each.

Effects of Trauma:

Traumatic life experiences can come in many forms, and unfortunately can have long-term negative consequences that impact multiple domains for an individual. (Handley et al., 2015). According to Hoeve et al., (2015), childhood abuse is related to a variety of short and long – term mental and physical effects for the individual. It is said that childhood abuse victims are at a significant risk of engaging in violent criminal offences later on in life, which has been called “the vicious cycle of violence” (Hoeve et al., 2015). Juvenile offenders who engaged in violent offences more often reported being mistreated as young children or witnessing domestic violence than those who did not; an effect of the “vicious cycle of violence” (Hoeve et al., 2015). Research says that childhood trauma and mental health problems separate into different categories of aggressive behaviour, called reactive and proactive aggression. Reactive Aggression is described as having “a hostile response to a perceived threat” – most often being impulsive, whereas Proactive Aggression is described as an act that is premeditated and cold-blooded in nature (Hoeve et al., 2015). Childhood abuse and the Post–Traumatic–Stress–Disorder (PTSD) symptom of hyper arousal is also said to coincide with reactive aggression and not Proactive Aggression (Hoeve et al., 2015).

Traumatic life events often lead to a significant risk of PTSD, trauma – related symptoms, chronic anxiety, depression, and substance abuse (Lopez–Zeron & Parra Cardona, 2015). An individual experiencing trauma – related symptoms or PTSD has a relatively high risk of experiencing an overall lower quality of life; such as broken relationships, mental and physical issues, job losses, and criminal activity (Lopez-Zeron et al., 2015). Lopez–Zerron et al., (2015) state that there are three types of trauma, which include trauma, cumulative trauma, and mass trauma. Trauma is described as having a serious detrimental effect on the victim, the family and the community. Cumulative trauma is described as involving accumulative, multiple and continuous traumatic experiences, and mass trauma is described as being experienced by more than one individual, and at a broader level – such as a community experiencing a natural disaster (Lopez – Zeron et al., 2015). No matter which type of trauma an individual may experience, trauma has been shown to include negative consequences and effects that follow, which can last a lifetime if not treated. This is relevant to the current project, since the manual is being created to assist male offenders who have trauma-related symptoms engage in more positive coping strategies and techniques.

Substance Abuse and the Offender Population

Substance abuse is a prevalent issue in the male offender population (Cohall, 2016). Research states that approximately 30 percent of incarcerated males in the United States have
been arrested as youth, with 84% of them reported being involved with substances at the time (Cohall, 2016). Substance abuse not only effects the offender himself, but also has a profound burden on the family and society; and is also most often comorbid with other mental health problems (Cohall, 2016). According to Torok, Darke, Kaye, and Shand (2015), injecting drug users (IDU) are at a significantly higher risk of violent offending than those who do not engage in injecting, with estimates of up to 90 percent. Empirical research has stated that there is a direct cause approach to violent offending that is related to substance abuse in three different ways. Firstly, violent offences often occur when the misuse of a substance causes impairments in cognitive functioning, secondly, criminal acts of violence may be committed in order to stay at the top of a drug hierarchy, and thirdly, violence may be committed as a way to financially support a drug habit (Torak, et al., 2015). A study by Torak et al., (2015) was conducted to examine whether there were any differences between three groups of IUD offenders; those who had never acted on a violent crime, those who had committed a violent crime but not in the past twelve months, and those who had committed a violent crime in the past 12 months. The purpose of the study was to extend knowledge of the occurrence of violent offences by substance users – specifically in terms of IUD. The study concluded that substance abuse and comorbid mental health issues were associated with violent offending (Torak et al., 2015). A major area concerning offenders and substance abuse, is the increased risk of fatality; especially post-release (Forsyth, Alati, Ober, Williams, & Kinner, 2014). Evidence suggests that substance use related fatality is between three and eight times higher the first two weeks’ post-release than in the following ten weeks’ post-release (Simon et al., 2014). It is said that the reason for such an increase in fatality two weeks’ post-release is due to a reduced drug tolerance from being incarcerated, in combination with quickly returning to an increased use of substances upon release (Forsyth et al., 2014). A study by Forsyth et al., (2014) stated that within a group of 42,000 ex-prisoners, the risk of fatality was extremely higher than the matched community sample. The study also shows that within the cohort of 42,000 ex-prisoners, almost half of the fatalities post-release were substance-related (Forsyth et al., 2014).

**Coping Strategies and Techniques for Substance – use and Trauma – Related - Symptoms**

Traumatic experiences such as violence, child abuse, and domestic violence are risk factors for PTSD and other comorbid disorders, such as substance–abuse disorder (Machisa et al., 2016). Findings from Wagner, Wizbi, & Harned, (2007) suggest that mindfulness techniques and Emotion Regulation worksheets show promising results in reducing negative coping strategies related to trauma–symptoms. According to Easton et al., (2007), cognitive behavioural therapy techniques (CBT) such as Progressive Muscle Relaxation (PMR) and automatic thought records have shown to be efficacious when treating male offenders who experience substance–abuse related issues.

Prolonged Exposure Therapy (PE) is a form of CBT that is used to reduce PTSD and trauma – related symptoms (Van Minnen, Harned, Zoellner, & Mills, 2012). PE aims to slowly work through fear by means of extinction and engage in emotionally triggering memories, without the presence of the feared outcome (Van Minnen et al., 2012). PE is a widely used treatment of choice for PTSD and trauma–related symptoms based on its efficacy (Van Minnen et al., 2012). Although PE has shown strong evidence–based support and was once considered the only treatment for PTSD, it does have limitations; especially for those experiencing substance–abuse disorder (SUD) (Van Minnen et al., 2012). It is said that some individuals who have PTSD comorbid with SUD and engage in PE have difficulty handling the intense emotions
that are often experienced during PE (Van Minnen et al., 2012). Research states that patients with SUD comorbid with PTSD and engage in PE are at risk of relapse due to the intense emotions experienced, as well as treatment quality could be negatively impacted by the effects of substance use (Van Minnen et al., 2012). A study that involves mindfulness training, which is a component of DBT, is discussed next.

Khusid and Vythilingam (2016) evaluated the effectiveness that mindfulness training had on self-management for individuals with PTSD and anxiety. They found that mindfulness training was proven to be safe, relatively easy to learn, financially affordable, and also reduces psychological stress including mental health issues and substance – abuse disorder (SUD) (Khusid et al., 2016). The evaluation also further discusses the efficacy of mindfulness training, stating that it has a significant influence on reducing rumination, impulsivity, and emotional reactivity – all of which are highly prevalent and concerning throughout the male offender population (Khusid et al., 2016). Although mindfulness training has shown to be an effective treatment for individuals with PTSD and anxiety, a meta-analysis conducted by Li, Howard, Garland, McGovern, and Lazar (2017) discussing the effectiveness of mindfulness training stated that mindfulness training is significantly lacking in research to be able to empirically determine its true efficacy. A study by Mennin, (2004)

Emotion regulation therapy is another important aspect of DBT and has been shown to be efficacious (Mennin, 2004). Mennin (2004) investigated emotion regulation therapy (ERT) as a technique to help with generalized anxiety disorder (GAD). A study conducted using 21 participants was designed for the purpose of evaluating the effectiveness that ERT has on treating GAD (Mennin, 2004). Data regarding GAD was obtained using the Affect Intensity Measure, Experiences Questionnaire, the Difficulties in Emotion Regulation Scale (DERS), the Emotion Regulation Questionnaire (ERQ), and the Five Facet Mindfulness Questionnaire (FFMQ) (Mennin, 2004). Findings from the study concluded that there is strong evidence supporting the efficacy of ERT to treat GAD (mennin, 2004). Emotion regulation therapy applies to the current study, as it is empirically supported and easy to learn in the male offender population. ERT used as an evidence based technique used to treat GAD should also show promising results as a technique to use to treat Substance Use Disorder (SUD), as GAD can sometimes be associated with SUD; or the other way around (Khusid & Vythilingham, 2016).

