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DEDICATION

This thesis is dedicated to my mommy, for always being there and helping me get through school with my sanity!
ABSTRACT

This treatment manual is geared towards the treatment of violent offenders by combining two therapies. This manual combines Cognitive Behavioural Therapy (CBT) with the Good Live Model (GLM) to create a new treatment for violent offenders. It is a 16-week high intensity program aimed at reducing verbal and physical aggression in violent offenders. This therapy utilizes the GLM strength-based approach to increase participant motivation towards treatment. The manual’s main component is the CBT section, which has been proven to be successful in reducing aggressive behaviour in violent offenders in previous research studies. Included in this manual are different strategies and activities that may help change participants’ thought patterns that could aid in the reduction of criminal behaviour. A limitation to this manual is that it has not been used or reviewed by a professional in the field.
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REDUCING AGGRESSION IN VIOLENT OFFENDERS

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Chapter I: Introduction

Correctional facilities house a community made up of different subpopulations. All offenders within this community do not fit into one classification; every offender has their own personality traits, offence cycles, and thought patterns. It is important to understand the risk and needs of each offender in order to deliver the most effective programs to reduce their risk of institutional misconduct and reoffending after release.

This thesis is specifically designed for high risk violent offenders who demonstrate problematic institutional behaviour (e.g., being violent towards other offenders, being violent towards officers, creating weapons, and being disrespectful to others). A review of the literature suggests using high-intensity Cognitive Behavioural Therapy (CBT) has been the most beneficial treatment in reducing problematic institutional behaviour (Hogan, Lambert, & Bardon-Bellessa, 2012).

Motivation is a crucial aspect for any kind of treatment; it is the driving force that will help the participant to engage and want to make changes in their daily living (Polaschek & Ross, 2010). This thesis proposes a motivation and engagement phase to increase offender responsivity to program goals. Motivation and engagement strategies for this treatment will utilize the Good Lives Model (GLM) as it has shown to increase offenders’ commitment to treatment strategies. The GLM positive psychological approach focuses on offender rehabilitation rather than offender deficits, this has in turn exhibited a higher competition rate of treatment. Although the GLM’s main target population is sex offenders, its theories and principles may generalize to other offender populations, including the target population of this thesis. The GLM was created with the intent of creating a positive environment while building a trusting relationship with participants (Ward & Browne, 2004). The GLM’s main focus is to teach offenders how to obtain a better lifestyle and encourages the offenders to actively create their own plan for a pro-social lifestyle.

This thesis proposes that both the GLM and CBT are important factors in contributing to violent offender treatment. The GLM will engage offenders by helping them understand pro-social lifestyles through creating good life plans. Once the offender has an understanding of steps they need to take to achieve a pro-social lifestyle, it hopes to create positive momentum in treatment to move forward into the CBT phase. CBT will help offenders better understand thought patterns that lead to their criminal lifestyle. CBT aims to change these cognitions into pro-social patterns that will aid the offender to achieve the goals set during the GLM phase. Therefore, it is thought that by combining these two treatment methods there will be a significant reduction in aggressive institutional behaviour.

The purpose of this project was to create a manual incorporating CBT and GLM with the aim of reducing aggressive behaviour in violent offenders. This thesis uses a literature review to review these two therapies, a methods section to outline the manual, a Results section which includes the manual of the two therapies, and a Discussion section to identify the strengths and limitations of the manual.
Chapter II: Literature Review

The following is a review of the literature on CBT and the GLM and how they relate to the reduction of violence in high-risk offenders. The following review includes relevant studies that have used aspects of CBT and the GLM when treating violent male offenders. CBT has been proven to be an effective treatment when used to reduce aggressive behaviours in violent offenders (Maguire, Grubin, Losel, & Raynor, 2010). The GLM is becoming recognized for its strength-based treatment strategies, and creating a positive treatment environment with various offender populations. Research suggests that CBT with an additional motivational component will demonstrate a higher rate of success in reducing aggressive behaviour in violent offenders (Polaschek & Ross, 2010). Ward and Brown’s (2004) research suggested that in order for a CBT program to be successful in goal setting and promoting ideations of the good life, it needs to increase treatment motivation in the offender. The topics reviewed in this literature review include the importance of treatment, implications of the RNR principle, CBT strategies, motivational principles, and GLM.

Importance of Treatment

Studies regarding correctional subpopulations demonstrate that there are three main groups that exist within correctional institutions: violent offenders (i.e., whose offences caused serious physical harm to the victim), sexual offenders (i.e., whose offences were of a sexual nature), and general population offenders (i.e., whose offences were not of a violent or sexual nature) (Craig, Browne, Beech, & Stringer, 2006). Craig et al. (2006) conducted a study that found that among the various correctional populations, violent offenders posed the greatest risk for aggressive behaviour within the correctional institution, as well as violent recidivism once released back into the community. The authors found that within two years, 39% of violent offenders were reconvicted (the author did not specify what the offenders were reconvicted of) and sent back to a correctional facility, as compared to 19% of sex offenders, and 27% of general population offenders (offenders who criminal offences are not physically violent or sexually violent). The rate of recidivism among violent offenders nearly doubles to 74% within ten years of their warrant release date (Craig et al., 2006), thereby suggesting that high-risk violent offenders return to incarceration shortly after release. While incarcerated violent offenders tend to have more institutional charges and inappropriate behaviour (physical altercations, and verbal altercations) towards correctional staff and other offenders (Hogan, Lambert, & Bardon-Bellessa, 2012). In addition, individuals in each of these groups can be classified according to their risk: low, moderate, or high (Andrews, Bonta, & Hoge, 1990). These studies stress the need to deliver the appropriate amount of intervention according to the risk classification of the offender. For example, high intensity programs have been shown to be more effective than moderate or low intensity treatment in reducing the reoffending behaviour of high-risk offenders (Andrews, Bonta, & Hoge, 1990). As explained in the RNR each intensity (low, moderate, and high) should be reserved for specific level of risk intensity shown by the offender (low, moderate, or high). These results show that there is a need for a treatment strategy that will be successful in reducing rates of reoffending and rates of institutional misconducts.

Implications of the Risk-Need-Responsivity Model

Predominantly correctional treatment plans adhere to the Risk-Need-Responsivity (RNR) model as it has shown to be successful in treating the different types of offender populations.
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(Andrews, Bonta, & Hoge, 1990). The RNR model is made up of three principles. The “Risk” principle, which evaluates the offender’s level of risk for reoffending once released determines the intensity of treatment (e.g., high-risk offenders need high intensity treatment or, over 100 hours) (Andrews, Bonta, & Hoge, 1990). The “Need” principle assesses the criminogenic needs of the offender; these are dynamic factors that lead to the criminal offences (e.g., lack of employment, criminal peers, substance abuse, etc.). The final principle refers to the "Responsivity" variables of the offender, meaning that treatment should be designed with consideration given to the offender’s education level, motivational level, learning style, etc. (Andrews, Bonta, & Hoge, 1990). The RNR model provides various strengths; such as choosing the appropriate intensity of treatment for the different needs of the offender, and addressing the specific responsivity that may affect the ability to conduct a successful treatment, however, there are weaknesses that arise in this theory (Ward & Brown, 2004). Ward and Brown (2004) believed that the RNR model shows great strengths when dealing with offenders’ risk, and responsivity levels. However, they found that even though the responsivity component is intended to address motivational levels there was still a lack of focus in that domain. Ward and Stewart (2003) thought that the RNR model lacked the theoretical ability to properly engage offenders and guide therapists. Another area of the RNR model that Ward and Brown (2004) expressed concern with was the need principle, stating that it only addresses the criminogenic needs of the offender, but it does not address the non-criminogenic needs (i.e., basic human needs). The need principle focuses on the dynamic factors that lead to the criminal offending; Ward and Brown (2004) state that creating treatment based on dynamic criminal attributes was fundamentally flawed. They believed that focusing on criminal attributes would create a negative association to treatment procedures; therefore causing a negative treatment result (there results have shown a higher rate of positive attitudes towards treatment procedure). Their study suggests that offenders commit offences in order to secure basic human needs. For example, an offender may commit a theft to secure financial stability. However, their study highlights the importance of knowing the criminogenic needs as they are the building blocks to creating intervention focuses in the GLM. Correctional studies have shown that the RNR reduces the rate of offender’s aggressive behaviour; however, areas of deficits have been found within its principles that are addressed in the GLM (Ward & Stewart, 2003). For this reason this thesis has incorporated the GLM component in treatment to view whether addressing the non-criminogenic needs and increasing motivation levels should have a positive effect on treatment, in regards to reducing violent offenders’ aggression rates in the institution.

