

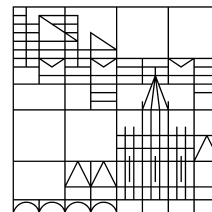
Psychotherapy for offender rehabilitation in a context of ongoing community and gang violence

Dissertation zur Erlangung des akademischen Grades des
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ABBREVIATIONS

AAS	Appetitive Aggression Scale
APA	American Psychological Association
BRD	Battle-Related Deaths
CBT	Cognitive-Behavioral Therapy
CEVC	Child Exposure to Violence Checklist
CFI	Comparative Fit Index
CPT	Cognitive-Processing Therapy
CPTSD	Complex Posttraumatic Stress Disorder
CT	Cognitive Therapy
CTS	Continuous Traumatic Stress
DRC	Democratic Republic of the Congo
DSM	Diagnostic and Statistical Manual of Mental Disorders
EMDR	Eye Movement Desensitization and Reprocessing
FOC	Fear of Crime
FORNET	Narrative Exposure Therapy For Offender Rehabilitation
IE	Imaginal Exposure
NET	Narrative Exposure Therapy
PE(T)	Prolonged exposure (treatment)
PSS-I	PTSD Symptom Scale-Interview
PTSD	Posttraumatic Stress Disorder
RMSEA	Root Mean Square Error of Approximation
TAU	Treatment As Usual
TFAC	Thinking For A Change

SUMMARY

Regions of continuous community and gang violence, such as the low-income urban areas of South Africa, at times account for as many homicides yearly as in all war zones worldwide put together (Pettersson & Wallensteen, 2015; South African Police Service, 2016). Youth that grow up under these conditions start to experience traumatic incidents at a very early age and most of them will spend their entire lives under these violent living conditions. About 20% of the young adults living in the low-income urban areas of Cape Town show a full picture of posttraumatic stress disorder (PTSD), while many show partial PTSD (Seedat, Nyamai, Njenga, Vythilingum, & Stein, 2004; Suliman et al., 2009). Besides internalizing psychological problems, the male youth especially develop an attraction to cruelty and demonstrate criminal behavior as well as high levels of alcohol and drug consumption (Diamond, Lipsitz, & Hoffman, 2013; Eagle & Kaminer, 2013; Eagle & Kaminer, 2015; Ertl, 2016; Fowler, Tompsett, Braciszewski, Jacques-Tiura, & Baltes, 2009; Lahad & Leykin, 2010; Somer & Ataria, 2015; Roach, 2013; Weierstall, Haer, Banholzer, & Elbert, 2013b). The development of an attraction to cruel behavior might be an adaptation to a predominantly violent environment on the one hand, while also fueling the cycle of violence on the other. The abuse of alcohol and drugs contributes to that male youth become the primary victim as well as the primary contributor in a vicious cycle of ongoing violence.

The aims of this thesis were firstly, to better understand the role of appetitive violence in the context of continuous traumatic stress, as well as the role that drugs play in the cycle of violence. Secondly, to investigate the feasibility of a trauma-focused intervention, in the form of Narrative Exposure Therapy for Offender Rehabilitation (FORNET) in a context of ongoing community and gang violence and its effectiveness compared to the cognitive-behavioral intervention program "Thinking for a Change" (TFAC) as well as against a waiting list. Thirdly, to investigate through a long-term follow-up of an average of 1.5 years post treat-

ment whether therapy outcomes could be maintained despite ongoing trauma exposure.

Four-hundred and five male youth, mostly from Gugulethu and Khayelitsha (suburbs in Cape Town, South Africa) were surveyed. The number of witnessed and self-experienced traumatic event types has been assessed through an adaptation of the Child Exposure to Violence Checklist (CEVC; Amaya-Jackson, 1998), PTSD symptoms with the PTSD Symptom Scale-Interview (PSS-I; Foa & Tolin, 2000), appetitive aggression with the Appetitive Aggression Scale (AAS; Weierstall & Elbert, 2011), and the number of perpetrated violent event types with an adapted offence checklist from the AAS. Participants were further asked for their drug use patterns prior to the perpetration of a criminal act. A total of 39 young men were included in the data analysis for the first follow-up of which 15 completed FORNET, 11 underwent cognitive-behavioral therapy (CBT), and 13 were on a waiting list. The final sample for data analysis of the second follow-up consisted of 54 young males, of which 17 completed the FORNET intervention, 11 the CBT intervention, and 26 were on a waiting list.

A path model revealed that levels for appetitive aggression were predicted by witnessed as well as self-experienced traumatic events. Higher appetitive aggression scores were associated with higher levels of PTSD symptom severity and perpetrated violence. The witnessing of violence was positively related to self-committed violence, not though to the development of PTSD symptoms. Self-experienced violence in turn was connected to the development of posttraumatic stress, but not to the display of aggressive behavior. Further path-analyses confirmed that more severe drug abuse prior to violence perpetration was related to higher attraction to violence and more committed offenses.

Those participants who received FORNET had significantly reduced PTSD scores (Cohen's $d = -0.97$) at the first follow-up at about 8 months past therapy and PTSD scores were significantly different from those of the control group (Cohen's $d = -1.03$). The changes

in scores for appetitive aggression and perpetrated events were not significant for any of the conditions at that point in time. The second follow-up at about 17 months posttreatment revealed the maintenance of treatment gains in terms of PTSD symptom reduction for the FORNET participants (Cohen's $d = -0.86$) as well as a delayed significant reduction in appetitive aggression (Cohen's $d = -1.00$) over time. There were still no significant results for the CBT or waiting list conditions and perpetrated violence still did not change significantly for any of the three conditions. Those who took part in one of the offered therapeutic interventions plus the rehabilitation program proved to show higher levels of criminal behavior at the second follow-up.

Young males living in the low-income urban areas of South Africa may adapt to a context of ongoing violence by developing a willingness to fight, which in turn can increase the likelihood of continued violent behavior and thus fuel the cycle of violence. Drug abuse prior to the perpetration of crime seems to add to this dynamic by being positively related to self-committed offenses. In contrast to previous research from post-conflict areas, appetitive aggression and engagement in violence do not prevent the development of PTSD, but are instead associated with higher levels of posttraumatic stress.

The therapy trial shows that trauma-focused treatment can reduce the psychological symptoms of posttraumatic stress as well as the attraction to cruel behavior even for individuals living under unsafe conditions and that those treatment gains persist despite further traumatization. This could lead to the conclusion that FORNET does not only support the healing of past trauma, but also helps recipients better cope with upcoming traumatic incidents. FORNET therefore could be the therapy of choice for male youth living in and contributing negatively to the context of continuous gang and community violence.

The violent behavior persisted even in those whose aggressive mindsets could be

changed by FORNET and a combination of therapeutic intervention, independent of FORNET or TFAC, plus an integration program seemed to be related to the committing of more violence. A conclusion could be that the context (the presence and influence of criminal peers) plays an important role and must be accounted for. Thus, future interventions could instead offer FORNET in the context of a supportive community, such as faith-based institutions or a school environment instead of being set in a remote camp setting with other criminal youth. A community based setting could provide the young men the possibility of building relationships and friendships outside of gang and prison structures, which might make it easier to avoid recidivism.