Another technique involved in CBT includes Progressive Muscle Relaxation. Hayes–Skelton, Roemer, Orsillo, and Bolkovec, (2013) evaluated the effectiveness progressive muscle relaxation (PMR) has on generalized–anxiety disorder (GAD). Clients are encouraged to engage in self-monitoring throughout treatment sessions that involve PMR, which includes paying close attention to and record experiences that create anxiety throughout the week, and then discuss those situations during therapy (Hayes–Skelton et al., 2013). Engaging in this type of self-monitoring allows the individual to learn the difference between cognitive, affective, physiological, and behavioural aspects of their mind and body during PMR exercises (Hayes–Skelton et al., 2013). PMR allows the individual to be alone and experience the sensation of each muscle group; which can be easily incorporated into a prison setting for male offenders (Hayes–Skelton et al., 2013). The effectiveness of PMR used for GAD is also relevant to individuals with SUD and trauma – related symptoms, because it encourages the individual to relax their body and mind, which can be a useful technique to use when dealing with SUD and trauma (Hayes-Skelton et al., 2013).
Hall and Long (2009) conducted an experiment that investigated the effects of PMR for women detained in medium security. It is said that PMR has proven to be useful for incarcerated females who experience substance abuse and other comorbid disorders (Hall et al., 2009). PMR has shown to reduce respiration rates, salivary cortisol, stress, anxiety, anger and trauma in incarcerated females (Hall et al., 2009). The study conducted by Hall et al., (2009) was designed to reduce arousal and agitation levels, and also to assist therapists in creating useful coping skills to manage high anxiety and arousal levels. The Depression Anxiety Stress Scales–21, Behavioural Relaxation Scale, Self-Report Evaluation Questionnaire, and Biofeedback were used as data collection methods (Hall et al., 2009). It was concluded that there were significant reductions in stress, anxiety and depression and that the participants found that PMR techniques were utilized in their daily lives and found useful (Hall et al., 2009).

Another useful method of treatment includes group therapy. Group therapy has been shown to be an alternative method of treatment for substance use disorders, and the structure of the group is said to be an important clinical consideration to be made. Group therapy includes two forms of ways it can be structured, which are open enrollment where participants can join at any time, and closed enrollment, where there is a specific start and end date (Greenfield, et al, 2014). Greenfield et al., (2014), state the effects that substance–abuse group therapy that allows for open–enrollment has on substance–users. Greenfield et al., (2014), offers a study conducted in outpatient clinics at an academic hospital and community treatment program throughout a 24–month period. The study discusses open–enrollment group therapy trials with women who have experienced substance - abuse or are currently experiencing substance – abuse, and its strengths and limitations. Strengths to the study included that participants felt less “pressure” to join in on group therapy sessions at a specific start date, and there was also a high attendance and participation rate (Greenfield et al., 2014). Limitations to the study included that they required continuous enrollment in order to keep the therapy sessions populated, which in turn required more staff for recruitment assistance (Greenfield et al., 2014). It was concluded that in order to run open–enrollment group–therapy sessions, more staff training was required to assist with the continuous enrollment process (Greenfield et al., 2014). Although open–enrollment group therapy sessions have been empirically supported; there are limitations that pertain to the setting of a prison environment. It would pose as a barrier to ask for more staff training in relation to group therapy sessions, and some offenders may not feel comfortable opening up to continuous “newcomers” throughout the entirety of therapy.

Summary
Evidence has shown that male offenders serving time in a federal institution often experience substance abuse related issues (Sindicich, et al, 2014). Substance abuse issues in the male offender population has also been highly correlated with experiencing trauma over the course of their lifetime – such as childhood mental, physical or sexual abuse (Sindicich, et al., 2014). It is said that the most common and prevalent disorders within the male offender population are substance abuse disorder(s) (SUD), and Post Traumatic Stress Disorder (PTSD) (Sindicich et al., 2014). A high number of male offenders engage in crime related to substance abuse, however post traumatic stress disorder (PTSD) experienced by male offenders often goes unrecognized-contributing to the belief that offenders are perpetrators and not victims (Sindicich et al., 2014). Substance abuse has been found to be highly associated with recidivism rates among male offenders, however the existence of PTSD within this type of offender population requires intervention (Sindicich et al., 2014). Treatment of male offenders who experience
substance abuse issues and trauma–related symptoms, should assist with not only the reduction of recidivism, but also any long–term mental and physical harm associated (Westermeyer, Wahmanholm, & Thuras, 2001). Findings from Greenfield et al., (2014) suggest a need to develop substance abuse treatments that are group–therapy based, and allow for individuals to join at different times. Although the literature supports the efficacy of this type of therapy, the setting of a prison institution and the past traumatic experiences and histories of different offenders does not seem appropriate for a group therapy that allows for other offenders to join at different times. According to Minnen et al., (2012), exposure therapy has received the most evidence–based support for PTSD and trauma–related symptoms. However, most offenders who experience trauma–related symptoms have comorbid disorders such as substance abuse disorders or mental health issues, making it a difficult choice of treatment for offenders who have complex issues. Dialectical behavior therapy (DBT) principles, such as mindfulness techniques and emotion–regulation techniques have been shown to be a promising treatment for male offenders who have previously experienced trauma (Wagner, et al., 2007). According to Easton et al., (2007) cognitive behavioural therapy (CBT) techniques have shown promising results in male offenders who experience substance abuse disorders and subsequently engage in domestic violence. A study conducted by Easton et al (2007), concluded that male offenders who have engaged in domestic violence in relation to substance abuse have benefited from individual CBT treatment and domestic violence rates had decreased (Easton et al., 2007). Based on a study by Mcmurran (2007), CBT techniques such as progressive muscle relaxation (PMR) have been shown to also increase positive coping mechanisms and decision making skills in relation to substance abuse driven offences.

Based on this literature review, a manual will be designed to provide male offenders who have substance abuse issues and trauma–related symptoms psychoeducation about positive coping strategies and techniques, and will also include worksheets and instructions for each technique and strategy. This manual will hopefully assist the offender with reintegration into society, reduce recidivism, and increase every aspect of his life. Although offenders serving time at a federal institution receive group therapy and work books to assist with many issues, there are little resources available that are individually–treatment based. The manual includes easy-to-follow instructions and information that will increase positive coping strategies, however; an evaluation of the effectiveness of this manual as an intervention for substance abuse and trauma–related symptoms. The manual will be used by staff at a federal Institution to help future male offenders.

Chapter 3: Method
Participants

The manual includes a variety of best practices that coincide with the relevant literature; therefore, meaning that there were no human participants used for the chosen interventions, or needed for the creation of the manual. This manual was designed for a specific population who may experience benefits from utilizing the strategies and techniques provided. This specific population includes adult male offenders who are serving a federal sentence at Collins Bay Institution and who may be attempting to reintegrate back into the community.

There are no set criteria as to which individuals at Collins Bay Institution should or should not use the manual, as many of the offenders are affected by substance abuse and trauma–related symptoms in different ways. However, the manual is intended to be used by individuals who suffer from substance abuse and trauma-related symptoms, who engage in negative coping strategies and wish to learn more positive coping strategies and techniques when dealing with these issues.