Cognitive Behavioural Therapy

Over the years CBT has become one of the dominant procedures used when treating violent offenders (Wilson, Bouffard, & Mackenzie, 2005). Numerous studies have found that CBT reduces physical and verbal aggression in violent offenders. Baro (1999) examined the effectiveness of CBT in reducing offender misconduct while incarcerated. He found a significant reduction in institutional misconduct (e.g., institutional fights, verbal/physical aggression towards staff or other offenders) upon the completion of his intervention procedures. His intervention included a treatment known as Strategies for Thinking Productively (STP). This strategy taught the offenders new ways to think about their current situation and what ways to act they could behave in order to produce positive results. Positive results were considered to be when the participant was able to engage in a non-aggressive form of communication. In addition this process aided the offender in reducing their pro-criminal cognitive distortions. His
intervention aimed to restructure cognitive thought processes of the offender by teaching the STP. His study was separated into two phases; phase one had 14 lessons over 8 weeks and phase two had 72 lessons over 24 weeks. In phase one offenders learn the basics of the STP intervention. These skills included (a) learning how to complete a thought journal, (b) identifying key components that lead to their criminal behaviour, (c) learning basic ideas of how to change themselves, and (d) learning how to identify and change their own cognitions into healthier alternatives. In this study, offenders had to successfully complete phase one in order to be eligible to enter phase two. Phase two took the basic concepts learned in phase one and advanced the theories into more depth by having the offender identify all the core components that lead to criminal behaviour, along with having the offender complete thought processing journals (Baro 1999). Results of the study were shown across three study groups; (1) offenders who did not participate in treatment, (2) offenders who completed phase one, and (3) offenders who completed the whole program. At the one year follow-up it, of the offenders who completed the whole program, only 12% engaged in institutional misconduct, compared to 36% in the group who only completed phase one, and 25% of in the group who did not participate in treatment. This shows a significant statistical difference in the reduction of misconducts within the correctional institution for offenders who had completed the whole treatment.

Hogan et al.’s (2012) study CHANGE focused on higher risk offenders and the effect of CBT on their aggressive institutional behaviour. This study was involuntary as participants were selected based on their institutional behaviour and had to complete phase one (learning basic CBT strategies) of the program. Upon completion of phase one, participants were allowed to choose whether or not they wanted to complete the CHANGE program or drop out. The study found that at the first evaluation (3 months into treatment) there was no significant difference in institutional misconducts and aggression levels of the offenders from baseline levels. However, a significant difference was found at the six months such that the rate of aggressive misconducts reduced among offenders still participating in the program compared to those who had dropped out of the program. These results were similar to those found in the previous study by Baro (1999), suggesting that offenders who completed the treatment tend to have a significantly higher reduction in aggressive behaviour compared to those who do not complete treatment. The results of this study could be effected by the involuntary group, as shown in the results of the 3 months into treatment there was not a significant difference. However, at the 6-month interval the results showed that there was a reduction in misconducts with the participants who volunteered to continue in the program (Hogan et al., 2012). The program showed a significant reduction in aggressive misconducts in the institution the longer participants were engaged in the program.

Tew, Dixon, Harking, and Bennett (2012) examined the effects of Chromis, a treatment program for psychopathic offenders, on institutional verbal and physical misconduct. The program used CBT strategies during treatment sessions. The authors found positive results in the reduction of institutional verbal and physical aggressive behaviour. It methods are broken down into three phases: motivation and engagement, cognitive skills training, and Chromis schema training. Chromis shows a significant decrease in both verbal and physical misconduct within the correctional institutions. Tew et al. (2012) noted that there were significant reductions in institutional misconduct in almost all phases among all participants. The results of the Chromis program were significant and show that a CBT-based treatment protocol can be effective in reducing aggressive misconducts within a correctional institution. Although the Chromis program is designed for psychopathic offenders, it has been shown that violent offenders have
personality traits similar to those of a psychopathic offender. Therefore, it is believed that Chromis methods and strategies could prove to be beneficial among the non-psychopathic violent offender population.

The literature suggests that CBT-based treatment showed evidence of reducing offenders’ aggressive behaviours within institutional settings. The Correctional Service Accreditation Panel reviewed other treatment strategies and credited CBT treatments as having a 15% average reduction rates in recidivism across the violent offender population (Maguire, Grubin, Losel, & Raynor, 2010). Landenburger and Lipsey (2005) reviewed other methods of treatments and found that the use of CBT had a higher success rate in reducing recidivism during the first 12 months of release than other forms of treatment. The authors noted that when delivering programs to offenders within the correctional institution, higher success rates occurred when the treatment was being delivered by a trained professional who specialized in CBT treatment (Landenburger and Lipsey, 2005). However, Hogan et al. (2012) found that while CBT was effective, many offenders who participated in treatment lacked motivation to complete treatment components, which may have reduced treatment effectiveness.

Motivation

As shown in the RNR section of this review, the literature stresses a need to include a motivational component of treatment when working with violent offenders. Polaschek and Ross (2010) reported that when the therapist expressed warmth and empathy towards the offender there was a significant increase in motivation for treatment. The authors stated that the success of treatment was reliant on the therapist and the offender creating a therapeutic alliance through means of sharing common goals for treatment. Goal setting in treatment is considered to be a key process in motivating the offender; a therapist must ensure goals are collaborative and reasonably attainable by the offender (Polaschek & Ross, 2010). When creating goals, the offender must show willingness towards treatment. If the offender is still in the pre-contemplative stage (i.e., not ready to make a change), resistance to treatment is heightened. Additionally there has been shown to be a lack of motivation towards treatment (Polaschek & Ross, 2010). As stated previously, Polaschek and Ross (2010) noted that before treatment can begin the offender must show that they are willing to change; if the client is not ready to commence treatment, failure of treatment is inevitable. The study showed that when a therapeutic alliance was created the offender was more willing to engage in treatment activities. In addition, this exhibited positive results in the reductions of aggressive verbal and physical behaviour of the offender. Polaschek and Ross’ (2010) research indicated that increase motivation of offenders leads to an increase in program completion and a decrease in offenders’ aggressive behaviours. Like the previous study, a study conducted by Galietta (2010) found that by focusing on motivational strategies of focusing on positive based treatment ideations, increased offenders responsivity to treatment, this lead to an overall success rate of decreasing offenders’ aggressive behaviours.

CBT was chosen as a form of therapy for this manual because it involves direct and collaborative approaches that aid in overall motivational tendencies. Likewise, the GLM has been selected to be included in this thesis because of its ability to create motivation in its participants by providing them with a positive treatment atmosphere and aiding it participants create a realistic life plan (Ward & Brown, 2004). The strength-based treatment strategy has been
shown to increase the motivational component in therapy and produce positive results (Ward & Brown, 2004).

**Good Lives Model**

The GLM was designed in 2002 by psychologist Tony Ward. The model is a strength-based approach that aims to create a positive therapeutic alliance with offenders (Ward & Brown, 2004). Although when the GLM was created it was predominately used with offenders whose criminal activity was of a sexual nature. However, recent research in the field is beginning to show a positive effect on offenders whose criminal activity is of a violent nature (Purvis, Ward, & Willis, 2011). The GLM’s strengths-based and positive approach to treatment should create an optimistic effect on reducing aggressive behaviour for the target population.

GLM design uses multiple phases to better understand the client’s needs in regards to obtaining a better lifestyle (Purvis, Ward, & Willis, 2011). The success of the GLM is correlated with the amount of information that is extracted from the initial phase of treatment (Purvis, Ward, & Willis, 2011). In the initial phase it is the job of the therapist to learn about the offender through open and closed questions as well as to develop the therapeutic alliance with the offender. The information taken from the initial phase is put into the GLM mapping table (a table that clearly lays out the offender’s needs and abilities) that shows the offender’s areas of need and his areas of strength. The mapping table is a key element in the GLM process as it is the guide to treatment that aids the therapist and the offender in knowing which primary human goods are essential to the success of treatment (Purvis, Ward, & Willis, 2012).