ZUSAMMENFASSUNG

Regionen mit kontinuierlicher Gewalt in der Gemeinde als auch durch Gangs, wie zum Beispiel die einkommensschwachen, städtischen Gebiete in Südafrika, verzeichnen zum Teil höhere jährliche Mordraten als in allen weltweiten Kriegsgebieten zusammen (Pettersson & Wallensteen, 2015; South African Police Service, 2016). Die Jugendlichen, welche unter solchen Bedingungen aufwachsen, erleben schon in frühkindlichen Jahren die ersten traumatischen Vorfälle und die meisten von ihnen werden ihr gesamtes Leben inmitten dieser gewalttätigen Lebensbedingungen verbringen. Etwa 20% der jungen Erwachsenen zeigen ein vollausgeprägtes Bild der Posttraumatischen Belastungsstörung (PTBS), viele zeigen vereinzelte Symptome (Seedat, Nyamai, Njenga, Vythilingum, & Stein, 2004; Suliman et al., 2009). Neben den internalisierenden, psychologischen Problemen, entwickelt besonders die männliche Jugend eine Attraktion zur Brutalität und demonstriert kriminelles Verhalten als auch ein hohes Maß an Alkohol- und Drogenkonsum (Diamond, Lipsitz, & Hoffman, 2013; Eagle & Kaminer, 2013; Eagle & Kaminer, 2015; Ertl, 2016; Fowler, Tompsett, Braciszewski, Jacques-Tiura, & Baltes, 2009; Lahad & Leykin, 2010; Somer & Ataria, 2015; Roach, 2013; Weierstall, Haer, Banholzer, & Elbert, 2013b). Appetitive Aggression könnte einerseits eine Adaption an eine vorrangig gewalttätige Umwelt sein, andererseits wird hierdurch jedoch der Gewaltkreislauf angetrieben und deklariert die männliche Jugend zum vorrangigen Opfer als auch zum vorrangigen Beitragendem des Teufelskreises der Gewalt.

Daher sind die Ziele dieser Studie erstens, die Rolle von appetitiver Aggression im Kontext von kontinuierlichem, traumatischen Stress besser zu verstehen, als auch die Rolle welche Drogen im Gewaltkreislauf spielen. Zweitens, die Machbarkeit einer traumafokussierten Intervention (Narrative Exposure Therapy for Offender Rehabilitation (FORNET)) im Kontext fortlaufender Gewaltverübung in Gemeinden und durch Gangs und ihre Effektivität verglichen mit dem kognitiv-behavioralen Interventionsprogramm "Thinking

for a Change" (TFAC) als auch einer Warteliste. Drittens, sollte ein Langzeit-Nachuntersuchung im Durchschnitt 1.5 Jahre nach der Behandlung untersuchen, ob die Therapieergebnisse trotz des weitergehenden Ausgesetztseins von Traumata erhalten bleiben können.

Zweihundertneunzig männliche Jugendliche, die meisten von Gugulethu und Khayelitsha (Kapstadt), wurden interviewt. Die Anzahl der bezeugten und selbsterlebten, traumatischen Ereignistypen wurden mit einer Adaption des "Child Exposure to Violence"-Checkliste (CEVC; Amaya-Jackson, 1998) bewertet, PTBS Symptome mit dem "PTSD Symptom Scale-Interview" (PSS-I; Foa & Tolin, 2000), appetitive Aggression mit der "Appetitive Aggression Scale" (AAS; Weierstall & Elbert, 2011) und die Anzahl der verübten Arten an Gewalttaten mit einer angepassten Straftaten-Checkliste vom AAS. Die Teilnehmer wurden zudem nach ihrem Drogenkonsum vor dem Begehen von Straftaten befragt. Insgesamt wurden 39 junge Männer in die Datenanalyse für die erste Nachuntersuchung eingeschlossen von denen 15 die FORNET abschließen, 11 die kognitiv-behaviorale Therapie (CBT) und 13 waren auf einer Warteliste. Die endgültige Stichprobe für die Datenanalyse der zweiten Nachuntersuchung bestand aus 54 jungen Männern von denen jetzt 17 die FORNET-Intervention abgeschlossen hatten, 11 die CBT-Intervention und 26 waren auf der Warteliste.

Ein Pfad-Modell hat ergeben, dass das Level von appetitiver Aggression sowohl durch das Bezeugen als auch das Selbsterleben traumatischer Ereignisse vorhergesagt wird. Höhere appetitive Aggression Scores waren mit höheren PTSD-Leveln und Leveln an verübter Gewalt verbunden. Das Bezeugen von Gewalt war positiv korreliert mit der selbst-verübten Gewalt, nicht jedoch mit dem Entwickeln von PTBS-Symptomen. Selbsterlebte Gewalt hingegen war verbunden mit der Entwicklung von posttraumatischem Stress, aber nicht mit dem Vorzeigen von aggressivem Verhalten. Weitere Pfadanalysen bestätigen, dass verstärkter Drogenabusus in Verbindung steht mit einer höheren Attraktion zu Gewalt und mehr verübten

Gewalttaten.

Die Teilnehmer, die FORNET erhalten hatten, hatten signifikant reduzierte PTSD-Werte (Cohen's $d = -0.97$) bei der ersten Nachuntersuchung etwa 8 Monate nach der Therapie und waren signifikant gebessert im Vergleich zur Kontrollgruppe (Cohen's $d = -1.03$). Die Veränderungen in den Werten für appetitive Aggression und verübte Gewalttaten waren nicht signifikant für irgendeine der Bedingungen zu diesem Zeitpunkt. Bei der zweiten Nachuntersuchung, etwa 17 Monate nach der Therapie zeigte sich, dass die Behandlungserfolge aufrechterhalten werden konnten für die FORNET-Teilnehmer (Cohen's $d = -0.86$), als auch eine verspätete signifikante Reduktion von appetitiver Aggression über die Zeit (Cohen's $d = -1.00$). Es gab immer noch keine signifikanten Resultate für die CBT oder Wartelistenbedingung und die Zahl der verübten Gewalttaten hat sich nach wie vor nicht in einer der drei Bedingungen verändert. Diejenigen, welche Teil einer therapeutischen Intervention als auch eines Rehabilitationsprogramms waren zeigten überraschenderweise stärkeres Gewaltverhalten beim zweiten Follow-up.

Junge Männer, die in den einkommensschwachen Gebieten Südafrikas leben, passen sich diesem Kontext vermutlich an, indem sie eine Lust am Kämpfen entwickeln, welche wiederum die Wahrscheinlichkeit von wiederholtem gewalttätigen Verhalten erhöhen und damit den Gewaltkreislauf weiter antreiben kann. Drogenmissbrauch vor dem Begehen von Straftaten scheint hierzu einen Beitrag zu leisten dadurch dass dieser positiv korreliert mit selbstverübter Gewalt. Im Gegensatz zu vorheriger Forschung in Nachkriegsgebieten beugen appetitive Aggression und ein Engagement in Gewalt nicht dem Entstehen von PTBS vor, sondern sind stattdessen mit höheren Levels an posttraumatischem Stress verbunden.

Die Therapiestudie zeigt, dass trauma-fokussierte Behandlung die psychologischen Symptome von posttraumatischem Stress als auch die Attraktion zu brutalem Verhalten redu-

zieren kann sogar für Individuen die unter unsicheren Bedingungen leben und dass diese Behandlungsergebnisse weiterbestehen trotz weiterer Traumatisierung. Das könnte zu der Schlussfolgerung führen, dass FORNET nicht nur eine Unterstützung ist beim Heilen von vergangenen Traumata, sondern auch eine Hilfe ist in der Bewältigung von bevorstehenden traumatischen Ereignissen. FORNET könnte daher die Therapie der Wahl für männliche Jugendliche sein, welche im Kontext von kontinuierlich verübter Gewalt in Gemeinden und durch Gangs leben und zum Gewaltkreislauf beitragen.