Individuals who decide to use the manual can and should be chosen by institutional staff or by the offender himself. The selection of individuals can be determined by the person’s self-identified needs or by staff recommendation. Staff may decide to only select individuals who have requested mental health assistance for the specific problems discussed in the manual (e.g. only those offenders who have attended group of individual therapy in the mental health department for SUD and/or trauma-related symptoms). Although there was no minimum reading ability of the offender’s use of the manual set, user’s should be able to at least read at grade eight reading level.

Design

The manual was designed as a requirement for completing an applied thesis in the Bachelor of Applied Arts Behavioural Psychology degree program, over the course of a 14–week field placement. The applied thesis project will then be edited by two other professionals and finalized in the winter semester at St. Lawrence College. The main focus of the manual is the use of CBT and DBT techniques and strategies to allow the offender to learn and use positive coping strategies to help deal with substance abuse issues and trauma-related symptoms. The positive skills learned in the manual are intended to also assist with an offender’s reintegration back into society, and can easily be used outside of the institution to possibly reduce negative coping strategies that sometimes lead to recidivism. The manual not only provides easy–to–follow instructions for each skill, it also provides psychoeducation about substance abuse and trauma which can assist the offender gain insight on each issue. This type of project was created for the identified need by the author and the mental health staff at a federal Institution for male offenders to learn and use more positive coping strategies when dealing with substance abuse issues and trauma–related symptoms.

In terms of implementation, the manual is intended to be an added resource for not only mental health staff at a federal Institution, but also the offenders themselves and their possible reintegration back into the community. The manual will be easily accessible to both staff and the offender with straightforward and easy to implement instructions for each technique provided. This will be helpful for staff, as the simplicity of the manual will require minimal to no staff training and can be easily adjusted to staff schedules. In order to reduce any confusion or inconsistency regarding staff being able to assist the offender with any unclear parts of the
manual, staff in the mental health department who might be unfamiliar with the techniques will be trained how to use the manual properly.

The setting in which the offender may use the manual will ultimately depend on where and when the offender can have access to use it, which can vary within the different security levels inside the institution. An example setting could be the relaxation room inside mental health if the offender has a pass to gain access, or in their cells on their own time. The manual is to be used on an individual basis or as a further benefit to offenders who are already in treatment for SUD and trauma–related symptoms; but if needed it would be possible to seek staff members in the mental health department for assistance with any techniques the offender is unclear of.

The frequency, intensity, duration, and location of each use of the techniques and strategies provided in the manual will depend on each individual offenders’ schedule and need. To allow for individual use and time, the manual will include duration and frequency suggestions rather than strict time constraints for each technique and strategy.

**Procedures**

The user manual is 35 pages in length and has six sections including references at the end. Section one includes the introduction about Substance–Abuse and Trauma–Related Symptoms. Subsections of section one discuss information and the effects of each issue. Section two of the manual discusses information about CBT and DBT, as well as CBT and DBT techniques. Section three involves mindfulness training and emotion–regulation, with subsections including information about each technique as well as exercises for both. Section four of the manual includes PMR, information about PMR, as well as a PMR exercise to follow. The last learning section of the manual is section five, which involves automatic thought records, and the subsections include information about automatic thought records as well as an automatic thought record activity. The final section is section six, which includes the references used as part of the creation of the manual.

**Informed Consent**

The purpose of the project is for individual use only, by male offenders who are completing a federal sentence at Collins Bay Institution. No participants were required for the completion of the manual; therefore, no informed consent was deemed necessary.

**Evaluation**

Testing to see if the manual provided positive results could not be possible for this type of thesis project due to its individual, as-needed use, as well as time-constraints. Social validity was provided through the use of informal feedback given by the staff in the mental health department regarding the appropriateness and usefulness of the manual for the male offender population. The feedback provided by the staff was then used to make any necessary revisions that ensures the manual is useful and appropriate for the intended population.
Chapter 4: Results

Product

A manual was created for adult male offenders who may be experiencing substance use issues and trauma-related symptoms. It was designed to be used on an individual basis for those who have requested assistance from the mental health department in a federal institution as an added resource. Included in the manual are CBT and DBT techniques and exercises and psychoeducation about each therapy, as well as psychoeducation regarding substance use issues and trauma-related symptoms. A description of each section of the manual is provided below.

The final version of the user manual can be found in Appendix A.

Part 1: Introduction, Substance Abuse, and Trauma – Related Symptoms: This part of the manual will provide psychoeducation on substance abuse and trauma – related symptoms, the negative effects of each, as well as positive and negative coping strategies. This section should take approximately 10 to 15 minutes to read, depending on each individual offender’s ability. Note: Content and design. Adapted from Handley et al., (2015); Cohall, (2016).

Part II: Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT): This part of the manual will provide psychoeducation about CBT and DBT and what each therapy is mainly used for, and why they pertain to substance abuse and trauma – related symptoms. Note: Content and design. Adapted from Easton et al., (2007); Wagner et al., (2007).

Part III: Mindfulness Training Exercises and Emotion – Regulation Worksheets: This part of the manual will provide participants with a rationale and simple instructions on how to complete mindfulness training exercises and emotion regulation worksheets and will include suggestions for frequency, duration and location. Note: Content and design. Adapted from Khusid et.al (2016); Therapy Worksheets, Tools, and Handouts (2017).

Part IV: Progressive Muscle Relaxation (PMR): Part four of the manual will provide a rationale and easy-to-follow instructional guides on how to use PMR properly and effectively. PMR is a technique that is intended to be practiced all the way to the last instruction with careful focus, so location, duration and frequency suggestions for this particular technique should be more structured than others. Note: Content and Design. Adapted from Rausch et al., (2006).

Part V: Automatic Thought Records: The final part of the manual will provide participants with a description and copy of a 7 – column automatic thought record that they can fill out each time they have a strong negative thought. As with parts 3, 4 and five, location, frequency and duration suggestions will be provided to complete this exercise. Note: Content and design. Adapted from Therapy Worksheets, Tools, and Handouts (2017).

Feedback and Changes

The applied thesis manual was reviewed by the staff working in the mental health department at a federal Institution. The staff viewed the manual for the purpose of providing feedback on proper format, content, and client and agency appropriateness. Overall, the agency feedback was positive. The language used in throughout the manual was said to be mostly appropriate throughout although some changes pertaining to use of various terms had to be altered in order for the general client population to understand. The content was said to be
beneficial and useful for the target user of the manual; with each technique being easy-to-follow and comprehensive. Overall, the agency approved the use of the manual and determined it could be beneficial to male offenders who experience substance use issues and trauma–related symptoms.

Some changes were made to the manual prior to finalization which utilized the feedback provided by the agency. As stated above, some terminology and use of language was changed to be more comprehensive and appropriate to the client population. “Rating of Coping Strategies” was added in after “Identify Coping Strategies” as a way for the individual to identify which coping strategies are used most often and which are used the least. “Information on Self–Care” was added to section 2 of the manual, as a way to educate the client population about different examples of ways to practice positive self–care activities.
Chapter 5: Discussion

Overview

The mental health department at a federal institution identified the need for positive coping strategies for male offenders who experience Substance use and trauma–related symptoms. Therefore, the purpose of this applied thesis was to provide evidence–based techniques and strategies to assist with this client need. The techniques chosen for the applied thesis user manual included Mindfulness Training Exercises and Emotion Regulation worksheets which are important skills used in DBT (Khusid et al., 2016), Progressive Muscle Relaxation (PMR) as well as Automatic Thought Records, which are exercises and skills used in CBT (Rausch et al., 2006). According to Himelstein et al., (2014), Mindfulness Training includes learning how to be internally and externally aware of the present and your surroundings. Emotion Regulation includes having the ability to react to life stressors and experiences with a more positive range of emotions (Mennin, 2004). Research shows that PMR is a relaxation technique that allows the individual to focus on different parts of the body as well as muscle tension (Rausch et al., 2006). Automatic Thought Records are used as a way to analyze an automatic thought that may be negative and then modifying that thought to be more rational and positive (Cyclothymia Workbook, 2004).