Ward and Brown (2004) explained that offenders commit crimes in order to achieve one of the 11 primary human goods, and treatment must focus on teaching how to achieve these goods in a positive socially acceptable way. The 11 primary human goods include: (1) life (i.e., being able to function and living a healthy lifestyle), (2) knowledge (e.g., advancing grade level, or advancing workplace skills in areas of interest), (3) excellence in work (i.e., increasing skills needed for work), (4) play (i.e., pursuit of hobbies or recreational activities), (5) agency (i.e., being self-directed), (6) relatedness (i.e., family relationships and romantic relationships), (7) inner peace (i.e., finding freedom from stress), (8) community (i.e., functioning within society), (9) spirituality (i.e., developing meaning for the individual’s life), (10) happiness (i.e., feeling pleasure in the present), and (11) creativity (i.e., being able to have multiple outlets for expressing one’s self) (Purvis, Ward, & Willis, 2011; Willis, Prescott, & Yates, 2013). By teaching and developing all of these skills it has been shown to increase offender motivation to treatment as well as increase the likelihood that the treatment will be a success in reducing rates of reoffending (Purvis, Ward, & Willis, 2011). Primary human goods are the foundation for the final part of the GLM model called secondary goods. Secondary or instrumental goods are the means of securing the primary human goods. Purvis, Ward, and Willis (2011) explained primary goods as being the same for all individuals, it is through creating goals that the offender can obtain a specific secondary good that relates to the good life. Example in regards to the primary good of community an offender may create the goal to give something back to their community, making a secondary good being involved in a volunteer group. This secondary good is specific to the person (who created it) but is not the same for others (who want to be involved in the community) (Willis, Prescott, & Yates, 2013).
The GLM has been viewed as a way to enhance the RNR model (Ward & Brown 2004). Its methods incorporate the risk principle by adhering to the guidelines (high intensity treatment for high risk offenders) set out in order to reduce the rate of risk to the community posed by the offender (Purvis, Ward, & Willis, 2012). The GLM goes one step further by addressing offenders’ non-criminogenic needs, and how they relate to obtaining primary human goods (Purvis, Ward, & Willis, 2012). These methods are devised to help the offender create an understanding of what it means to live a better lifestyle, which does not include criminal behaviour to obtain primary goods (Purvis, Ward, & Willis, 2012). Through the process of developing a therapeutic alliance, which can foster motivation and engagement to treatment these attributes lead to increasing overall responsivity to treatment (Ward & Brown, 2004). The GLM focuses on what the offender needs in order to live a "good life," and it aims to avoid fixating on criminal based behaviour (Ward & Stewart, 2003).

Conclusion

The literature suggests that using both CBT and GLM therapy strategies should result in a successful intervention (Ward & Brown, 2004). CBT has previously been shown to produce effective results in reducing aggressive behaviour in violent offenders (Galietta, 2010). The literature supports the use of CBT when addressing the target population as its strategies aim to change the offenders’ anti-social thought patterns into more prosocial ones. The GLM can help in enhancing motivation of the offenders in completing the treatment. The literature supports that the GLM strength based approach, and view of addressing non-criminogenic needs in regards to its ability to engage offenders in treatment (Willis, Prescott, & Yates, 2013). In conclusion the combination of CBT and the GLM methods should demonstrate a positive treatment result.

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Chapter III: Methods

Participants

In regards to participants, this manual only looks at the amalgamation of two treatment strategies in the literature; no human participants took part in this study. With that in mind it is important when choosing participants for treatment that a strict guideline is in place to ensure consistency and integrity during the intervention. In this manual, suggestions for participants will be include the following criteria: (1) their score on the Statistical Information on Recidivism – Revised 1 (SIR-R1) scale, (2) their security level, and (3) the amount of institutional misconducts (verbal/physical aggression) they received one year prior to treatment. The participants must score a -10 or lower on the SIR-R1 to be considered for inclusion in treatment. The potential candidate must currently be residing in a medium security correctional facility at all times of treatment. However, the original security rating level can be either maximum or medium to be considered for inclusion in treatment. Final inclusion criteria for treatment is based on the amount of institutional misconducts received one year prior to treatment. Institutional misconducts will only include misconducts that were verbally (yelling/swearing) or physically (fighting/ weapons) aggressive towards staff or other offenders. This data from all potential candidates will be taken from a site entitled RADAR (correctional site that keeps records on all offenders). Potential candidates must have a minimum of two serious institutional misconducts within the year prior to the commencement of treatment. Once selected for treatment participants will be given a consent form that outlines treatment procedures, expectations, and goals. This form is to be signed and handed back to treatment facilitators before potential candidates are allowed to commence treatment. This information is arbitrary and could be modified at the discretion of the program facilitators.

Consumers

This manual was designed for the primary use of correctional program facilitators. The setting of the intervention would preferably be a medium security correctional facility; however it is not limited to this setting. The program can be used in a maximum or minimum security correctional facility as its population also includes high-risk violent offenders.

Design

In order to aid correctional programs facilitators, a training manual consisting of two therapies that have been proven to be successful in treating high-risk violent offenders was created (Appendix A). The information and procedures described in the manual are based on extensive research done by the author on the two treatment practices used. The manual consists of six chapters that are easy for the reader to follow and understand. The chapters provide an overview of high-risk violent offenders as well as an overview of CBT and the GLM. Intervention procedures for both treatments are provided in the following chapters. Treatment design and a summary of the treatment protocol along with implications of treatment are provided to the reader.

The first chapter of the manual is aimed to increase reader understanding of subsequent chapters. It provides a brief overview of the manual and the treatment procedures. The chapter includes brief descriptions of terms that will be used throughout the manual; this makes it easier
for the reader to follow and comprehend the rest of the manual. The chapter includes brief description as to the reasons for use of the GLM and CBT methods.

Chapter two defines inclusion criteria for potential candidates of treatment. This chapter includes descriptions of all the criteria potential candidates will need to meet in order to be considered for treatment. The chapter provides a description of informed consent procedures to be taken with potential candidate who meet inclusion criteria.

The subsequent two chapters discuss the two treatment strategies used. The chapters provide intervention procedures, expectation of facilitators, and objectives/goals of treatment. The chapters provide descriptions of all intervention materials as well as examples of the materials to further the reader’s understanding. Readers can use chapter one as a resource as it provides brief descriptions of important terms related to treatment models.

The first treatment strategy is GLM as described in chapter three. Chapter three outlines the literature that supports the GLM as a motivational component for treatment. The GLM will be used as phase one for the program. As described in the manual, it is used to create motivation and engagement in participants. In addition, the GLM uses a positive treatment environment for participants; this chapter discusses strategies for therapist to create this environment. Strategies included are understanding life goals, primary/secondary goods, and creating a life plan that does not include criminal behaviour.

CBT is described in chapter four, as it is phase two in the program guide. This chapter reviews the literature that supports the use of CBT. The chapter describes program criteria that need to be met in phase one in order to ensure the success of the CBT phase. The CBT strategies defined in this chapter include thought journals, cognitive restructuring, and thought stopping. The chapter provides a concise layout that is easy for the reader to follow.

The program design will be discussed in chapter five. This chapter provides a description of the evaluation design. The chapter will discuss how to accurately present and calculate a pre-posttest design using specific outcomes to evaluate the efficacy of the program (i.e., number of institutional incidents/charges involving verbal/physical aggression). In addition it will provide an example of a pre-posttest design for the reader.

The final chapter of the manual will provide the reader with quick tips to remember during the program. It will be broken down into separate sections on things to remember, safety precautions, and more. Each section will provide the reader with bullet point tips to remember while implementing this program.
Chapter IV: Results

The format of creating a manual for showing the treatment procedure was chosen for this thesis. The manual for treatment of violent offenders using CBT and GLM can be found in Appendix A. This manual was created by reviewing literature and other treatment manuals that incorporated both these treatment strategies.
Chapter V: Discussion

Summary

The purpose of this thesis was to create a treatment manual for a program aimed at reducing aggressive behavior in violent male offenders. The two forms of therapies chosen for this manual have proven to have significant results in the treatment of aggressive behavior in the target population. CBT has been used multiple times within the correctional system and has proven to be effective in working with a varied of populations within corrections (Galietta, 2010). GLM is a new form of therapy that has been primarily used on offenders who nature of criminal activity is sexual (Ward & Stewart, 2003). However its techniques and skills have shown to be successful interventions on other natures of criminal activities.

This treatment is considered to be a high intensity treatment with a duration of therapy lasting sixteen weeks. This treatment may introduce the participants to potentially new strategies to cope with personal stressors in life or ideations that could have led to their criminal activity. The sessions aim to challenge the participants’ way of thinking as well as their thoughts on criminal activity.

Strengths

The strengths of this manual would that it combines two therapies that could work well together. The two therapies provide different strengths to the treatment that when they are put together could increase overall success of the treatment. CBT has already shown to be successful when implemented on the target populations. GLM is a newer form of treatment that has been showing positive effects on increasing motivation in participants. By combining these two therapies individual strength could increase the likelihood of having a successful outcome, of reducing aggressive behavior.

Limitations

The limitations of this study would be that one of therapies has not had extensive research done on it (GLM). The GLM has not yet been proven or demonstrated efficacy working with the target population, however it has shown significant results working with other populations (e.g., sex offenders). Another limitation to this manual would be that it has not been used; therefore its results or effectiveness are unknown. The setting poses a limitation in the sense that within corrections it is not guaranteed that sessions will follow the timeline or that the participants will be able to attend all sessions. Due to lifestyle and the culture of the setting, unforeseen events may occur limiting the ability to conduct sessions as scheduled (lockdowns, participant placed in segregations, etc.).