Das gewalttätige Verhalten bestand weiter sogar in denjenigen, deren aggressives Gedankengut durch die FORNET verändert werden konnte und eine Kombination aus therapeutischer Intervention (FORNET oder CBT) plus Integrationsprogramm scheint mit dem Verüben von mehr Gewalttaten verbunden zu sein. Eine mögliche Schlussfolgerung könnte sein, dass ein Umfeld mit kriminellen Peers eine wichtige Rolle spielt und mit in Betracht gezogen werden muss. Daher sollte bei künftigen Interventionsstudien FORNET stattdessen zum Beispiel im Schulkontext eingebettet sein anstatt im Camp-Setting mit einer selektierten Gruppe von kriminellen Jugendlichen. So hätten die jungen Männer die Möglichkeit Kontakte und Freunde ausserhalb von Gang- und Gefängnisstrukturen zu knüpfen und so würde eine Rückfälligkeit eventuell eher verhindert.

RECORD OF ACHIEVEMENT

Article 1: Perpetuating the cycle of violence in South African low-income communities: attraction to violence in young men exposed to continuous threat

Martina Hinsberger, Jessica Sommer, Debra Kaminer, Leon Holtzhausen, Roland Weierstall, Soraya Seedat, Solomon Madikane and Thomas Elbert

(published in *European Journal of Psychotraumatology* 2016, 7: 29099 <http://dx.doi.org/10.3402/ejpt.v7.29099>)

My contributions:

- participated in the design of the study
- conducted a significant number of clinical interviews
- supervised clinical interviews
- conducted the statistical analysis
- drafted the manuscript.

Article 2: The interplay between trauma, substance abuse and appetitive aggression and its relation to criminal activity among high-risk males in South Africa

Jessica Sommer, Martina Hinsberger, Thomas Elbert, Leon Holtzhausen, Debra Kaminer, Soraya Seedat, Solomon Madikane, and Roland Weierstall

(published in *Addictive Behaviors*, 2017, 64, 29-34. doi: 10.1016/j.addbeh.2016.08.008)

My contributions:

- contributed to the design of the study

- conducted a significant number of clinical interviews
- supervised clinical interviews
- revised the manuscript.

Article 3: Feasibility and effectiveness of Narrative Exposure Therapy and Cognitive Behavioral Therapy in a context of ongoing violence in South Africa

Martina Hinsberger, Leon Holtzhausen, Jessica Sommer, Debra Kaminer, Thomas Elbert, Soraya Seedat, Sarah Wilker, Anselm Crombach, and Roland Weierstall

(published in Psychological Trauma: Theory, Research, Practice, and Policy. 2016
<http://dx.doi.org/10.1037/tra0000197>)

My contributions:

- contributed to the design of the study
- conducted a significant number of clinical interviews
- supervised clinical interviews
- carried out a substantial number of FORNET therapies
- conducted the statistical analysis
- drafted the manuscript.

Article 4: Long-term effects of psychotherapy in a context of continuous community and gang violence: changes in aggressive attitude in high-risk South African adolescents

Martina Hinsberger, Leon Holtzhausen, Jessica Sommer, Debra Kaminer, Thomas Elbert, Soraya Seedat, Mareike Augsburger, Maggie Schauer and Roland Weierstall

(in submission)

My contributions:

- contributed to the design of the study
- conducted a significant number of clinical interviews
- supervised clinical interviews
- carried out a substantial number of FORNET therapies
- conducted the statistical analysis
- drafted the manuscript.

1. General Introduction

1.1 The South African context of continuous traumatic stress

Although South Africa has progressed from a post-conflict society to a peaceful country (definition by Strand & Dahl, 2010), the current South African homicide rate is still one of the highest in the world. From 1994 to 2014, there were between 31 (in 2010) and 48 (in 1994) armed active conflicts around the world, causing yearly between 12,207 battle-related deaths (BRD) (in 2005) and 101,406 BRD (in 2014) (Pettersson & Wallensteen, 2015). When comparing South Africa's annual year on year homicide rate, it becomes apparent that casualties in its urban low-income areas are akin to war-like conditions. In the past ten years, there were between 15,554 (in the one-year-period 2011/2012) and 19,106 (in the one-year-period 2006/2007) murders every year (South African Police Service, 2016), which at various times was more than in all worldwide conflicts together. This suggests that violence does not necessarily stop at the end of a conflict, but continues in another form. Researchers have started to investigate the relationship between post-conflict recovery and the onset of transnational organized crime and its related violence (Shaw, 1996; World Bank, 2011)

The violence occurring post-conflict may not be directly linked to the conflict anymore, but interpersonal causes of homicide are still often rooted in the experiences during the conflict (United Nations Office on Drugs and Crime, 2013). To resort to violence may also have become a way of life, a social norm, for people living in and through armed conflict and the easier access to weapons feeds the rapid escalation of crime-related violence. Gang wars and community violence are an expression of this societal change. In Central America and the Caribbean, which have comparably high homicide rates as South Africa, increasing homicides mirror current trends of 30% of all homicides being linked to gangs and organized criminal groups (United Nations Office on Drugs and Crime, 2013). Vigilantism, a form of community

violence, is usually an act of "private" crime control and can also indicate a population's lack of faith or trust in the rule of law and its implementing institutions to provide justice (Buur & Jensen, 2004). In post-conflict Liberia, for example, mob justice was cited as a motivator for 15% of homicides recorded in 2012 (United Nations Office on Drugs and Crime, 2013).

Criminal activities can flourish in conflict settings, as for example in Haiti and South Sudan, when law enforcement institutions are weak (Ouimet, 2016). Haiti's homicide rate doubled (from 5.1 homicides per 100,000 in 2007 to 10.2 in 2012), much of it driven by high levels of gang violence in the capital, where 75% of all Haiti's homicides occurred. In South Sudan again lethality associated with cattle raiding increased given the ready availability of firearms (United Nations Office on Drugs and Crime, 2013). The culture of law enforcement and safety also plays a major role in the South African crime context. During the apartheid era, the focus of policing in black areas was on the apprehension of those engaged in crime against white people, which led to little common-law policing in the urban low-income areas. Also certain forms of crime against poverty were justified, in Apartheid South Africa, as a redistribution of wealth, even though victims mainly were not wealthy people, but people from the neighborhood, which blurred the lines between criminal and community (Steinberg, 2008). These circumstances, as well as the widespread corruption within the police force, undermine the rule of law and efforts at reducing crime and violence (Altbeker, 2007).

When considering the social dynamics of violence in 149 countries worldwide, Ouimet (2016) noted in the World Homicide Survey that the highest correlation for the homicide rate was income inequality (measured with the Gini coefficient) with $r = 0.67$. The link between homicide rate and income inequality can be easily understood in the context of South Africa, where the apartheid system created great wealth and unequal living conditions for a small racial elite while most of the population had to reside in poverty (Coovadia, Jewkes, Barron, Sanders, & McIntyre, 2009). The practice of structured racial inequality caused un-

derstandably high levels of frustration and aggression in the suppressed part of the population. Despite the fact that a redistribution of wealth has been South African policy since the end of apartheid in 1994, the Gini coefficient further increased from 0.56 in 1995 to 0.73 in 2005 (Statistics South Africa, 2003; Statistics South Africa, 2008). The poor conditions that most South Africans still have to live in and the little chances for a change, can lead to feelings of hopelessness and loss of meaning or purpose in life (Kaminer, Eagle, & Crawford-Browne, 2016).