These techniques included in the user manual were chosen for the purpose of hopefully increasing an offenders positive coping strategies when experiencing substance – use and trauma – related symptoms. The intended user of the manual is adult male offenders serving a federal sentence at a federal institution and is designed for individual use. The final version of the user manual was given to staff working in the mental health department to be used by male offenders who can hopefully benefit from it. The techniques included in the manual were chosen because of their adaptability to the prison environment, individual use, and simple instructions, which should hopefully increase participation. Feedback of the manual was provided by the agency supervisor and other staff working in the mental health department. Feedback regarding revisions to the manual were provided by the agency and college supervisor, which is discussed at length in the results section.

Strengths

A major strength of this manual is that the techniques chosen are not only supported by empirical evidence, they are also easily adaptable to a federal adult male offenders’ environment. The techniques chosen include mindfulness training exercises and emotion regulation worksheets adapted from Khusid et al., 2016, a PMR exercise adapted from Rausch et al., 2006, and automatic thought records adapted from Cyclothymia Workbook, 2004. Agency staff supported the creation of the manual along with the chosen evidence–based techniques that can hopefully assist male offenders who experience substance use and trauma–related symptoms; adding to this major strength. The manual is not only easily adaptable to the intended users’ environment; it also provides easy-to-follow instructions that allow for individual use – meaning that the individual can use the manual at his own pace. This is important as the easy accessibility, adaptability and individual use of the manual can reduce barriers of effectively using the techniques provided in the manual and increase participation and engagement for each technique. The manual can also be generalized to other populations as well due to it’s individual use, such as parolees, and offenders who have been released into the community and may not have easy access to mental health care.
Limitations

Despite the many strengths of this manual, there are some limitations. One of the main limitations include that it is presently unknown if the strategies chosen for the manual and specific target population actually had a positive impact. This is due to the fact that the manual was created to be strictly individually–based and to be used at one’s own desire/need, thus meaning that the point of this applied thesis was not to measure efficiency or effectiveness of the manual. There is a need for further empirical evaluation in terms of this population and the techniques provided in the user manual. Another limitation to this manual is that offender participation to use the techniques provided is not a mandatory correctional plan item, therefore possibly creating less motivation to use the manual as a helpful resource. Lastly, the techniques included in the manual involve finding a safe, quiet space to complete the exercises. This can be difficult in a prison environment, and also can be a barrier to the use of the manual in terms of peer pressure not to use the manual, bullying, and stigma towards male offenders who decide to engage in the exercises provided.

Multilevel Challenges to Service Implementation

There are various challenges that Mental Health staff face when working in a correctional environment such as Collins Bay Institution. These challenges occur at multiple different levels including: client level, program level, organizational level, and the societal level.

Client Level:

At the client level, there are many challenges that can be faced when working with male offenders. It can be difficult to try and have the offender be engaged and participate in an individual training manual that is not a requirement for their correctional plan. Some offenders are also discouraged by fellow inmates to utilize mental health resources, making it a barrier to client participation and motivation to seek help. Another challenge found at the client level is that it may be difficult to actually get offender who might benefit from this training manual to believe that it might in fact work for them.

Program Level:

At the program level, it can be a challenge to get the clients to actively participate in a training manual that is to be used at one’s own pace and desire, because as stated above it is not a requirement as part of their correctional plan. In saying that, there is not much in terms of incentive for the client to use the training manual. This could also be a lack of an internal desire to change in this type of offender population. Another challenge at the program level happens when the members of the mental health department do not all agree on what is most important to target when dealing with every offender who has multiple needs.
which can be extremely confusing and difficult for staff and the client to target needs and create an effective reintegration plan. Competing priorities such as security and institutional routine pose additional challenges for offenders when seeking mental health treatment, creating a participation and motivational barrier to offenders who could possibly benefit from resources such as individual training manuals that target mental health needs and issues.

**Societal Level:**

At the societal level, there can be an extreme amount of stigma towards offender programing and treatment. Some people within society believe that the offender deserves to be “locked up” and not have any sort of mental health assistance within the institution. Therefore; if an offender has received mental health assistance such as the individual training manual and also taken therapy programming, once they reintegrate back into society and possibly become stigmatized, the skills they learned while incarcerated may not be as effective.

**Contribution to the field of Behavioural Psychology**

This applied thesis contributes to the field of behavioural psychology because it provides evidence – based techniques and psychoeducation that assist with creating more positive coping strategies for the adult male offender population experiencing substance – use issues and trauma – related symptoms. This is beneficial for the male offender population not only inside the prison setting, but also promotes successful reintegration and a decrease in relapse (Mills, 2015). This manual also promotes independence through the use of independent exercises and psychoeducation, another important aspect of successful reintegration back into the community (López-Zeron et al., 2015).

**Recommendations for Future Research**

As stated above in the limitations, there are some notable areas of the manual that should be addressed in future research. First, the purpose of the thesis and the manual was not to evaluate the efficacy of the manual by measuring offender progress. Therefore; a recommendation to further evaluate the effectiveness of the manual in the male offender population could include (if not under time–constraints) a pre/post test measuring offender progress in terms of the use of more positive coping strategies when experiencing substance use issues and trauma-related symptoms, as well as client feedback pertaining to the information and exercises provided in the manual. Another recommendation for future research is to actually test the manual by using a control group and a treatment group, which can be done through the use of various research designs. Testing the manual for efficacy would add to the contribution of future practices involving adult male offenders experiencing substance use issues and trauma–related symptoms.
References


Appendix A: User’s Manual
Substance – Use and Trauma – Related Symptoms:

An Individual Learning Manual on how to Cope

User Manual

12/09/2016

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St. Lawrence College
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Part 1: Introduction, Substance – Use and Trauma – Related Symptoms
Introduction

This manual is designed to be used by adult male offenders residing at Collins Bay Institution. The purpose of this manual is not only for mental health department staff to offer as a resource when they feel may be beneficial; but also for you to request to use for your own individual interest and purpose. The manual includes helpful strategies for dealing with substance – use and trauma – related symptoms, and can either be used in the moment; or simply used for relaxation purposes.

Many individuals have experienced substance – use issues, trauma – related symptoms, or both; and living in a federal institution can be a difficult environment to appropriately deal with such issues. This manual offers important information about substance – use and trauma – related symptoms and the effects of each, coping strategies both positive and negative, as well as different strategies to learn and use on an individual basis. The techniques provided in the manual include mindfulness training, emotion – regulation information and worksheets, progressive muscle relaxation, and automatic thought records. If you have already been educated about any of these topics, you can simply just skip over sections you may not find useful to you.

A major benefit of the manual is that it includes simple instructions to follow for each technique. It is important that while engaging in these techniques you are comfortable and in a safe place. Once you feel you have mastered each technique, you can easily adjust each one to fit your comfort level. This manual is not a requirement for your correctional plan in terms of using each technique and knowing all of the information provided, however; it is strongly encouraged that you at least try to complete all of the techniques in the manual and read the provided information. It is also not imperative to read the information or complete the techniques in any specific order; the manual is to be used individually and whatever works personally for you.
Information about Substance – Use and Trauma – Related Symptoms

What is Substance – Use?