Future Recommendations

To enhance the manual, a completion of the manual needs to be done on a treatment group, eliciting feedback from group participants and facilitators. Feedback can then be incorporated into future iterations of the manual. In addition, having a professional in the field review the manual and discuss possible changes will aid in creating a better product.
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Chapter One: Introduction

Purpose

The following is a treatment manual created incorporating two treatment modalities: Cognitive Behavioural Therapy (CBT) and the Good Lives Model (GLM). The two therapies used have individually been proven to reduce the rate of aggression in violent male offenders. It is hoped that by combining these two therapies, there will be a significant reduction in aggression among the target population. The GLM is used in this treatment program to enhance motivation for treatment; this means that its goal is to help increase the participants’ readiness and motivation to change before entering the CBT phase.

What is the GLM?

The GLM is a strength-based treatment approach that focuses on teaching clients what it means to live a “good” lifestyle without engagement in criminal activity. The GLM’s main goal is to help clients determine what is important to their daily living; what primary good (a basic human need such as shelter) they seek, and what primary goods led to their criminal offending. The GLM aims to teach its participants how to obtain these goods in a positive manner or socially acceptable way. The therapy is considered to be positive and focuses on what the participant needs to change to have a better future. This model will be described in more detail in Chapter 3.

What is CBT?

CBT is a form of therapy that focuses on a participant’s thought processes (why someone interprets events, other people, etc.), and how these influence feelings and behaviours. CBT aims to reduce the amount of pessimistic cognitions (thought processes that do not help the participant succeed) and teach the participant new ways of seeing/approaching a situation. CBT works to restructure an individual’s way of thinking while providing them with a new outlook on events related to their daily living. This model will be described in more detail in Chapter 4.
Chapter Two: Pre-Treatment

When selecting participants for treatment, it is important that facilitators using predetermined criteria for deciding who can participate in treatment. Facilitators will need to have access to all potential candidates’ personal files. These files can be accessed through an online data base known as RADAR (correctional site that stores offender data) and OMS (correctional program that stores offender data).

Recommended data to be collected before selecting potential candidates includes: (1) their score on the Statistical Information on Recidivism – Revised 1 (SIR-R1) scale, (2) their security level, and (3) the amount of institutional misconducts (verbal/physical aggression) they received one year prior to treatment.

By accessing OMS data base facilitators will be able to access potential candidates’ scores for SIR-R1. Potential candidates’ must have a score of -10 or lower on the SIR-R1 scale to be considered for inclusion in treatment. A score of -10 on the scale indicates that the candidate needs high intensity programs to reduce their likelihood of reoffending after release. It is important that when creating a program that risk level matches the level of need shown by the participant. Previous studies have shown that based on if a client participate in a program that is a higher intensity than needed, it will increase the possibility for recidivism. Likewise if the client participate in a lower intensity than needed.

Potential candidates’ current security level must be rated as medium security and they must be residing in a medium security prison. However, the original security rating level can be either maximum or medium to be considered for inclusion in treatment. This criteria is needed to ensure that all candidates reside at the same institution.

Final inclusion criteria for treatment is based on the amount of institutional misconducts that were verbally (yelling/swearing) or physically (fighting/weapon) aggressive towards staff or other offenders. This data from all potential candidates will be taken from a site entitled RADAR. Potential candidates must have a minimum of two serious institutional misconducts within the year prior to the commencement of treatment. In corrections it is rare that an offender will engage in multiple serious misconducts, by setting the minimum of two serious institutional misconducts, will allow the treatment to only include candidates who engage in these behaviours more frequently.

Consent Procedures

Once potential candidates have been selected for treatment, they will be required to sign a form (consent form Appendix A) giving their consent to participate in treatment. The form will outline the details, expectations, and goals of treatment. Facilitators will hold a pre-session to deliver the consent form to all potential candidates. Facilitators of the treatment are to go over all the points of treatment with potential candidates to ensure that they fully understand the expectations of the treatment.
Chapter Three: Treatment GLM (motivational enhancement)

Introduction

The GLM was created nearly a decade ago and is becoming a more widely known form of treatment in correctional facilities. When implementing a GLM program it is important that facilitators are positive and collaborative with their clientele (meaning facilitators will provide the clients with a reassurance and support during therapy sessions). The GLM is a strength-based model that encourages offenders to view areas of their life that led to their criminal activity. These areas could include the offenders’ employment as they were just led off and needed to make money leading them to criminal behaviour. These areas that lead to criminal offending are known as primary goods (Appendix B); in this model the belief is that criminal activity is caused by an offender trying to obtain one or more of these primary goods in flawed ways. As a facilitator it is your job to understand what these primary goods the client is trying to obtain, then help guide the offender (through sessions and activities) to understand how to obtain these goods in a prosocial way.

Facilitators of the program are to maintain motivation and by keeping treatment moving forward. This means that if an offender becomes stuck or lacks motivation the facilitator must work with the offender to determine what would be a good motivator to continue the treatment process. As a facilitator you must work with the client to help them view different possibilities such as getting more education, focusing on one job, learning to budget their money, etc. Have the client think of other ways to obtain financial security without a high paying job or ways to achieve a better job.

Skill Development

The GLM discusses the idea of 11 primary goods that are involved in every individual’s life. These primary goods are the focal point of the GLM and are used as a basis to skill development. When developing skills, the facilitator must act as a guide to the client and provide the client with alternative ways of obtaining primary goods. There are 11 primary goods outlined in the GLM these goods include:

- Life (living a balanced healthy lifestyle while improving daily functioning)
- Knowledge (expanding education in areas of interest to client)
- Play (finding/learning new hobbies and recreational activities)
- Work (learning skills that will aid the client in pursuit of a career)
- Excellence in Agency (becoming self-directed and developing a sense of power)
- Inner Peace (reducing stress and finding ways to cope with daily struggles)
- Relatedness (developing relationships with family, friends, or intimate partners)
- Community (developing a positive support network)
- Spirituality (learning about one’s own life purpose and developing a self-guided path)
- Pleasure (learning to live in the present to find happiness)
- Creativity (developing alternative ways to express one’s self)
By the end of the GLM phase, participants will have an understanding of alternative ways to obtain the goals listed above without the use of criminal activity.

Treatment Schedule

The following is a week by week breakdown of the treatment schedule. The treatment is broken down into 6 weeks. Each session will start with open comments or remarks, a recap of the previous week/session, and an open floor for participants to ask or discuss events/issues with the facilitators. Session are 2-hours long twice weekly.
REDUCING AGGRESSION IN VIOLENT
OFFENDERS

Week One

Session One: During session one of week one the facilitators of the program will introduce themselves to the participants and provide a brief overview of their qualifications to conduct this program. Facilitators will provide a brief introduction of the other members of the group and have the participants provide a brief introduction of who they are. Participants can provide a fact about themselves or just state their name. After completing the introduction facilitators will give an overview of the GLM treatment phase. They will tell the participants what to expect during this phase and the main topics/strategies that will be covered during this phase.

After providing the overview of the GLM, facilitators will ask the participants to provide a list of what they expect or hope for during treatment (Appendix C). They will also provide a list of what they expect from other participants (e.g., A participant may expect that the other participants will be respectful during sessions where information is shared) as well participants will state what they expect from the facilitators during treatment. These lists will be created on a large worksheet and brought to every session, in case they need to be referred back too.

Facilitators should begin the overview by explaining that the GLM is a positive strength based program designed to discuss non-criminogenic needs (needs that are not related to criminal offending). The facilitator will discuss the 11 primary goods (Appendix B) and how they relate to criminal offending. The primary goods are created for the participant to assess what they value in life and create goals based off these values.

Session two: During the second session, the facilitators will discuss with the participants the different aspects in their life (e.g., work, family, hobbies, etc…). They have participants discuss the different aspects of their life that they find relevant or that they place value on. A participant may value their family and struggle with connecting to family members this could be the cause of the aggression in the participant. Participants will be asked to complete a chart (Appendix D) that describe who they are as a person.

Examples of What to Put in the Chart

- Work title (Carpenter, Sales Assistant, etc…)
- Husband, brother, son, etc.
- Education level
- Hobbies
- Skill sets

After completing their own chart, participants will be asked to share with the group what they wrote in the chart. As the facilitator you are to ask participants to expand on the different things they put into their charts. For example if a participant says that one of their life areas is being a father, a facilitator could ask how the participant feels about being a father, what are some responsibilities they face, what they value about being a father, etc.

Discuss with the participants how these life areas and skills will be used throughout the program. Discuss that for next week the treatment will focus on the 11 primary goods.
We Week Two
Session one: During session one of this week facilitator discuss basic cognitive schemas of violent offenders (thoughts that support violence).