Last but not least, the use of alcohol or drugs, does act as a homicide “enabler”. The intake of psychoactive substances is a crosscutting facilitator for all types of violence and it increases not only the risk of becoming a perpetrator but also the risk of becoming a victim. Findings by the European Homicide Monitor (Ganpat et al., 2011) show that as many as 82% of homicide offenders in Finland in 2003 to 2006 were intoxicated with alcohol when they committed murder, and so too slightly more than half of homicide offenders in Sweden (Lehti & Kivivuori, 2005). In Australia in 2008 to 2010, also about 50% of all homicide incidents were preceded by alcohol consumption by the victim or the perpetrator, or both (Chan & Payne, 2013). In South Africa about 65% of persons injured, 50% of homicide cases and 25% of people arrested for weapon-related offences, registered high concentration of blood alcohol levels (Plüddemann, Parry, Donson, & Sukhai, 2004; Parry, Plüddemann, Louw, & Leggett, 2004b).

What is also known about homicide to date is that 79% of all homicide victims globally are male and most of the male victims (43%) are in the age-group of 15 to 29 years (United Nations Office on Drugs and Crime, 2013). At the same time, 95% of perpetrators are also male as well as of the age-group 15 to 29 years. These homicide patterns are also valid for South Africa (Lehohla, 2016) and makes young males the main victim and perpetrator and thus the main contributor to the cycle of violence in the South African context of continuous

stress.

1.2 Psychological consequences of continuous traumatic stress

The exposure to continuous traumatic stress (CTS) such as community-based violence or ongoing terrorist attacks has a number of different psychological health consequences, such as Continuous Traumatic Stress Response (CTSR), Fear of Crime (FOC), Posttraumatic Stress Disorder (PTSD), Complex Posttraumatic Stress Disorder (CPTSD), Substance Use Disorders (SUD) and aggressive behavior (Diamond et al., 2013; Eagle & Kaminer, 2013; Eagle & Kaminer, 2015; Ertl, 2016; Fowler et al., 2009; Lahad & Leykin, 2010; Somer & Ataria, 2015; Roach, 2013; Weierstall et al., 2013b).

1.2.1 Anxiety-related psychological symptoms

The most investigated trauma health consequence is PTSD, which involves the reliving of the traumatic incident, avoiding trauma-memories and hyperarousal, symptoms which can manifest after a single event. Rates of PTSD correlate with the levels of trauma exposure and can, for example, range for areas of ongoing terrorist acts range from 5-8% (Israelis) to 37% (Palestinians) (Pat-Horenczyk et al., 2007, Pat-Horenczyk et al., 2009).

The diagnosis of CPTSD was adopted so as to capture the impact of prolonged, enduring exposure to a traumatic setting in which multiple and repetitive events occurred as with prisoners of war in captivity or concentration camps, and in conditions of forced sex slavery, child abuse and inescapable domestic violence. The impact of this form of traumatization is very different to that of single incident exposure with somatic problems, dissociative tendencies, a propensity towards substance abuse, identity related difficulties and relational problems, often linked to repetition of abusive relational dynamics, in addition to aspects of PTSD (Herman, 1992).

CTSR, in comparison to PTSD, is characterized by the absence of trauma-reliving and pronounced hypervigilance and avoidance, which are partly adaptive, partly maladaptive, since it is a reaction to ongoing threat instead of past traumatic events that people face who are living in prolonged conflict zones or in pervasively violent community environments. (Diamond et al., 2013; Eagle & Kaminer, 2013; Somer & Ataria, 2015).

Fear of Crime (FOC) represents another possibly exaggerated response to risk, with the aim to accommodate to a reality of threat in order to survive in inescapable crime ridden environments (Eagle & Kaminer, 2015; Jackson, 2004). Both, CTSR and FOC, indicate people's anxiety levels concerning potential exposure to another traumatic incident or to crime and represent the degree to which they are preoccupied with the risk, which at the same time may limit their ability to operate within their environment. Villarreal and Silva (2006), during their research in Brazil's favelas found FOC to be associated with higher levels of social cohesion. Similar conditions are found in the low-income areas in South Africa, where 60% of inhabitants report that they mistrust their neighbors, but at the same time would not "turn in" or identify other community members to the authorities out of a sense of loyalty (Nuttman-Shwartz & Shoval-Zuckerman, 2016). Which again, paradoxically, erodes the implementation of the rule of law (Browning, Feinberg, & Dietz, 2004).

1.2.2 Aggression-related psychological symptoms

The attempt to avoid further victimization may see individuals engage in polarised ways, which means either socially withdraw themselves or become perpetrators themselves with the male population more often being the perpetrators (Diamond et al., 2013; Eagle & Kaminer, 2015; Roach, 2013; Villarreal & Silva, 2006; Weierstall et al., 2013b). Survival in situations of continuous danger demands an action-oriented adaption, which can take the form of not only reactive or proactive aggression (Hamner, Latzman, & Chan, 2015), but even of appetitive aggression (Elbert, Moran, & Schauer, 2016), which is characterized by an attraction to

violence and an enjoyment of cruel behavior itself. The development of appetitive aggression has shown adaptive in the context of war, where it was associated with higher social status and military rank (Crombach, Weierstall, Hecker, Schalinski, & Elbert, 2013; Hecker, Hermenau, Mädl, Schauer, & Elbert, 2013), higher closeness to fellows (Haer, Banholzer, Elbert, & Weierstall, 2013), and as long as PTSD symptom levels are still moderate, it has a protection effect on the development of a full PTSD after the end of the war (Hecker et al., 2013; Weierstall, Castellanos, Neuner, & Elbert, 2013a; Weierstall, Huth, Knecht, Nandi, & Elbert, 2012a; Weierstall, Schaal, Schalinski, Dusingizemungu, & Elbert, 2011; Weierstall, Schalinski, Crombach, Hecker, & Elbert, 2012b).

In the context of continuous community and gang violence, appetitive aggressive individuals have shown to maintain high levels of functioning despite the existence of PTSD symptoms (Weierstall et al., 2013c). In addition, women seem to prefer men with high levels of appetitive aggression as a short-term mate, especially in the fertile window of their menstrual cycle (Giebel, Weierstall, Schauer, & Elbert, 2013). Since young men in the age-group of 15-29 years commits the majority of violence, the advantage of being appealing to a potential mate by showing an enjoyment for cruelty, is not to be underestimated. The forming of youth gangs or the joining of gangs, which usually happens after the start of puberty, often has to do with a "better access" to females (Hinsberger et al., 2016, unpublished data). The downside of (appetitive) aggression is that even after conflict has ended, and the adaptation would not be necessary anymore, levels of perpetrated violence remain high (Crombach & Elbert, 2014; Mueller-Bamouh, Ruf-Leuschner, Dohrmann, Schauer, & Elbert, 2016; Sayer et al., 2010; Teten et al., 2010; Thomas et al., 2010) and thus integration into society is difficult (Schauer & Elbert, 2010; Sommer et al., 2016).

Aggressive behavior is not only though a matter for soldiers, ex-combatants or gangsters: Jakupcak and Tull (2005) found that civilian men with PTSD symptoms experience

more anger and hostility and more often express these emotions outwardly in the form of (intimate partner) violence in comparison to non-traumatized men, even if their levels of aggression were lower than those found in veterans of war.