Substance – use is anytime someone drinks alcohol or consumes drugs. Consuming substances is not necessarily considered an issue in someone’s life unless a person is using substances as a way to cope with issues they may be experiencing – such as past or present trauma. Substance – use is not all negative. For example; some people enjoy having a drink after work or with dinner, or some people need to take drugs such as medications or painkillers (as prescribed by a doctor) for health reasons.

What is Substance Abuse?

Substance – Abuse is when a person consumes alcohol or drugs despite the negative consequences that may be impacting their life. Substance abuse can also include binge drinking or excessive drug and alcohol use that is interfering with his personal life; such as family, friends, work and the person himself.

What is Substance – Dependency?

Substance – Dependency occurs when a person becomes dependent on alcohol or drugs to cope on a daily basis. Substance – dependency can include a physical or psychological dependency – both of which can have detrimental consequences to an individual.

What are Trauma – Related Symptoms?

Trauma is an emotional response that someone has to an extremely negative event or experience. It is normal to experience trauma after a negative event, however; sometimes the effects of the traumatic event can negatively interfere with a person’s daily life and can be experienced for years after the event has occurred. It is important to note it is possible to experience the negative effects of trauma even if you have just witnessed an event that occurred.

Trauma – Related Symptoms Include:

- Emotional Symptoms
  - Examples: Denial, anger, outburst, numbness, sadness, mistrust of others, negative coping strategies.

- Physical symptoms
  - Examples: Fatigue, loss of interest in normal daily activities, physical illness, panic or anxiety attacks, racing heartbeat.

*It is important to note that these are just a few examples of trauma – related symptoms. There are many more symptoms a person can experience after a traumatic event.*
Effects of Substance – Use and Trauma – Related Symptoms

Physical Effects of Substance – Use

As stated above, substance – use is not always associated as being a problem. However; when substances are only being used to cope with a negative experience or event, it can interfere with a person’s daily life. Substance – Abuse and Substance – Dependency can create many negative consequences for the individual and can be seen as negative coping strategies to deal with things such as traumatic events or experiences. When drinking alcohol or using drugs, our brain is altered and creates physical changes. For some, the physical effects of alcohol or drugs is a positive feeling that a person may continue to want to feel. It is important to know the negative physical effects of substance – use as well. Below is a list of the physical effects of substance – use, abuse and dependency.

- Inability to sleep, awake at unusual times
- Change in eating habits (increased appetite or decreased appetite)
- Clammy palms, sweating
- Red, watery eyes, unusually large or small pupils
- Extreme hyperactivity
- Poor physical coordination (slowed or staggering walking)
- Irregular heartbeat
- Tremors in hands or feet
- Nausea or vomiting (from possible withdrawal, overdose or poisoning)
- Deterioration of physical health or hygiene

Withdrawal

Withdrawal is associated with substance – dependency, and is experienced when a person has either stopped drinking alcohol or using drugs for the purpose of stopping use altogether, or if a person is “coming down” from a substance and needs/wants more to take away the negative symptoms of withdrawal and continue to feel “high” or “buzzed/drunken”. The physical symptoms of withdrawal include anxiety, jumpiness, Shakiness, tremors, vomiting or nausea, insomnia, depression, fatigue and headaches; among other physical symptoms experienced.
Described above is information about the physical effects of substance – use, abuse and dependency. It is also important to know about the psychological effects as well; which can also negatively impact a person’s life. A lot of the time substances are used as a way to cope with traumatic experiences or events; creating a pattern of wanting to use a substance whenever a person is reminded of that trauma or pain. This is a psychological effect involved in “craving” substances. Even if the substance – use does not seem to be effecting your life, “craving” a drink or a cigarette or any other drug to deal with stress or a painful traumatic event may not be the best coping strategy. Below is a list of the psychological effects of substance – use, abuse, and dependency.

- Mood swings, depression, paranoia and/or anxiety
- Decreased interest in other pleasurable activities
- Hallucinations and confusion
- Increased engagement in risky behaviour
- A psychological dependency to the substance leading to increased or prolonged use
- Emotional dysregulation

The psychological effects of substances can be just as detrimental to a person as the physical effects. Knowing the warning signs and symptoms of physical and psychological dependence to a substance is important.
Physical Effects of Trauma – Related Symptoms

Some individuals have either experienced or witnessed a traumatic event(s) throughout the course of their lives. Unfortunately, these traumatic events can negatively effect a person in many ways; some of which can be long – term effects. People who have experienced trauma can be physically, emotionally and psychologically effected; and everyone reacts differently to trauma. Some examples of traumatic experiences or events can include: Domestic violence, sexual abuse, experiencing a life – threatening disease, catastrophic events such as tornados or earthquakes, any form of abuse (verbal, emotional or physical), and/or witnessing a traumatic event happen to someone else. Below are some examples of the physical effects experienced by trauma.

- Aggressive behaviour
- Suicidal ideations
- Difficulty concentrating
- Muscle Tension and fatigue
- Nightmares or insomnia
- Abuse of substances such as alcohol or other drugs to “numb” the pain
- Hallucinations

Types of Trauma That Are Commonly Overlooked

- Divorce or breakups with significant relationships
- The sudden death of a loved one
- Car accidents or sports injuries
- Surgeries
- A severely embarrassing situation
Psychological Effects of Trauma – Related Symptoms

People who have experienced a traumatic event can also experience negative psychological effects just as often as they may experience physical effects. As stated above, the way a victim is effected by a traumatic event differs from person to person. Those who experience trauma are usually left feeling vulnerable, insecure, and helpless; which can be very psychologically damaging. If the root cause of the trauma is not dealt with appropriately, the physical and psychological effects can become more damaging to an individual. Below are examples of the psychological effects of trauma.

- Depression, anxiety, or other mental illnesses
- Low self – esteem
- Feeling sad or in despair
- Emotional detachment
- Feeling disconnected or numb
- Panic attacks
- Feeling vulnerable and insecure
- Regression
Information and Examples of Self – Care

Self – care is when you choose to try and do activities to take better physical and mental care of yourself. Self – care is important if you are experiencing substance – use issues and trauma – related symptoms. Living in a prison environment you may find it difficult to find resources or available preferred self – care activities, however; there are some positive activities you can try to do. Below are some examples of self – care activities you can do while living in the institution.