Possible Schemas Include:

- I need to fight
- Authority figures are disrespectful
- If I did not fight, they would have walked all over me
- My spouse is a liar or women are deceitful
- I gain respect by fighting

Ask the participants to give their own ideas as to what they believe are reasons to engage in aggressive behaviour. Discuss with the participants why they believe these schemas to be true. If a participant is discussing that they believe violent behavior will gain them respect, ask about what part or where did this idea come from? What times in their life did violent behaviour gain respect? Ask participants about times in their life when they have engaged in these aggressive behaviour and they did not get the outcome they wanted. Discuss with them the negative to engaging in aggressive behaviour (they could get into more trouble, or engage in aggressive behaviour with the wrong person and end up getting hurt themselves). Attempt to discuss every schema on the list or presented by the participants. Attempt to engage the group in discussing these schemas with each other (this can be done by asking another participant to comment on an opinion given by another participant).

Session two: During this session, begin discussing the 11 primary needs that are the basis of the GLM model. The needs are listed above. Have participants discuss what they value about the different need areas. After discussing the 11 primary needs with the participants have them complete the work sheet provided in Appendix E. This work sheet provides the participant with the 11 primary needs along with a definition of the need. The work sheet asks the participant to complete the third column, which ask what this need means to them and what they value in this area. Note, the last column (Secondary Needs) will be completed in a later session). For example, for the need of excellent in work, this could mean furthering education or skill level and they value getting a better job. Provide participants with help while they complete this worksheet.
Week Three

Session One: The session will focus on discussion of the sheets the participants had completed the week before based off the 11 primary needs and what they value or want based off these needs. Participants will have a chance to share with others what it is about these primary needs they value or hope to obtain come their re-entry back into the community. Participants will be asked to complete a total of 4 scenarios that have happened to them that included violence and the result of these scenarios. (Work sheet found in Appendix F). These scenarios will include the event followed by what behaviour they engaged in and what was the result of the behavior. This worksheet hopes to help participants to create patterns, and develop understanding for their aggressive behavior.

Discuss with the participants that their behavior can be a product of observation meaning it is a learned behavior. Have them include in their worksheet times where they have seen violence by other (such as their father or friends).

Session two: Ask participants to discuss what they put onto their sheets as events and what the results of these events were. Have each participant share all 4 of their events with the group. Guide the discussion with the participants and discuss common themes found with the events discussed and results of these events.

Once common themes have been found, ask the participants to think about how these themes can relate back to their 11 primary human goods. For example, if a participant’s engagement in aggressive behavior in the form of Robbery to obtain financial security; this demonstrates training to obtain the primary good of life. By engaging in Robbery they are attempting to secure finances to increase their daily living. Have participants prepare for next week’s sessions by taking their list and associating consistent primary goods they were trying to obtain while committing these acts. Each participant should be able to associate a secondary good to each one of their events. Another example of this could be if a participant engaged in aggressive behavior towards a group because they were a part of a different gang; the primary good the participant could be attempting achieve would be community.
Week Four

**Session One:** Provide participants with a brief discussion on week 3 activity, then ask participants to express their thoughts on the previous week’s worksheet. Have participants discuss the primary needs they think are related to the events that occur in their life. For example, one participant may discuss that he commits criminal activity because he is trying to obtain financial gain, which could lead back to the primary good of life. The participant is trying to improve his daily living by increasing his financial worth. The main focus of this activity for the facilitator is to have each participant recognize specific primary goods they were trying to achieve by committing offences or violent acts. If a participant cannot determine a primary good or reasoning for their action, ask the group if they could come up with ideas for these actions, also facilitators should provide their own insights into the behavioural patterns of the participants. If this does not work ask questions such as how were you feeling, what were you hoping to accomplish by engaging in the behavior, etc.

After hearing the ideas and the primary goods, ask participants if they can determine what life events lead them to engage in violent behavior. Before leaving ask the participants to think of alternative ways they can obtain the primary goods without engaging in criminal/ violent behavior.

**Session Two:** On a large piece of paper create a chart that will list all of the alternative behaviours the participants can engage in to obtain primary goods. During this session focus on different life events from participants and have the group brainstorm/discuss alternatives to the criminal behavior. Inform the participants that often criminal offending is a result of obtaining these primary needs/goods, but in socially unacceptable ways; and that by engaging in socially acceptable ways they can obtain these goods without being criminally active. For example, if a participant engaged in aggressive behavior in order to obtain a high position in a group (gang) they are a part of, have the participants discuss alternative behaviours the participant could have engaged in to join the group. These behaviours could include talking to the group members without aggressive behavior, or if the group is known for being aggressive/criminally active, the participant could not interact with this group and join a different group who do not value a criminally active lifestyle. As participants discuss alternative means to obtaining primary goods write them down on the large worksheet paper. Provide participants with their own paper to keep notes and write down the different methods they may find useful in the future.
Week Five

**Session one:** participants will learn secondary human goods and how they relate to the primary goods previously discussed. Participants will create a life plan for when they are released back into the community. This life plan will be generated for the participant in order to reduce the likelihood of reoffending. Secondary/instrumental goods are a concrete version/goal of obtaining the primary good. For example, if the primary good is work, then a secondary good could be gaining employment in a meaningful place. Participants will discuss secondary goods they hope to achieve after completing their sentence or begin while still serving their sentence.

**Session two:** have the participants complete the worksheet on secondary goods (i.e., last column) they hope to achieve. The work sheet is included in Appendix E. Allow the participants to have 20-30 minutes to complete this worksheet. Provide the participants with help if needed while they complete this worksheet. Encourage the participants to work together while completing this sheet. After the worksheet is completed, have an open discussion with participants about the different secondary goods they have put on their worksheet. Brainstorm with the group all the potential possibilities they could incorporate to complete/achieve these goals.
Week Six

Session one: Review all material about primary and secondary goods. Have participants discuss what they value about life.

Value Examples

- Family (being a good father, husband, etc…)
- Employment (being a good employee)
- Money (being financially stable)
- Pleasure (finding happiness)

After discussing different values, have the participants discuss goal and actions to take in order to obtain these values. Have them connect the worksheets and activities done during previous session back to obtaining these specific values.

Example: if a participant has discussed that a primary good he hopes to achieve would be family (being a better father). During the session this participant has discussed the nature of his aggressive behavior having to do with obtaining a better lifestyle for his son (e.g., one of his examples was stealing a bike so his son could have one, or being verbally aggressive with a teacher because he believes they wronged his son). The participant’s secondary goal would be to be a better father and to be there for his son. Then some of the topics to discuss with the participant would be how to be a better father or what would be important to do with the son. Outcomes could be to get his aggression under control, allowing him to spend more time with son. Another would be to obtain employment allowing him to provide for his son.

Session two: In this session, start by having participants discuss what living a good life means to them and how they can obtain a good life. Have each participant discuss a plan for how they are going to achieve a better lifestyle that could start now or when they are released back into the community. Provide the participant with positive supports and encourage positive thinking while they discuss their life plans.

In closing, recap important material discussed, new ideas or views taught, and remind the participants of progress made during this stage of treatment. Provide a brief overview of what is coming up in the next phase. Remind participants that it is their choice to continue with program. Thank the participants for their co-operation during the first phase of treatment.
Chapter Four: Treatment CBT

Introduction

CBT has been used in various correctional programs and has been considered to be one of the most successful forms of treatment when working with violent offenders. CBT aims to change cognitive thought processes that lead to criminal activity.

Skill Development

CBT is a client centered form of treatment; facilitators will act as a guide in the participant’s skill development processes. This allows the participant the ability to change their own thought processes without being influenced by the therapist. Skill to be developed include:

- Develop thought processes (being aware of one’s thinking).
- Understanding negative thought processes (learning about negative thoughts and how we perceive them).
- Learning about schemas/ cognitive distortions (understanding how one perceive reality or events around them).
- Thought Journals (learning how to complete a thought journal).
- Mindfulness techniques (being aware of surroundings).
- Self-talk (being able to talk yourself through negative life events).

Treatment Delivery Schedule

CBT will consist of 2 sessions per week that are 2 hours in length each. The session will begin with an introduction that includes participants sharing experiences, asking questions, or expressing concern. The facilitators of the program will introduce the focus for the sessions then allow the participants to take the lead in discussing topic related to the focus of the session.
Week One

Session one: during the first week facilitators will introduce CBT and give a brief overview of CBT goals (understanding thought patterns, understanding cognitive distortions/ schema, being able to recognize negative thought patterns, and being able to change previous negative patterns into positive thought patterns). They will ask the participants to review strategies that they have been using from the GLM phase. Facilitators will create a link between the GLM phase and the CBT phase by discussing strategies in CBT that will further the understanding and development of the skills learned in the GLM phase. Review the rules from the GLM process that are found in Appendix C. Ask participants if they believe there should be other rules added to the list.

Session two: review and discuss the different strategies for CBT. Provide participants with an overview on the different approaches that will be included in the following weeks.