1.2.3 Substance abuse

Another serious mental health problem in the context of ongoing violence are substance use disorders. The suffering of PTSD symptoms can increase the risk of substance misuse as a means to self-medicate (Burnett-Zeigler, et al., 2011; Voisin, Patel, Hong, Takahashi, & Gaylord-Harden, 2016). Fifth grade African American students reported using substances when they felt tense and were faced with difficulties, while 17% of the 11 to 12 year-olds reported to have consumed alcohol in order to help them cope (Cooley-Strickland et al., 2009). There is a large mismatch between the problem of excessive alcohol use in war and crime-affected societies and the availability of services to support addicts (Ertl, 2016). Alcohol and drugs act as violence "enablers", as well leading to the committing of violence (Taft et al., 2005), be it from war to community violence, or from child abuse to intimate partner violence and violence against children (Arseneault, Moffitt, Caspi, Taylor, & Silva, 2000; Saile, Ertl, Neuner, & Catani, 2014; Sriskandarajah, Neuner, & Catani, 2015).

South African study participants (Hinsberger et al. 2016, unpublished data) reported using drugs in order to make them less scared of being caught by the police or of gang rivals, and to feel "stronger" and more confident to commit certain types of crime, for example, house break-ins and gang fights. "Tik" (street name of Crystal Meth or methamphetamine) is one of the drugs used to produce such feelings and effect. Since Crystal Meth has a very stimulating effect on users, it is often followed by the use of "Dagga" (a local name for marijuana) and/or Mandrax (methaqualone), which have a sedative effect. Drugs helped the study participants not only to face their challenges, but also to regulate their emotions as well as their sleeping cycle.

There is a lack of therapeutic studies of patients with PTSD and SUD since patients that show signs of alcohol or drug abuse usually get excluded from the study trial. If they are not excluded then dropout rates are usually high, as well as the costs of treatment, and therapists often fear substance consumption would increase with therapy (Ertl, 2016).

1.3 Literature overview

Since this study investigated the feasibility and the (long-term) outcome of a trauma-focused approach, namely FORNET, in comparison to the CBT intervention "Thinking for a change" (TFAC), the following subchapters give an overview over a) results of trauma therapies in the context of continuous traumatic stress, b) long-term outcomes of therapies for trauma-induced disorders, c) FORNET trials as well as d) studies that look at the outcome of the TFAC intervention.

1.3.1 Trauma therapy studies in the context of continuous traumatic stress

Despite a commonly made assumption, trauma-focused therapy is not feasible or reasonable for PTSD patients facing a context of continuous traumatic stress (e.g. Diamond, Lipsitz, Fajerman, & Rozenblat, 2010; Kaminer et al., 2016; Roach, 2013), initial research trials show, that (exposure) therapy is not only practicable in this context and helpful for the clients in terms of PTSD symptoms, but it also increases functioning and coping with further adversities as well as lowering the number of future trauma exposures (Adessky & Freedman, 2005; Cohen, Mannarino, & Iyengar, 2011; Foa, Zoellner, Feeny, Hembree, & Alvarez-Conrad, 2002; Hembree et al., 2003; Wangelin & Tuerk, 2014).

Cigrang, Peterson, and Schobitz (2005) reported on the treatment of three currently active soldiers in the Iraq war, who sought treatment for combat-related PTSD. Each of the soldiers received 4 sessions of Prolonged Exposure Therapy (in sensu and in vivo; Foa, Keane, Friedman, & Cohen, 2008). At termination of therapy, their PTSD symptoms were reduced by

half (56%) and all three soldiers were able to continue their mission.

In the context of continuous terrorist attacks in Israel, Adessky and Freedman (2005) were conducting Cognitive Behavior Therapy (CPT; Foa, Keane, & Friedman, 2000) for civilians suffering from PTSD symptoms, including 11 in sensu and in vivo exposure sessions. A one-month-follow-up revealed that 75% of the clients exhibited a 65% reduction in symptoms and were able to return to a relatively normal life.

In the same context, 8% of children were already showing a full-picture of PTSD, many others showed signs of PTSD, which lead Berger, Pat-Horenczyk and Gelkopf (2007) to the conclusion to offer a classroom-based intervention to elementary school students. The intervention was called "Overshadowing the Threat of Terrorism" (OTT; Berger, Senderov, Horwitz, Gelert, & Sendor, 2003) and was aimed at supporting children cope with the daily threat of terrorist attacks. It included psycho-educational material and skills training with meditative practices, bio-energy exercises, art therapy, and narrative techniques for reprocessing traumatic experiences. They randomly assigned 70 students to 8 sessions of OTT, with 72 on a waiting list. A two-month follow-up showed that the study group improved significantly in terms of a reduction in PTSD symptoms, separation anxiety, and somatic complaints.

Bryant and colleagues (2011) were testing CBT against a waiting list of Thai civilians exposed to ongoing terrorist attacks. The 16 therapy participants received 8 sessions per week and had a significantly greater reduction in symptoms of PTSD, depression, and complicated grief at the three-month-follow-up than the 12 persons receiving treatment as usual (TAU). More patients in the CBT condition (75%) achieved high end-state functioning than participants in the TAU condition (33%). Patients appeared to have recognized the utility in accepting some level of risk in order to maintain some level of functioning.

Murray et al. (2010) investigated TF-CBT in a pilot-project in a context of sexual and domestic violence in Zambia and reported significant pre-post improvement in PTSD and shame among traumatized youth experiencing domestic violence, sexual abuse and multiple traumas. Cohen and colleagues (2011) worked with youth exposed to domestic violence and crime in the United States and found that those receiving TF-CBT experienced significantly greater improvement in anxiety and PTSD symptoms than those who received child centered therapy.

1.3.2 Studies looking at long-term effects of trauma therapies

Only a few studies explore the long-term outcomes (past one year) of therapies focusing on the improvement of anxiety disorders, including PTSD. Long-term outcomes were investigated for Cognitive-Behavioral Therapy (CBT), Cognitive Therapy (CT), Cognitive Processing-Therapy (CPT), Prolonged Exposure Treatment (PET), and, Imaginal Exposure (IE), and Eye Movement Desensitization and Reprocessing Therapy (EMDR). EMDR was not able to produce long-term results. CBT produced a positive long-term outcome in one study, in another it did not. CT, CPT, PET and imaginal exposure resulted in positive long-term effects for the treatment of PTSD:

Macklin and colleagues (2000) were testing EMDR in 13 Vietnamese veterans against 14 waiting list participants. They received an average of 10.5 sessions of EMDR, which could not produce long-lasting improvement in the veterans' PTSD symptoms. In fact PTSD symptoms of control patients as well as treatment patients were worse five years after treatment than at the initial, pre-EMDR assessment.

Bryant, Moulds, & Nixon (2003) engaged 25 Australian patients suffering from acute stress disorder after an accident or non-sexual assault offering either 5 sessions of CBT, PET or CT and compared these clients with 16 clients receiving supportive counseling (SC). Four

years later 2 CBT patients (8%) and four SC patients (25%) met PTSD criteria. Patients who received the intervention reported less intense PTSD symptoms, in particular less frequent and less avoidance symptoms, than patients who received SC. These findings suggest that early provision of interventions in the initial month after trauma can prevent trauma victims from developing a PTSD disorder.

Durham and colleagues (2005) were investigating patients in Scotland, who had been treated with CBT. The long-term follow-up was conducted between 2 and 14 years posttreatment. Only 36% reported receiving no interim treatment for anxiety over the follow-up period with 19% receiving almost constant treatment. Initially, CBT clients achieved a better outcome, which however could not be maintained over time. A few anxiety participants had none or only mild symptoms (18%) and a significant proportion (30%) had subthreshold symptoms of at least moderate severity.