Exercise: If you have time during the day, a positive activity to try and do is exercise. This can be done inside or outside, and can release endorphins that act similar to an antidepressant. Below, you can make a list of any physical activity you try to get everyday. If you do not exercise but would like to start, you can make a list of when and how many times a week you would like to:

__________________________________________________________________
__________________________________________________________________

Proper Sleep Habits: Proper sleeping habits are said to be sleeping at least 8 hours a night. However; some people do not require this much sleep, or they actually require more then 8 hours. Proper sleep can help you focus, think more clearly, and feel physically and mentally better. Below, you can write down how many hours of sleep you usually get a night, and how it makes you mentally and physically feel. If you are not satisfied with your sleeping habits, you can also write down how you wish to change these habits:

__________________________________________________________________
___________________________________________

Leisure Activities: If you are feeling overwhelmed by physical or mental feelings, another self – care activity is to take time out of each day to do things that are pleasurable to you. Some examples of leisure activities include: walking, socializing with others, relaxing, watching television, or listening to music. Below, you can write down a list of your own leisure activities:

__________________________________________________________________
__________________________________________________________________
**Proper Eating Habits:** Proper eating habits are important to physical and mental health, and another aspect of self-care. Healthy eating can provide you with more energy to get through the day, and can also reduce your chances of health issues such as diabetes. Below, you can write down your own eating habits, and any changes you might want to make to your diet:

__________________________________________________________________

__________________________________________________________________

**Relationships:** Another aspect of self-care is having positive relationships with others. Whether it be a close friend or group of friends, family members, or a significant other, relationships are a positive support system to turn to when needed. It is important to build positive relationships with family and friends because they can offer advice, be there when you need them to, and be people you can trust and rely on. Below, you can list or write down your positive relationships:

__________________________________________________________________

__________________________________________________________________

**Religion or Spirituality:** Similar to having positive relationships and supports with friends and family, your religion or spirituality can make a positive impact on your daily life. Below, you can write about your own religion or spirituality (if it applies to you):

__________________________________________________________________

__________________________________________________________________
Exercise 1.1: Identify Coping Techniques

Below there are spaces available where you can try to identify what your coping techniques and strategies are. These strategies can include the self-care activities discussed previously, or can include such things as deep breathing, writing, or talking to a supportive friend. These strategies can be positive or negative, this is your personal list.

1.____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

2.____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

3.____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

4.____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

5.____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
Exercise 1.2: Rating Coping Techniques

After you have filled out your list of coping techniques, and place each one below in order of which coping technique you find you either use the most to deal with issues relating to substance – use and/or trauma – related symptoms, or which one you find is the most helpful – to the least used or least helpful. This should give you an idea of which technique you use the most to cope. (Number 1 is the most used/preferred, and Number 5 is the least used/ preferred).

1. __________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2. __________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. __________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

4. __________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

5. __________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
Part II: Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT)
Information About Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT)

What is Cognitive Behavioural Therapy (CBT)?

Cognitive Behaviour therapy, or CBT, is a short – term psychotherapy that is goal – oriented. The goal of CBT to change patterns of thinking or behaviour and is used to as a way to treat a variety of issues; such as substance abuse and anxiety and depression. The way CBT works, is that it focuses on thoughts, images, beliefs and attitudes held (called cognitive processes) and how they relate to the way a person behaves as a way of dealing with emotional issues.

CBT is often thought of as a combination of behaviour therapy and psychotherapy.

**Psychotherapy:** focuses on the importance of the personal meanings that we attach to things and how our thinking patterns start during childhood.

**Behaviour Therapy:** Focuses on the relationship between our problems, thoughts, and behaviours.

CBT is customized by therapists to personalize the therapy to client needs and their personality. Unfortunately, some individuals are stuck in negative thinking patterns that could have been caused by life experiences and the way they have been treated. CBT is based on a theory that it is not the event itself that has actually upset or hurt us; it is the meaning we have attached to it.

For Example, a child who was only ever praised for his good work in school may say to himself “I can’t fail at anything or no one will like me ever again”. This is an example of what is called a Dysfunctional Assumption in CBT. If this boy entered a situation where his dysfunctional thought pattern was triggered by something out of his control, then Automatic Thoughts may occur such as “I am a failure. I will never do well again”.

Fortunately, CBT assists with altering those negative thought patterns by using techniques and psychoeducation to help the individual analyze these thought patterns and take steps to make a change.
What is Dialectical Behaviour Therapy (DBT)?

Dialectical Behaviour Therapy, or DBT, is a cognitive behavioural approach that puts focus on the psychosocial aspects of therapy. The theory behind this approach is that some individuals are more likely to have an intense, irregular emotional reaction towards certain emotional situations that typically occur with close relationships to family, friends or significant others.

DBT was first used to treat Borderline Personality Disorder, or BPD because this disorder is associated with the emotional outbursts as described above. Now, as DBT has developed, it is also used to treat other issues as well such as Post Traumatic Stress Disorder, or PTSD. DBT suggests that it takes much longer for people who have these emotional reactions to calm down from them and regulate themselves.

DBT has three main characteristics:

1. **DBT is SUPPORT-ORIENTED:** DBT assists the individual with finding his or her strengths which can increase self-esteem and self-worth.

2. **DBT is COGNITIVE – BASED:** Like CBT, DBT helps the individual identify negative thoughts, beliefs and assumptions and alter them to create a more positive and rational way of thinking.

3. **DBT is COLLABORATIVE:** The therapist and client work together to sort out and work through the negative thinking patterns and behaviours. A huge focus of DBT is on homework assignments assigned to the client and skill building.

*DBT not only includes weekly individual sessions; it also includes weekly GROUP sessions as well.

Fortunately, both CBT and DBT techniques and strategies can be learned on individually and at one’s own personal pace without the use of a therapist – which is the purpose of this manual. Section 3 includes four different techniques that you can learn on your own and use when needed.
CBT and DBT Techniques

The following techniques are some, but not all, of the techniques and skills that are incorporated in CBT and DBT treatment. These techniques are included in this manual for the purpose of further understanding the roles that CBT and DBT play.

**CBT Techniques**

1. Socratic Questioning: This technique is used by the therapist to stimulate a person’s self–awareness, focus on the specific problem, identify the belief system, and challenge irrational beliefs.

2. Homework: CBT often requires the person to do “homework assignments” that may include various activities on behavioural activation and automatic thought monitoring.

3. Self- Monitoring: This is also referred to as “diary work” and is used to record thoughts and behaviours that is then brought up at later therapy sessions.

4. Behavioural Experiments: This involves experiencing, observing, planning, and reflecting. These experiments are to be conducted by the therapist during session.

5. Systematic Desensitization: This technique includes combining relaxation with exposure to a stressful situation. In other words, the client learns the skill of relaxing in stressful, anxiety producing situations.
DBT Techniques

1. Mindfulness: This involves learning the skill of being conscious and aware of your present surroundings. This technique also includes focusing your awareness of the present while also calmly accepting your physical and mental feelings.

2. Distress Tolerance: These skills are used to teach an individual how to be aware of the fact that pain and distress are a normal, inevitable part of life and to be able to endure a crisis without resorting to self-harming behaviours. The individual will learn to use various strategies during a crisis situation such as self-soothing, distracting yourself, improving the moment, and accepting things as they are – among others.

3. Emotion Regulation: This skill includes learning the ability to react and respond to negative experiences with a more appropriate and rational response.

4. Interpersonal Effectiveness: These skills are important as they involve attending to and being present in relationships, balancing your demands and priorities, balancing your “wants” and “shoulds”, as well as building a sense of mastery and selfrespect.

*Note: This is a simplified overview of CBT and DBT techniques. These therapies involve a lot more information and important, in depth skills that are effective when an individual is experiencing substance – use issues and trauma – related symptoms.
Part III: Mindfulness Training and Emotion – Regulation
Mindfulness Training

What is Mindfulness Training?

Mindfulness training is a DBT technique that has been proven to be an effective way to reduce the negative effects of trauma – related symptoms. This technique is beneficial as the various mindfulness exercises do not require many materials. It is recommended that you practice the following mindfulness training exercise as needed (when you feel overwhelming negative physical or emotional feelings), or even just anytime you feel like using the exercise.

Mindfulness as stated in previous pages of the manual is a skill that requires the individual to learn how to be aware of the present and his or her surroundings and be accepting of the situation’s surrounding them without judgement. Mindfulness is a skill that takes practice, but once the skill is learned the individual will be able to focus better and be more attentive to the present and to others, among other benefits to this skill.