Quick Talking Points

- Talk about the GLM stage, have offenders discuss what they liked about this phase and what they did not like about the phase. In addition, have them discuss what they found helpful.
- Create a connection between the two phases and discuss why it is relevant. Meaning discuss the means primary needs with secondary needs and how developing CBT skills of thought processes can help increase the success of these skills. For example, by developing positive thought patterns will help the participant think about the links between behaviours and personal values. If a participant is able to understand their cognitive thought process, they will be able to understand how to obtain a primary goods without criminal offending.
- Discuss with the participants that CBT is a client-centered treatment and that they will be asked (but not forced) to share during every session.
- List to the participants the CBT strategies that will be used over the following weeks of treatment, including thought journals (having participants express thoughts and emotions in a structured writing journal), and moral recognition and justification (the different moral justification used to justify one’s actions)
Week Two

Session one: Facilitators will introduce cognitive distortions and discuss with the group the meaning of cognitive distortion (Appendix F). The participants will have a group discussion, directed by the facilitators about events in their life where they could have experienced different cognitive distortions. Facilitators can provide the participants with real life examples of cognitive distortions.

Cognitive distortion

- Filtering- Picking one detail from an event and only focusing on that one detail. Example: only focusing on negative feedback given rather than acknowledging all feedback including positive.

- Black- and-white thinking- only seeing a situation in one of two extremes. Example: being perfect or being a failure.

- Overgeneralization- expecting the same outcome to continue to happen even if it has only happened once. Example: expecting to always get your way if you engage in aggressive behavior because it has worked before.

- Jumping to conclusions- believing that the outcome can only be one way or a person is acting a certain way because they want to harm you. Example, if someone says something negative one could assume it is because they want to start a fight or believing that the world is unfair and believing that no matter what you do it will fail.

- Catastrophizing- Expecting the worst possible outcome without entertaining the idea of a less possible extreme; not going to programs because they cannot help you and they are useless

- Personalization- believing that what others are saying is directed towards them or has relation to them. Example: believing that if two guards are talking, they are negatively talking about you.

- Control Fallacies- The belief of not having control over our lives and that it was something else that causes negative events in your life. Example: believing that you were born to be criminally active.

- Fallacy of Fairness- The belief that nothing in life is fair and that no one in your life can see what is fair in relation to you. Example: not being given a promotion you believed was rightfully yours.

- Blaming- The act of placing blame onto others for actions, or blaming others for what happens in your life. Example: not having money because others spent it or the cost of living is too high.

- Global Labelling- The idea of being labelled and sticking to labels given to a person. Also refers to the idea of labelling others into categories. Example: being labeled as being from a bad neighbourhood, then acting that way because it is where you were raised and people already expect it.
Have participants complete a page based on cognitive schemas they have experienced in their own daily living or cognitive schemas they believed to be true.

**Session two:** Once facilitators have recapped the cognitive schemas learned in the previous session, they will ask the participants to share with the group their personal struggles with these schemas. The group will provide a discussion based off the information shared by other participants. As the facilitator, you are to keep this discussion positive and on track. Provide directive questions. For example, if a participant is talking about how they feel like they have no control over their actions, ask them what makes them believe they have no control, or what events in your life have happened to give them this idea? As the facilitator, it is important to gently challenge participant schemas in order to aid their understanding of this thinking.
Week Three

Session one: will discuss the different moral disengagement (Appendix G) some participants may experience when they commit criminal behavior. Moral disengagement is a series of different beliefs a participant could use to justify their criminal behaviour. Have participants discuss times where they have engaged in violent behavior and reasons why they engaged in this behavior. When the participants have completed this exercise, provide them with a list of types of moral disengagement and their definitions.

Moral Disengagement

- Displacement- placing the blame onto an authority figure or onto someone else. Often people engage in negative behavior if they believe that someone else is responsible for the actions.
- Diffusion- this means engaging in problem behavior if they have multiple others engaging in the same behavior. If there is a group of people engaging in the same behavior, one may be more likely to engage because there are more people responsible for the behaviour.
- Misrepresenting- this is the act of minimizing harm caused to someone to make it seem less destructive.
- Dehumanizing- thinking of someone in a different light; thinking of a person as if they are not really human, viewing them as someone who cannot think or feel.
- Justification- giving yourself reasons why engaging in this behavior was okay, such as the other party started it or they also engage in hurting people.

As done in the previous week, have participants create a one-page list of moral disengagement types that may be relevant to them. Have them prepare this page for the next session.

Session two: have the participant share their one-page worksheet of the moral disengagement principles they have or believe in. Continue the discussion with group providing directive and supportive questions/ comments. As done before, have the participants challenge each other’s way of thinking. For example, if the participant is dehumanizing a victim, ask them what makes them less of a person than the participant, or ask them to describe the person’s features and traits. Provide links between cognitive schemas and disengagement. Such as the cognitive schema of blame where a participant may blame others for their actions relates to the moral disengagement of displacement where they place the blame onto others as well such as authority figures. Discuss with participants about how the ideations they create influence the actions/behaviour.
Week Four

**Session one:** focuses on triggers to criminal behavior. Facilitators will discuss with participants the different aspects in their life that could be potential triggers for negative/aggressive behavior. Have participants discuss two times they have engaged in violent behavior with the group. As a group determine what was the trigger for this violent behavior.

**Example Scenario:** Jerry is standing on the range when someone walking past bumps into him. Jerry takes this as an intentional action and yanks the guy’s shirt pulling him to the ground. The guards end the interactions after this.

The trigger for the negative behavior would be bumping into Jerry on the range.

Have the participants complete a worksheet in Appendix I. The worksheet consist of triggers and behaviours. The participant will write down times they have felt angry or aggressive in the trigger box on the sheet. They will follow-up by saying what behavior they engaged in when presented with this trigger.

**Session two:** discuss triggers and behaviours with the group. Discuss how cognitive schemas and moral disengagement could play into these triggers. Referring back to the example with Jerry, the person who bumps into him on the range could not have seen Jerry or bumped into him accidentally. Jerry’s interpretation of this event could be seen as jumping to conclusions or black-and-white thinking. Jerry only thought of one possibility and that was the person who bumped him intentionally. He could also use the disengagement principle of justification believing that since the guy bumped Jerry first he was in the right for hitting him. Have participants compare and contrast their own triggers and behaviours to these ideas. You can ask questions, such as: “Do you believe that what you did was the right reaction?” "Why was it the right reaction?” and get the opinions of other group participants. Also, discuss other options for responding to the situation and get further feedback from group participants.
Week Five

Session one: discuss with participants how to control their anger or aggression when they are faced with negative triggers. Have participants work in a groups of two to create a mind map (a map that begins with one event or topic and builds multiple interpretation/ideas from the main event/topic) of how to react when faced with triggers. In the middle of the mind map will be a negative trigger such as being touched. From there, the participant will create lines that connect different ways to react to this situation that are positive. Once the participants have completed this activity, have them regroup into the large group and discuss different strategies for coping with the negative triggers. Create a list of coping strategies on a big piece of paper. After completing the list, have the participants discuss a current negative trigger they experienced and have them apply the coping strategies to the event.

Session two: introduce the concept of negative thought processes. These are natural occurring thought processes people experience that may be the cause for problematic behavior. Discuss with the participant what a negative thought process is. An example of this could be that if someone views you as an offender they already view you negatively; therefore, engaging in criminal behavior is okay. Have an open discussion with participants about their negative thoughts and how they influence their behavior. Use examples of thoughts that were provided in the previous activity of the mind map. If the conversation hits a break ask one participant to detail a thought they are currently having about the program/session. This could provide you with a relevant current negative thought process that is affecting their ability or willingness to participate in the activity. As homework, ask participants to track their moods over the next week. Ask them to notice when they have negative moods and describe the events that lead to these feelings. Have the participant discuss what kind of thoughts are associated with these moods and if they can identify when they are having negative thoughts. This means the participant should include that place the thought occurred, what the factors were leading to the negative thought, and what were the consequences of the thought.

Example: While walking to the recreational area one of the guards stopped Jerry to ask me what I was doing and if I had a pass. My thought was that the guard does not like me or that he was just trying to prove his authority over me by asking for my pass as he did not ask others for theirs. This caused me to get angry. I talked back to guard saying that he was abusing his power and that he stopped no one else who was going to the same place. The consequence was that I got a warning for talking back to the guard.
Week Six

**Session one:** facilitators will review the negative thought/mood processes written down by the participants since the last session. The participants will be asked to share at least one of their thought processes. Facilitators will ask participants to consider what the consequences of the negative thoughts and actions. After considering this, they were asked to think of a different way to think about the situation and if they could change their thought process to be positive.

Example: from above the pass example, if the offender viewed the guard was just doing his job and handed him his pass they could have avoided getting a warning from the guard.

After this is completed, facilitators will introduce the cognitive thought journal. This a journal that focuses on thought processes and how they can affect decision-making. Cognitive thought journal worksheet is provided in appendix I. The journal will include the event, the emotions/ sensations felt during the event, reason to support behavior, reason against behavior, appropriate alternative to the event that do not include violence, and solution to the event plus new emotions towards the event.