In a UK study Tarrier and Summerfield (2004) held 16 sessions of CT and imaginal exposure. Fifteen adult PTSD-patients received CT and 17 imaginal exposure. The follow-up 5 years later revealed that clients had maintained their treatment gains in both approaches, though CT achieved superior results to imaginal exposure.

Resick, Williams, Suvak, Monson, and Gradus (2012) were conducting CPT and PET in the United States with 126 randomly assigned female rape victims (excluding those suffering from ongoing domestic violence and substance dependence). Clients received 13 sessions of either CPT or PET and the long term follow-up was done 4.5 to 10 years later. The result was a strong maintenance of treatment gains throughout the follow-up period that indicated that 85% of patients reported clinically reliable improvements at long-term follow-up. No difference was seen in the long-term effects of these two treatment approaches.

Wachen, Jimenez, Smith, and Resick (2014) delivered another confirmation of the

positive outcome of CPT and PET in a long-term follow-up 5 to 10 years later. The focus this time was on the client's functioning. 154 female rape victims received 13 sessions of CPT or PET and showed significant improvements in overall functioning, social/leisure adjustment, family unit adjustment, and economic adjustment in both treatment conditions, with gains maintained over the long-term follow-up.

Avny (2014) investigated 19 participants, who were suffering from PTSD as well as from alcohol dependency and either on average received 7.5 sessions of PET and/or naltrexone. The assessment 5 to 10 years later showed that there were significant reductions in PTSD symptoms between pretreatment and posttreatment for all treatments, and these reductions were maintained at the long-term follow-up. The findings provide evidence that extended abstinence is not required for the successful start of a PTSD treatment and that PET is helpful in individuals with comorbid PTSD and SUD.

1.3.3 FORNET trials

Therapists who work with victims and perpetrators come to recognize that although not all victims become perpetrators, behind each perpetrator is some sort of victimization (Carlson, 1990). FORNET acknowledges this fact, as it is an extension of Narrative Exposure Therapy, adapted to the treatment of offender populations by including the events of perpetrated violence in the narratives of the clients and thus recognizing their past as victim as well as perpetrator. A detailed description of the therapy rational is given in the attachment section. This therapeutic approach has so far been tested in three trials in (post-)conflict societies:

In a first randomized controlled trial (RCT), executed in the DRC (Hermenau, Hecker, Schaal, Mädl, & Elbert, 2013b) 15 of the 16 to 25 year-olds completed 6 sessions of FORNET, including 4 exposure sessions in sensu, while 15 received TAU. The FORNET participants showed a tendency toward decrease in PTSD (not statistically significant). Since

all ex-combatants were included independent of their level of PTSD, which was rather low with 10.2 points on a scale with a maximum of 51 points, the effect size was "only" moderate (Cohen's $d = 0.58$). However reintegration had been facilitated by decreasing the connection to (para-)military life. As appetitive aggression decreased similarly in both groups, Hermenau and colleagues (2013b) concluded, that the reduction would best be explained by the reintegration program that all participants took part in.

Crombach and Elbert (2015) conducted a RCT with former street children in Burundi and showed that FORNET reduced the number of criminal acts performed by these children despite the unchanged levels of appetitive aggression and improved their physical health. 16 received FORNET, including 3 exposure sessions in sensu, and 16 received TAU and the follow-ups were 4 to 7 months post treatment. In this trial, the overall PTSD-level increased in both groups. Again, all street children were included into the study trial, independent of their severity of PTSD, hence 19% were without any symptoms during the baseline assessment. The researchers argue that the increase in trauma symptoms in the 11 to 23-year-olds can be explained by a move to another foster home in another location, which lead to general insecurity and stress in the children.

The third RCT was conducted again in the DRC, this time by Köbach, Schaal, Hecker and Elbert (2015b). Köbach and colleagues (2015b) have worked with male combatants with a mean age of 23 years, but this time the therapy approach had been taught to locals who conducted the therapy sessions. FORNET was conducted in 7 sessions, including 4 exposure sessions in sensu. The follow-ups were conducted at 6 months with 49 participants in the FORNET and 49 in the TAU group and 12 months with 11 participants in the FORNET and 13 in the TAU condition. Participants of the FORNET condition indicated greater reduction in PTSD (Cohen's $d = 0.72$) and depression symptom in the FORNET than in the TAU condition, as well as a significant decrease in those suffering from substance dependency. Though

the attempt at reducing the appetitive aggression found in the combatants was unsuccessful.

1.3.4 "Thinking for a change" trials

Thinking for a change (TFAC) is a CBT approach that targets criminal populations, and was developed by Bush, Glick, and Taymans (1997; 2011) with the support of the United States National Institute of Corrections. It has been executed in prisons as well as the level of community corrections. The program consists of 22 training sessions in social and interpersonal problem-solving skills (rationale can be found in the attachment section).

Landenberger and Lipsey (2005) conducted a meta-analysis of different CBT approaches, amongst others, it included 5 studies using TFAC, with the result that TFAC was as helpful as other CBT approaches in reducing recidivism.

Golden, Gatchel, and Cahill (2006) worked with 18 to 56-year-old female and male probationers, excluding medium to high risk offenders as well as those with an active substance abuse problem. 71 of them received TFAC and another 71 were on a waiting list (respectively dropouts). The follow-ups were conducted 3 and 12 months post intervention. The group difference was not significant for offenses or pro-criminal sentiments, but there was a change over time in the TFAC group compared to the dropouts concerning probation violations as well as interpersonal problem solving skills. Neither age, years of education, work status, marital status, income, or risk level were predictors for new offenses. In terms of probation violations, group status (completer, dropout or comparison), risk level, and interpersonal problem solving skills assessment scores were significant predictors.

Lowenkamp, Hubbard, Makarios, and Latessa (2009) worked with male and female probationers, with a mean age of 33.5 years, in a community corrections agency. 121 TFAC completers and 96 non-attenders were compared and the 2 year-follow-up indicated that only 23% of the treatment group recidivated, whereas 36% of the comparison group were rearrest-

ed for new criminal behavior. Younger offenders, higher-risk offenders, and offenders in the comparison group were more likely to be arrested for new criminal behavior during their follow-up.

The latest study by Bickle (2013) was conducted in the prison context with male and female offenders in the age group of 17 to 80 years. 256 completed TFAC, whereas 557 were put on a waiting list. A follow-up 12 weeks later showed an improvement in social problem-solving skills as well as criminal attitude.

1.4 Scope of the thesis

The scope of the thesis was to find ways of treating young adults living in and maintaining a context of continuous community and gang violence in the low-income urban areas of South Africa. Firstly, the relations between the trauma experienced and witnessed, the development of PTSD symptoms, as well as an aggressive mindset and violence perpetration had to be understood. Due to the widespread problem of substance abuse in the observed population, its influencing role had to be observed too. Secondly, FORNET, which so far had only been tested in (post-)conflict areas, had now been conducted for the first time in a context of continuous gang and community violence. It is also the first time, that FORNET is compared to another evidence-based treatment (CBT) in order to consider the difference a trauma-focused approach has on the treatment of PTSD. Finally, this study is the first FORNET-trial with a prolonged follow-up of an average 1.5 years post treatment.

2. Perpetuating the cycle of violence in South African low-income communities: attraction to violence in young men exposed to continuous threat

2.1 Abstract

Background: Life in the low-income urban communities of South Africa is imprinted by a cycle of violence in which young males predominantly are in the roles of both victim and perpetrator. There is some evidence that adolescents who show an attraction to cruelty can display high levels of psychosocial functioning despite the presence of posttraumatic stress symptoms. However, the role of appetitive aggression in the context of ongoing threats and daily hassles is not yet fully understood.