When you are practicing the mindfulness training exercises on the following page, it is recommended that you find a safe, quiet place away from distractions. This will help you be able to put all of your focus on the exercise to be able to fully benefit from it both physically and mentally. Remember, this is individually – based and does not require a certain amount of time to complete. Everyone is different and completes things at different paces, so take your time and do not rush through the exercise.

*Note: If something about the exercise does not make sense, please do not hesitate to ask staff in the mental health department for assistance or clarification.
Exercise 2.1: Mindfulness Training Exercise

Below is just two of many different mindfulness training exercises available. Remember to take your time while practising these exercises and to ask staff for assistance or clarification if needed.

Mindfulness Exercise

The purpose of this mindfulness exercise is to focus on your present surroundings and be aware and accepting of what is going on around you. It is recommended that you choose a place or activity that you seem to be unfocused and unaware of everything going on around you. For example, this could be cleaning, socializing with friends, walking to and from different places, and so on. Now, once you have chosen a place or activity, pay attention to your 5 senses – sight, hearing, feeling, taste, smell. Below an example mindfulness exercise is provided.

**SIGHT:**

When you being cleaning, you notice the brand new paint on the walls around you and how bright the sun is shining through the windows along the walls. As you focus harder, you see that there are people walking beside you, stopping to talk to others, each showing a different facial expression.

**HEARING:**

Every time you sweep with the broom in your hand, you can hear the swish of the broom’s bristles, and the rustle of dirt on the floor. Sometimes, you can hear bits and pieces of the conversations going on around you. You also notice the sound of the wind blowing against the windows.

**FEELING:**

You can feel the roughness of the broomstick handle, or the coolness of the wash cloth used to wipe off the walls. Every time you take a step, you notice how your steps are in sync with your sweeping and you feel the hard floor beneath you.

**TASTE:**

As you take a quick break from cleaning, you bite into the apple you brought along with you. You taste the juicy, flavourful crunch of the apple. You chew your bites slower to savour the taste of the apple.

**SMELL:**

When you dip your cloth in the bleach water, you smell the strong scent of bleach. You also notice the smell of perfume from someone around you. You now breath in deeply to take in each smell.
Mindfulness Meditation Exercise

**Step One:** Find somewhere where there are little to no distractions to complete this meditation exercise.

**Step Two:** Make sure you are sitting somewhere comfortable, such as a bed, a couch or the floor. You are encouraged to sit straight with your shoulders back so that you can take deep breaths easily. Make sure that you are comfortable.

**Step Three:** Now pay close attention to how you are breathing, allowing yourself to feel each breath enter your body and lungs. Focus on the way that your entire body feels with the breath going in, and then going out of your lungs. Keep this focus.

**Step Four:** During this exercise, you will find that your mind will begin to wander; make an attempt to be non judgemental of any wandering thoughts and accept them. Notice all of the emotions that you are feeling inside your head, and inside your body. If these thoughts and feelings are uncomfortable, simply accept and acknowledge them in the present moment.

**Step Five:** As the thoughts and feelings begin to pass, focus your attention back to your body and your breathing.

**Step Six:** When you first start out practicing this exercise, aim for at least 10 minutes. If you become more comfortable and experienced with this meditation exercise, try to do it for at least 30 minutes.
Emotion Regulation

What is Emotion Regulation?

Emotion Regulation is a very important skill to acquire and involves having the ability to react to negative situations or emotions in a more positive and rational manner. We all use emotion regulation strategies unconsciously, whether they be healthy or unhealthy when dealing with an overwhelming situation. For example, someone who has experienced a traumatic event decides to practice breathing exercises to cope with overwhelming emotions, this is a healthy coping strategy. An example of an unhealthy coping strategy for the same situation described above would be abusing substances or only using substances for the purpose of feeling “numb”. Sometimes, a traumatic event(s) can trigger emotional dysregulation or can intensify it for many individuals.

Emotion regulation can be learned by sessions with a therapist, and they can also be learned individually through the use of information, worksheets, and exercises. The following page is an example of an emotion – regulation worksheet filled out, and then the same exercise is provided afterwards with blank spaces for you to fill in yourself. It is recommended that you use this worksheet at least 2 – 3 times a week, or as needed.

Exercise 3.1: Emotion Regulation Worksheet

On the page below, you will find an example of a completed emotion regulation worksheet. On the following page, you will be provided with a blank emotion regulation worksheet to fill out on your own.
Exercise 3.1: Emotion Regulation Worksheet Example

This is an example of a completed emotion regulation worksheet. This is just a guideline of how to fill out the worksheet – you will have your own answers for your own emotion regulation worksheet.

Example: What are your Emotions Doing for You?

Date: ___________________________  Name: ___________________________

Choose a present or relatively present emotional reaction and complete the worksheet below to the best of your ability. If you need assistance or clarification, ask a staff member for help.

Emotion Felt: Fear  Intensity Felt (0–100): 90

Antecedent event

What happened before hand that triggered the specific emotion?
I hit someone’s car in the school parking lot, and then drove away without dealing appropriately with the issue and confronting the other person.

Problem the Emotion was Preparing Me for:

For example, what purpose was this emotion trying to serve? What was the emotion motivating me to do, overcome or avoid? What was the function of the emotion?

The emotion was trying to get me to avoid a confrontational issue and avoid facing consequences. The function of the emotion could possibly be to try to hide that I had just hit someone else’s car and damaged it.

How the Emotion was Communicated to Others:

For example; what did my facial expression look like? How did I speak and act? What did my posture look like?

My eyebrows were furrowed and concerned – looking, my mouth appeared open due to heavy breathing. My posture was shrugged over shoulders, and I did not speak. I placed my hands firmly on my cheeks.

How was my Emotion Presented to and Seen by Others (Even if it was unintended)?

I believe my emotion sent to others that I was hiding something or maybe even a bit standoffish and nervous.

What Influence did my Emotion have on Others (Even if it was Unintended)?

People around asked me what happened and attempted to coerce me to talk to them and explain the situation. I believe it influenced others around me to feel concern.
How did my Emotion Communicate to Me?
The emotion I felt “told” me that I should try to solve the problem and tell someone what happened. It told me I was scared and afraid of getting in trouble. I hit someone’s car and left the scene, which is illegal and not a very kind thing to do.

How could I Check to Make Sure That the Message my Emotion was Communicating was Right? (Fact Check):
One thing I could check to see that if I told someone what happened if they think I would be in a lot of trouble. Would I go to jail? Get a fine? A charge? Would the person involved be angry with me and try to get me into more trouble? What are my morals and values?

Were There any Facts to my Assumptions?
I did feel horrible about hitting someone else’s care and then leaving the scene, although after checking the facts this was not a moral issue until I left the scene of the accident. I got in contact with the person that I hit, and they were not upset with me and did not want me to be further charged.

Exercise 3.2: Emotion – Regulation Worksheet
Note: The following page is a blank copy of the completed exercise above.
Exercise 3.2: Emotion Regulation Worksheet

Below is a blank copy of the emotion regulation worksheet provided above. If you’d like, you can use this worksheet whenever you feel an emotion you would like to analyze throughout the week. Try completing this exercise at least 2-3 times weekly.

Example: What are your Emotions Doing for You?

Date: ___________________________  Name: ___________________________

Choose a present or relatively present emotional reaction and complete the worksheet below to the best of your ability. If you need assistance or clarification, ask a staff member for help.

Emotion Felt: ___________________________

Intensity Felt (0–100): ______________

Antecedent event:

What happened that before hand that triggered the specific emotion?

Problem the Emotion was Preparing Me for:

For example, what purpose was this emotion trying to serve? What was the emotion motivating me to do, overcome or avoid? What was the function of the emotion?