Example: Using the guard pass example. The event: the guard asks to check your pass but does not ask to look at anyone else’s pass. Possible emotions: Anger, frustration, heart racing, body heating up. Argument for Violence: he deserves it, he only stopped me and no one else, he is being a jerk. Arguments against Violence: he is just doing his job, maybe I was not on the list to go, he does not recognize me. Appropriate Alternative: giving him the pass, politely introducing myself and giving pass. Solution plus New Emotions: give the guard my pass. Feeling calm, heart speed going back to resting.

Review a couple of examples with the participants in the session. Have participants’ complete three journals for the next session.

**Session two:** review thought journal concept, have participants share their thought journals with a partner. Ask that the participants provide their partner with feedback on the journal. Regroup and have each participant share one of their completed thought journal entries with the whole group. Provide support and feedback on the activity. Have participants continue to fill out thought journals as homework for the remainder of the session.
Week Seven

**Session one:** introduce the strategy of self-talk. This strategy is where the participant will talk themselves through a negative situation or thought that they are currently experiencing.

Example: If someone feels like a group is talking about them negatively, self-talk strategies would include: what would they be saying they do not know me, they are probably talking about someone else, who cares if they are talking about me, I do not know them, etc.

Discuss the different ideas and situations where self-talk would be useful. Provide the group with a scenario where self-talk could be used. Then have the group use self-talk strategies to solve the problem without engaging in aggressive thought patterns that can give rise to aggressive behaviours.

After teaching self-talk, run the group through a mindfulness exercise (Appendix J). It is important that the exercise is calming to teach the participants how they can calm themselves down when they are feeling intense anger.

**Session two:** During this session, provide a recap of everything learned in the program. Discuss with participants different events and scenarios where they have implemented skills learned. Ask if they are able to identify their own cognitive distortion/schemas. Have them provide their latest cognitive thought journal then have them talk through each new strategy they learned in order to come up with all the best solutions. In the last thirty minutes of the session, tell the participants of the last task to be completed in the program. The participants will each create a presentation based off what was occurring in their life around the time of their index offence. This includes what they were experiencing at this time, thought patterns, and other strategies that are consistent with the treatment to date. If the participant does not feel comfortable sharing this information ask them to prepare another time where they engaged in aggressive behaviour and the events/patterns that surrounded this behaviour. The participant could also discuss another event that causes extreme anxiety. Ask them to look at the thought process during the event and apply the different elements from both the GLM and CBT phase. Ask the participant to tie together the strategies from both sessions, to help understand the reasons for engaging in aggressive behaviour.
Week Eight and Nine

Over the next two weeks of treatment the participants will each present. The presentations will be on their index offence or another anxiety-provoking situation they have been a part of/experienced. The presentations will incorporate skills learned from both the GLM and CBT phase of treatment. The other participants in the group will be asked to provide feedback and encouragement to the participant who is presenting.

Example: Of a presentation could include a participant who presenting on a time where he engaged in being physically aggressive towards a bank teller who would not give him money from the till. The reasons for aggression could be to obtain money because he could not afford to pay for rent. The participant could have engaged as well because they had a family they needed to support. Others already view him as a thief or someone who would be criminally active. Therefore, it was okay for him to commit Robbery.

Primary goods: Family (wanted to support his family), and life (attempting to obtain better daily living).

Cognitive distortion: Global labelling (being previously viewed as a thief).

Moral disengagement: Justification (the teller was not giving him the money he needed to be violent, he needed to support his family, and others already view him as a criminal).

Thought process: engaging in the aggressive behavior was necessary because the money was needed and the teller was not doing what was asked of him.

After discussing the reasons for why they engaged in the problem behavior with the group, have the participant begin the thought process for reason, or goals they could create to aid them to not engage in these behaviours.

Goals: to learn new skills in the trade of plumbing to get a better job

Secondary goods: to obtain better employment to be financially stable without engaging in criminal activity. This will increase daily living by providing financial security. Also, this will allow for more time with the family as criminal behavior will not be a key component in obtaining financial security.

Thought process: because the event was obtaining money, the thought process for aggression will be different. Focus on the reason for engaging in aggression because the teller did not do what was asked. For the purpose of the example, we will assume that this is a common factor for aggression others not engaging in what was asked of them. Therefore, the thought pattern will be directed to self-talk when someone says ‘no’ to a request. When someone does not engage in my request instead of becoming aggressive, I will think about reasons why the person is not engaging. I will ask the person why they will not engage in my request. I will disengage and accept that they do not want to do the activity. I will walk away.

This is a good time to ask the group for their opinion on what techniques the current presenter could use from the program to aid with their aggressive behavior. Have the group brainstorm all the strategies and skill learned in both phases that could apply to each situation.
Week Ten

Facilitators will talk with participants about how presenting their index offence made them feel the week before. They will ask if the participants found this to be a useful exercise and if it helped to solidify the skills learned. Together the participants and the facilitators will discuss positive goal setting in order to reduce the risk of reoffending. Participants will complete Appendix K which is a worksheet detailing goals they hope to achieve once they are released back into the community. The group will discuss how both strategies have will aid them to obtain a prosocial daily living.

Facilitators will solidify the strategies learned during both sessions and ask participants to provide feedback on the program as whole. Facilitators will take notes on the program feedback and incorporate it into future programs. Facilitators will thank all the participants for completing the program.
Chapter Five: Pretest-Posttest Design

Facilitators will take participants’ scores using a pretest-posttest design. A pretest-posttest design is when data is collected once before treatment begins then collected once after treatment is completed. Pretest-posttest scores are designed to judge the success of treatment. It allows researchers to see the changes in the participants from before treatment to after treatment. The scores provide a clear indication of changes in participants’ aggressive behaviour from before treatment to after treatment. It will determine the success of the treatment as well, if there is a significant decrease in aggressive behaviour treatment will be considered a success.

Collecting Scores

Pretest scores should be calculated using data from participants starting one year prior to treatment. Meaning that if treatment commences on April 16th, 2015; aggressive misconducts will be recorded commencing on April 16th, 2014. Each individual misconduct (incident reports or charges involving an aggressive outburst) will count as one point towards the overall score. These incident reports can be found on a correctional site titled RADAR. A score from one year prior to treatment of aggressive misconducts, will be given to each participant.

Posttest scores will be taken for up to a year after the last day of treatment. Each participant will receive an individual score of the total number of misconducts they received after successfully completed treatment.

Example of Data Collecting

Pretest

Participant: Jimmy

Start date of treatment: 2015-03-04

Data collection period: 2014-03-04 to 2015-03-03

Institutional charges during time period include:

1. Yelling threats at other offenders during yard (2014-04-10)
2. Hitting another offender in the gym (2014-06-24)

Pretest score = 3

Graphing

A bar graph will be used when plotting each participant’s individual score. The participant’s number/or letter will be displayed on the X-axis, participants names will not be used on graph. Each participant will be a letter on the graph (the letter A will represent the same participant for both the pretest and posttest scores on the graph). Number of institutional misconducts will be shown on the Y-axis because it is the dependent variable. Each participant will have a bar that shows their pretest scores (number of aggressive misconducts received one
Calculating Results

Once all data points are received, the facilitator of the program will input data using an excel spreadsheet. Figure 2 displays how data should be inputted into excel. On excel in column A: put participants (follow the column down labelling A, B, C, etc. in individual cells), Column B: pretest, and Column C: posttest. In the pretest-posttest columns input the scores of the participants ensuring that the same participants scores line. Participant A score’s should both be in the same row as A is (shown below).

<table>
<thead>
<tr>
<th>Participant</th>
<th>Pretest</th>
<th>Posttest</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>B</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>C</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>D</td>
<td>7</td>
<td>2</td>
</tr>
</tbody>
</table>

After completing this for all participants input the data into a bar graph. This can be found on the above tool bar. Label the graph by using the graph title function found in the design tool from the bar above. Input two text boxes above the bars and label the pretest-posttest sections. Example graph is provides below.
Chapter Six: Facilitator Tips

The last chapter gives a few points for facilitators to keep in mind while running the sessions. It is important that facilitators implement the program with a positive attitude and show empathy/support for the clients. It is also important that the facilitator always be aware to create and maintain safety precautions while they are implementing the treatment. Please see below for quick notes to keep in mind during the course of the program.

Safety

- ALWAYS carry you portable personal alarm (PPA).
- Remain arms reach away from participants.
- Use Non-Violent Crisis Intervention techniques when approached by a participant in a verbally or physically aggressive manner.
- Do not hesitate to push your PPA (meaning if you are concerned with your safety at any moment push the alarm).

Sessions

- Stay positive.
- Let the clients do most of the talking.
- Be prepared (topics ready, and handouts printed).
- Keep participants on track.
- Be mindful of the discussion (if you feel the discussion escalating diffuse the situation or start a new topic).
- Be prepared for cancellations of sessions.