Objective: In this study, we examine the role of attraction to violence in areas of continuous traumatic stress exposure and its effect on posttraumatic stress disorder (PTSD) severity and violence perpetration. **Method:** A sample of 290 young males from two low-income Cape Town communities was surveyed. We assessed appetitive aggression with the Appetitive Aggression Scale (AAS), PTSD symptoms with the PTSD Symptom Scale-Interview, the number of witnessed and self-experienced traumatic event types with an adaptation of the Child Exposure to Community Violence questionnaire, and the number of perpetrated violence event types with an adapted offence checklist from the AAS.

Results: Appetitive aggression scores were predicted by witnessed as well as self-experienced traumatic events. Higher appetitive aggression scores resulted in higher levels of PTSD severity and perpetrated violence.

Conclusions: Young males living in the low-income areas of South Africa may develop an

attraction to cruelty in response to exposure to violence. Their willingness to fight in turn can increase the likelihood of continued violent behavior. In contrast to previous research from post-conflict areas, appetitive aggression and engagement in violence do not prevent the development of PTSD, but are instead associated with higher levels of posttraumatic stress. PTSD symptoms such as avoidance and hyperarousal, as well as an attraction to cruelty and thus the willingness to fight, might support survival in areas of ongoing conflict, but at the same time they could fuel the cycle of violence.

Keywords: Victimization; continuous stress; trauma exposure; PTSD; appetitive aggression; attraction to cruelty; violence perpetration; delinquency

2.2 Background

"I had my first fight when I was 7. I was being beaten up at school, so I escaped home to my parents to tell them what happened. They reacted angrily to my crying. What they did then was handing a knife to me and sending me back to the boys to fight them. So I did." (Former perpetrator and drug addict, now a student at the Realistic Life & Skill Training Centre)

"It is very easy to become a gang member and nearly impossible to leave again. There are only two ways of escaping the cycle of violence after joining a gang: dying or trying to be forgotten." (Former gang member, now a co-worker at the Realistic Life & Skill Training Centre)

Life in the low-income urban communities of South Africa is characterized by a cycle of violence. This cycle is evident in the presence of rival gangs that are locked in a never-ending pattern of attack and counterattack (Dixon & Johns, 2001) and in the community that attempts to reduce crime by acts of vigilantism, also called “mob justice” (Buur & Jensen, 2004). Executions in the form of stoning, burning, mutilation, and similar retaliatory acts can arise spon-

taneously after an alleged criminal has been hunted down and caught by community members. However, there are also more organized forms of vigilantism through community-based crime-fighting institutions like PAGAD (People Against Gangsterism and Drugs), which first started as a popular movement, developed into a vigilante group, and gradually became an urban terror organization (Dixon & Johns, 2001). Crime and the violent methods of crime reduction have resulted in an environment of permanent threat for all inhabitants in the community.

Young men are not only perpetrators in this scenario but also victims (Kaminer, Du Plessis, Hardy, & Benjamin, 2013b; Norman, Matzopoulos, Groenewald, & Bradshaw, 2007; Seedat, Van Niekerk, Jewkes, Suffla, & Ratele, 2009). According to Norman et al. (2007), homicide is the leading cause of fatal injury in South African men, at a rate seven times higher than that for women. The numbers are highest for those in the age group of 15 to 29 years, with homicide rates of 184 per 100,000, which equates to nine times the global rate. Kaminer, Hardy, Heath, Mosdell, and Bawa (2013a) questioned 230 Xhosa-speaking adolescents from an urban public high school about their traumatic experiences and found that boys had higher scores than girls for trauma exposure in the community and at home and for witnessing domestic violence in particular. Boys even reported significantly higher rates of sexual abuse in their families than girls. In addition, the frequency and severity of beatings that children are exposed to at home were greater for boys than for girls (Seedat et al., 2009). Boys are also at a higher risk of poly-victimization (Kaminer et al., 2013b).

Living in a community where violence is prevalent can cause anxiety disorders such as posttraumatic stress disorder (PTSD), aggression, and externalizing behavior (Elbert, Rockstroh, Kolassa, Schauer, & Neuner, 2006; Fowler et al., 2009; Van der Merwe & Dawes, 2000) and thus give rise to both re-victimization and the intergenerational cycling of violence (Seedat et al., 2009). Single traumas usually do not lead to the development of PTSD (Bres-

lau, 1998), but continuous exposure to traumatic stressors is associated with an increased risk of PTSD in adults (Neuner et al., 2004) as well as children (Catani et al., 2009; Catani, Jacob, Schauer, Kohila, & Neuner, 2008). PTSD rates in adolescents from the low-income areas of South Africa have been found to be between 20 and 25% (Seedat et al., 2004; Suliman et al., 2009), which is at least three times the rates of European and North American adolescents (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Perkonigg, Kessler, Storz, & Wittchen, 2000). Sexually abused boys are at higher risk of later becoming sexual abusers themselves (Aebi et al., 2015), and those who have witnessed violence against their mothers are more likely to become perpetrators of intimate partner violence (Hotaling & Sugarman, 1986) and community violence (Jewkes & Abrahams, 2002; Shields, Nadasen, & Pierce, 2009).

The transformation from victim to perpetrator is an adaptation that entails advantages for those who have begun to feel attracted to cruelty. Appetitive aggression is described as the violence-related enjoyment a perpetrator experiences through his or her acts of violence or inflicting harm on a victim (Elbert, Weierstall, & Schauer, 2010). In contrast to “reactive aggression,” which has an affective, defensive, and retaliatory nature, appetitive aggression falls into the category of “instrumental aggression,” which is said to be more proactive, predatory, and goal-directed. Appetitive aggressive behavior (including extreme forms of aggression and violence taking place in conflict and war) is characterized by the fuelling of violence and a fascination with - sometimes even enjoyment of - cruelty.

Several studies in African post-conflict settings have found that participants with higher levels of appetitive aggression had a higher military rank (Crombach et al., 2013; Hermenau, Hecker, Mädler, Schauer, & Elbert, 2013a), felt a greater closeness to their comrades (Haer et al., 2013), and were preferred by women as short-term mates, especially during the fertile window of the menstrual cycle (Giebel, et al., 2013). Additionally, attraction to cruelty has been identified as a factor that protects against the development of PTSD after

combat (Weierstall et al., 2012a; Weierstall et al., 2011; Weierstall et al., 2012b). The possible advantages of an attraction to violence in low-income urban South African communities were investigated by Weierstall and colleagues (2013c) in a sample of 69 male ex-offenders; their research revealed that participants scoring high with regard to appetitive aggression exhibited better functioning and expressed fewer concerns about future threats in comparison to adolescents who only exhibited reactive aggression.

Children who are exposed to and forced to engage in violent behavior in wartime often apply violent behavior to resolve their conflicts even after relocation to their home villages after the war has ended (Schauer & Elbert, 2010). Studies on Burundian street children (Crombach & Elbert, 2014) and young refugees from various countries (Mueller-Bamouh et al., 2016) have shown that children with high levels of appetitive aggression were more likely to display aggressive behavior than those with low levels. Conversely, violent behavior predicted higher levels of the enjoyment of cruelty (Crombach et al., 2013; Hecker, Hermenau, Mädl, Elbert, & Schauer, 2012; Weierstall et al., 2011; Weierstall et al., 2013b; Weierstall et al., 2012b).