How the Emotion was Communicated to Others:

For example; what did my facial expression look like? How did I speak and act? What did my posture look like?

How was my Emotion Presented to and Seen by Others (Even if it was unintended)?

What Influence did my Emotion have on Others (Even it if was Unintended)?

How did my Emotion Communicate to Me?
How could I Check to Make Sure That the Message my Emotion was Communicating was Right? (Fact Check):

Were There any Facts to my Assumptions?
Part IV: Progressive Muscle Relaxation
Progressive Muscle Relaxation (PMR)

What is Progressive Muscle Relaxation (PMR)?

Progressive Muscle Relaxation, or PMR, is a CBT relaxation technique that puts focus on controlling and being aware of muscle tension in your body. It is important to be aware of the muscle tension in the different parts of your body and to be able to manage that tension so that you can reduce stressful, overwhelming physical and mental feelings before they become heightened. PMR includes instructions that are easy – to – follow, and require very little materials. During PMR exercises, you are also focusing on your breathing while tensing and relaxing your muscles (purposefully), holding and then releasing each muscle for a certain time period before moving onto the next muscle.

Like any other DBT or CBT technique, PMR takes practice. It may seem like a simple task to some, but quite often people can become easily distracted and lose track of the step they are working on, and can also accidently focus on tensing and relaxing more then one muscle group at a time. Remember, it is okay to not get it right every time you try this exercise – it is individually – based and can be done at your own pace and understanding.

*Note: Different muscle groups include: Arms, hands, shoulders, legs, stomach, feet, etc.

PMR is a technique that can be practised alone and can be customized to fit your specific needs. For example, there is no set time limit for completing the exercise – it should be as relaxing as possible and you should only be focusing on effectively completing each step. It is recommended that you find a comfortable, quiet and safe place to engage in a full PMR session. You can do PMR exercises as needed or in your spare time to relax.

Exercise 4.1: Progressive Muscle Relaxation

The page below includes instructions on how to complete the provided PMR exercise.
Exercise 4.1: Progressive Muscle Relaxation

The PMR exercise below includes instructions for each step. If you need clarification on the instructions or steps provided, ask a staff member in the mental health department for assistance. Remember to complete these steps at your own pace and comfort level.

Progressive Muscle Relaxation Exercise

As stated previously, PMR is used to decrease the amount of stress you might be feeling by focusing on muscle tension and then relaxing each muscle. This exercise can be used when you feel you may be feeling stress or tension. Do not use a part of the body that you have injured – you can skip that muscle to avoid further injury. Below is a PMR example exercise:

Find a comfortable place and position either sitting up or lying down, with your eyes closed (optional).

The first step is to take a deep breath, while noticing air going into your lungs. Hold this breath for 5 seconds.

Five Second Hold

Let go of that breath slowly, and allow the tension to escape your body.

Now, take another deep breath and hold.

Five Second Hold

Let go of that breath slowly.

Slower than the breath before, take another one that fills your lungs and hold.

Five Second Hold

Let go of the breath slowly while you picture the tension escaping your body.

Focus your attention on your feet, and begin tensing both feet by curling back your toes and arch of each foot. Hold this for five seconds. Notice the tension.

Five Second Hold

Let go of the tension in your feet while noticing the tension escaping your body.

Now, pay attention to your calves, (lower legs) and tense the muscles. Hold this for five seconds and focus on the tension.
Five Second Hold

Let go of the tension in your calves while focusing on the muscles relaxing. *Remember to keep taking your deep breaths.

Release the tension from your lower legs. Again, notice the feeling of relaxation. Remember to continue taking deep breaths.

Now, focus on tensing the muscles in your thighs (upper legs), and pelvic area. This can be done all at once by tensing your upper legs together. Be sure not to tense to hard.

Five Second Hold

Release the tension, feeling it escape the thighs and pelvic area.

Next, focus on tensing your stomach and chest area. This can be done by squeezing and sucking in your stomach muscles. Hold this for about 8-10 seconds.

Five Second Hold

Let go of the tension in your stomach and chest and let everything go limp. Be aware of this relaxing feeling. Continue taking deep breaths into your lungs and hold.

Five Second Hold

Let go of the breath slowly, paying attention to the breath escaping your lungs.

Now begin focusing on your back muscles, by carefully pulling your shoulders back together, holding this tightly. Try to tense these muscles hard without straining them, holding.

Let go of the tension slowly, paying attention to the breath escaping your lungs.

Five Second Hold

Next, focus your attention on tensing your arms from your hands and continue tensing until you reach your shoulders. Paying attention to your hands, make a fist and tighten so that it reaches to the top of your arm, and hold.

Five Second Hold

Now let go of the tension from your hands to your shoulders, noticing the muscles relax from your fingers to your shoulders. Feel your arms go limp and relaxed.
Now, pay attention to your neck and head area, tensing the muscles in your face and neck by squeezing and tensing areas around your jaw, cheeks, mouth and your eyes.

**Five Second Hold**

Let go of the tension and feel your muscles relax.

Next, try to tense every muscle you can in your entire body that you just tensed. Try and tense as hard as you can without straining your muscles and hold.

**Five Second Hold**

And now let go of that tension and let your entire body relax and go limp. Feel your relaxed muscles, comparing the feeling to the tension.

Slowly focus on moving the different muscles and parts of your body, stretch let go of the tension. Take a deep breath and open up your eyes, if you have them closed.
Part V: Automatic Thought Records
Automatic Thought Records

What are Automatic Thought Records?

Automatic Thought Records are a part of CBT that are used to challenge an individual's negative automatic thoughts and provide an alternative way of thinking. Automatic thoughts are exactly as they sound: thoughts that come automatically and unconsciously to a triggered situation. These thoughts for some people can be very negative and often untrue. That is why these thoughts need to be challenged and made more rational and positive to create a better way of daily thinking, and to improve your daily mood and emotional reactions to certain situations.

People can use an Automatic Thought Record to write down a trigger for an automatic thought that has occurred, and then they can challenge that thought to make it more rational. This is the exercise provided on the following page. You are encouraged to try this at least 2-3 times a week, and the same page can be used for different automatic thoughts. It is recommended that this activity be completed in a quiet, comfortable place free of distractions.

Exercise 5.1: Example of an Automatic Thought Record

The following page provides a semi – filled out example of how to fill out each column of an automatic thought record.
### Exercise 5.1: Example of an Automatic Thought Record

#### Automatic Thoughts

<table>
<thead>
<tr>
<th>Trigger</th>
<th>Automatic Thought</th>
<th>New Thought</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE: I failed an exam.</td>
<td>“I will never amount to anything or pass this credit. I will always be a failure.”</td>
<td>“Failing an exam can happen to anyone. It does not mean I am going to fail the class. I will try harder next time.”</td>
</tr>
<tr>
<td>I got in a fight with my girlfriend.</td>
<td>“She will never forgive me. She is going to end things because I am not good enough for her. I always mess things up.”</td>
<td>“Yes, we got into an argument. These things happen in relationships, its normal. We can get past this.”</td>
</tr>
<tr>
<td>I missed a workout today.</td>
<td>“I will never stay on track because I always quit. I am such a loser – I will never accomplish any goals.”</td>
<td>“I missed one workout, and that’s ok. I can try again tomorrow. I don’t always quit because I have accomplished things in my life.”</td>
</tr>
</tbody>
</table>
Exercise 5.2: Automatic Thought Record

<table>
<thead>
<tr>
<th>Trigger</th>
<th>Automatic Thought</th>
<th>New Thought</th>
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</thead>
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References