Addressing Clientele

- Be calm.
- Do not address the clients in a confrontational manner.
- Speak to them in a positive manner (do not use negative terms or derogatory terms).
Appendix A

Consent Form

Dear participant,

You have been selected to take part in a new treatment program. This is a 16-week intensive program using two different treatment models. You are invited to take part in a treatment program that uses the Good Lives Model along with Cognitive Behavioural Therapy. This treatment program was designed to reduce the rate of violent behavior.

Why is this program being done?

This treatment was designed to target violent behavior patterns in hopes of providing participants with the skill and tools to reduce future aggressive behavior. This program is aimed at reducing with institutional aggressive behavior, such as verbal or physical violence against staff of the institution or other offenders in the institution.

What are the potential benefits of taking part?

Benefits to taking part in this treatment program will be learning how to handle aggression or violent behavior. It will teach the participants strategies and methods that will help to control violent behavior and related thoughts. It should help to decrease the participant misconducts within the institution. The skills learned in the program could also help the participant once they are released back into the community.

What are the potential benefits of this research study to others?

The potential benefits to others would be that they there is a reduce risk of a violent engagement from the participant. This means that this program has the potential to reduce the risk of harm the participant poses to other.

What happens if something goes wrong?

If at any time during treatment you are having difficulties with the material or the topics discussed you can approach any of the facilitators and talk about these problems. We encourage that if you feel threatened at any time during the treatment you talk to one of the facilitators or someone else of authority.

Will my information you collect from me in this project be kept private?

Information collected during this program will only be available to Case Management Team. Personal details shared during the sessions will be kept confidential unless the information shared poses potential harm to you or another person. We promise to keep
all information on a need to know basis, meaning that only those who need to see the information will see it but those who do not will not have access to it.

**Do you have to take part?**

Taking part in the program is voluntary meaning you do not have to take part if you do not wish to. It is important to note that at any time during treatment you wish to stop coming to the program you can withdraw from the program. There will be no penalty or reprimands if you chose to stop coming to the program.

**Consent**

If you agree to take part in this treatment program, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records.

Sincerely,

XXXX
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 understand that no information that would identify me will be released or printed without asking me first.
- I understand that I will receive a signed copy of this consent form.

______ Yes, I consent.

______ No, I do not consent.

I hereby consent to take part in this study.

Participant Name  Signature of Participant  Date

Facilitator Printed Name  Signature of facilitator  Date
Appendix B

Primary Goods List

11 Primary Goods

✓ Life (living a balanced healthy lifestyle while improving daily functioning)
✓ Knowledge (expanding education in areas of interest to client)
✓ Play (finding/learning new hobbies and recreational activities)
✓ Work (learning skills that will aid the client in pursuit of a career)
✓ Excellence in Agency (becoming self-directed and developing a sense of power)
✓ Inner Peace (reducing stress and finding ways to cope with daily struggles)
✓ Relatedness (developing relationships with family, friends, or intimate partners)
✓ Community (developing a positive support network)
✓ Spirituality (learning about one’s own life purpose and developing a self-guided path)
✓ Pleasure (learning to live in the present to find happiness)
✓ Creativity (developing alternative ways to express one’s self)
Appendix C

Group Rules

Rules of the Group:

- Be respectful
- Listen to others
- Participate in activities
- Do not harm others in the group (mentally [name calling] or physically)
- Provide supportive input
- Leave negativity at the door
- One person talks at time
- Maintain confidentiality (do not tell other people what happens in treatment)
- Commit to attendance
- Put feelings into words not actions (do not harm other members of the group when you are feeling upset/ angry)
- Understand role of leaders and members
## Appendix D

### Life Chart

<table>
<thead>
<tr>
<th>AREA OF LIFE</th>
<th>WHY IS IT IMPORTANT</th>
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</thead>
<tbody>
<tr>
<td>EX. WORK</td>
<td>Ex. I am a Sales Assistant</td>
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</tbody>
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[Remaining rows are blank]
### Appendix E

**Primary/ Secondary Need Worksheet**

<table>
<thead>
<tr>
<th>Primary Needs</th>
<th>Definition</th>
<th>What it Means to You</th>
<th>Secondary Needs</th>
</tr>
</thead>
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<tr>
<td>Life</td>
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<td>Knowledge</td>
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<td>Play</td>
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<td>Work</td>
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<td>Relatedness</td>
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<td>Spirituality</td>
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<td>Pleasure</td>
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<td>Creativity</td>
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Appendix F

Cognitive distortions

- Filtering - Picking one detail from an event and only focusing on that one detail. Example: only focusing on negative feedback given rather than acknowledging all feedback including positive.

- Black-and-white thinking - only seeing a situation in one of two extremes. Example: being perfect or being a failure, but never anywhere in between.

- Overgeneralization - expecting the same outcome to continue to happen even if it has only happened once. Example: expecting to always get your way if you engage in aggressive behavior because it has worked before.

- Jumping to conclusions - believing that the outcome can only be one way or a person is acting a certain way. Example: if someone says something negative one could assume it’s because they want to start a fight or believing that the world is unfair and believing that no matter what you do it will fail.

- Catastrophizing - Expecting the worst possible outcome without entertaining the idea of a less possible extreme. Example: not going to programs because they cannot help you one bit; they are utterly useless.

- Personalization - believing that what others are saying is directed towards them or has relation to them. Example: believing that if two guards are talking they are negatively talking about you.

- Control Fallacies - The belief of not having control over our lives and that it was something else that causes negative events in your life. Example: believing that you were born to be criminally active.

- Fallacy of Fairness - The belief that nothing in life is fair and that no one in your life can see what is fair in relation to you. Example: not given a promotion you believed you deserved.

- Blaming - The act of placing blame onto others for actions, or blaming others for what happens in your life. Example: not having money because others spent it or the cost of living is too high.

- Global Labelling - The idea of being labelled and sticking to labels given to a person. Also refers to the idea of labelling others into categories. Example: being label as an aggressive person then acting in an aggressive way.
Appendix G

Moral Disengagement

**Displacement**- placing the blame onto an authority figure or onto someone else. Often people engage in negative behavior if they believe that someone else is responsible for the actions.

**Diffusion**- this means engaging in problem behavior if they have multiple others engaging in the same behavior. If there is a group of people engaging in the same behavior, you are more likely to engage because there are more people responsible for the behavior.

**Misrepresenting**- this is the act of minimizing harm caused to someone to make it seem less destructive.

**Dehumanizing**- thinking of someone in a different light; thinking of a person as if they are less human than yourself, viewing them as someone who cannot think or feel.

**Justification**- giving yourself reasons why engaging in this behavior was okay, such as the other party started it or they also engage in hurting people.
Appendix H

Triggers Worksheet

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<th>Trigger/ Cue</th>
<th>Behaviour</th>
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Appendix I

Thought Journal

Triggering event

Emotions/ Bodily sensations

Reasons for these emotions

Plan of actions

Reasons for this plan

Course of action
Appendix J

Mindfulness Exercise

Sitting comfortably and symmetrically on your chair or cushion, close your eyes if you feel comfortable doing so, or otherwise let your focus fall softly on the floor a meter or so in front of you.

Become aware of your body and the places where it meets something solid: your feet on the floor, perhaps the backs of your legs against the chair… your thighs, buttocks, back, maybe shoulders resting where gravity lands them. Notice where your hands touch - each other, or your body - notice the fabric of your clothes on your skin, and maybe the air on your skin. Notice your head resting on your shoulders and your arms hanging from your shoulders.

Let your senses move to the sounds around you: not needing to think about them, but just letting your attention move from sound to sound. Perhaps you can detect some odors, the sound around you, the way you feel in the chair, or some taste in your mouth… let yourself simply notice them.

Leaving all of that now to focus on your breath (i.e., slowly through your nose, feel stomach move out, hold, and release slowly through mouth)… your simple natural breath. Bring all your attention to the breath as it moves in and out of your body, so the only movement you are aware of is the movement that is caused by your breath; in and out. Notice it wherever it is easiest to detect it. In and out of your nostrils or mouth, cool air in, warm air out. Rising and falling of your abdomen.

As thoughts arise, as they inevitably will, simply notice them and let them move on. No need to chase after them. Just bring your attention back again to your breath, your normal, natural breath… as it moves in and out of your body.

You have nowhere else to be, nothing else to do. Simply notice with gentleness and non-judgment your breath.

Practice this for a moment.

Now, expand your awareness outside of your body, to the sounds around you, to whatever feelings you have in your body. Notice any changes, any tensions, tightness, looseness. Sense the world around you as you feel your body again in the chair or on the cushion… and open your eyes when you are ready to return to this space.
Appendix K

Goals

1. What are my values

2. What do I hope to achieve when I am released

3. What are my goals for a better life

4. How can I use the skills I learned to get there