Hence, the cycle of violence also seems to manifest itself in the way that attraction to violence results in more self-committed violent acts, which again lead to greater enjoyment of cruel behavior, and so forth. Consequently, the re-integration of former child soldiers, ex-combatants, violent street children, and ex-offenders into society can be difficult, and their acceptance by their communities low (Schauer & Elbert, 2010; Sommer et al., 2016). An adaptation involving the development of an attraction to violent behavior thus entails not only advantages but also disadvantages for the perpetrators; in consideration of the level of vigilantism in South Africa, these disadvantages may even be deadly.

2.3 Objective

The aim of the present study was to examine the role of attraction to violence in areas of continuous traumatic stress exposure. Firstly, we postulate that higher levels of (witnessed as well as self-experienced) continuous traumatic stress will predict higher levels of appetitive aggression, as found in a study on Ugandan ex-child soldiers in a post-conflict area (Weierstall et al., 2012b). Secondly, we seek to confirm the finding of Weierstall and colleagues (2013c) with a larger South African sample that an attraction to cruelty does not protect individuals from the development of posttraumatic stress as it does in post-conflict areas, but instead increases it in areas of continuous stress. Thirdly, we additionally postulate that - as in post-conflict areas (Crombach & Elbert, 2014; Mueller-Bamouh et al., 2016) - a stronger attraction to cruelty will lead to more offences in areas of ongoing threat.

2.4 Method

2.4.1 Participants

The 290 participants in the study, all originally from the suburbs of Gugulethu and Khayelitsha, Cape Town, South Africa, were exclusively male and native Xhosa speakers. The age range was from 14 to 40 years, with a mean of 22 years ($SD = 4.5$). A total of 80.7% had no matriculation, 17.9% had a matriculation, and 1.4% had a college degree. The mean number of years of education was 10.5 years ($SD = 1.77$). All participants were recruited with the help of staff at the Rebuilding and Life Skill Training Centre (REALISTIC) located in Gugulethu and Khayelitsha. The goal of this programme is the reintegration of former juvenile offenders into society, family, and work life.

Fifty-one percent of the sample were current or former participants in a re-integration program, and 49% have never participated in any re-integration program. Participation in the

program was either voluntary (i.e., adolescents with a desire to change their lives in terms of drug abuse and violent behavior) or obligatory (i.e., adolescents sent by worried family members or referred by the police station in lieu of other punitive measures).

All participants gave informed and written consent. In the case of under-aged participants, parents or caretakers were additionally asked to give their written consent. The study protocol including these consent forms was approved by the Ethical Review Boards of Stellenbosch University, South Africa, the University of Cape Town, South Africa, and the University of Konstanz, Germany. The participants' sociodemographic data are summarized in Table 1.

2.4.2 Interviews

The interviews were mainly conducted in an office building in Salt River, Cape Town. Transport to Salt River was organized for all participants from the REALISTIC offices in Gugulethu. Interviews took place from the end of October 2013 until mid-December 2013 and from the beginning of February 2014 to the beginning of March 2014. Interviews took 2 h on average, and participants were reimbursed with ZAR100 (roughly US\$8.50).

Diagnostic interviews were carried out by a group of four German mental-health experts and three local counselors, who had received a 25-h training of an expert psychologist in the theoretical concepts of mental disorders, trauma and aggression, and clinical diagnosis. Interviewees were encouraged to speak in either English or isiXhosa. A trained interpreter accompanied English-speaking interviewers. These interpreters were native isiXhosa speakers who were fluent in English.

Back-and-forth translations of the questionnaires were used to generate bilingual surveys, starting with a translation from English to isiXhosa, followed by back-translation into English by a different interpreter. These translations were discussed with the interpreters in a

multi-professional team (including two native isiXhosa-speaking South Africans from the Cape Town suburb of Gugulethu who had been working in the community for decades) until there was consensus on each item. A clinical psychologist trained the interpreters in the concepts of trauma, posttraumatic stress, and proactive, reactive, and appetitive aggression in an intensive training course in order to improve the accuracy and validity of the translations. Regular individual and team supervision ensured cross-interview consistency and psychohygiene.

Sociodemographic data	(n= 290)
Age, median (SD), [range]	21 (4.5) [14-40]
Years of formal education, mean (SD), [range]	11 (1.8) [1-16]
Highest completed education, No. (%)	
None	7 (2.4%)
Primary school	227 (78.3%)
Secondary school	52 (17.9%)
College	4 (1.4%)
Participation in a re-integration program	
Yes, No. (%)	59 (20.5%)
No, No. (%)	229 (79.5%)

Table 2.1: Sociodemographic data of the 290 South African study participants

2.4.3 Measures

2.4.3.1 Trauma exposure

To measure the amount of exposure to traumatic stressors, a 36-item list adapted from the Child Exposure to Violence Checklist (CEVC) instrument (Amaya-Jackson, 1998) was used. The CEVC event list is a 33-item self-reported checklist that assesses children's levels of witnessing, hearing about, or experiencing violence. The checklist was adapted from Richters and Martinez's (1993) "Things I've seen and heard" and was designed to reflect the types of

violence to which adolescents in low-income South African areas are commonly exposed (e.g., robbery, assault, stabbings, shootings, and sexual abuse). The CEVC is reported to show good internal consistency and test-retest reliability (Fehon, Grilo, & Lipschitz, 2001). It has also been used in previous research on South African youth (Fincham, Altes, Stein, & Seedat, 2009; Weierstall et al., 2013c).

For each trauma event type, participants were asked whether the incident had happened to them or in their presence as a child and/or an adult. “Child” in this questionnaire was defined as aged 0 to 15, and “adult” was defined as aged 16 and above (i.e., the age at which full membership in a gang would be possible). Events could either be self-experienced or witnessed and were scored with 1 = “experienced/witnessed” or 0 = “not experienced/ witnessed.” The sum of the experienced and witnessed event types represents the severity of an individual’s exposure to traumatic events and community violence (witnessed/self-experienced trauma event types). Sum scores for witnessed violence ranged from 2 to 16 (out of 16 different types of stressful or traumatic events). The average number of witnessed traumatic event types was 10.2 ($SD = 2.6$); the median was 10. Nineteen items on the trauma event list were summed up to measure the number of self-experienced stress event types. Participants experienced at least 1 and up to 16 different types of traumatic events. On average, they were exposed to 8.4 ($SD = 3.0$) traumatic event types, with a median of nine event types. The frequency distribution of the respective items is found in Table 2.2 und 2.3. Coefficient omega in our sample was 0.79, 95% confidence interval (CI) [0.75-0.82].

Perpetuating the cycle of violence in South African low-income communities: attraction to violence in young men exposed to continuous threat

List of traumatic event types	
<i>Witnessed violence event types</i>	<i>%</i>
Have you ever witnessed someone being physically attacked by someone else?	98.6
Have you ever witnessed someone being attacked with a weapon by someone else?	95.2
Have you ever witnessed someone being threatened (to be harmed) by someone else?	91.7
Have you ever seen a dead body (besides at funerals)?	90.7
Was someone you know killed by another person?	81.4
Did someone close to you suffer from a serious illness?	73.7
Have you ever seen somebody being killed?	72.8
Have you ever witnessed a bad accident, like a very serious car accident?	67.8
Have you ever witnessed someone being tortured?	65.3
Have you ever witnessed a life-threatening fire or explosion?	63.8
Have you ever witnessed a family member being attacked by another family member?	59.0
Have you ever witnessed a painful and scary medical treatment, e.g. during an initiation?	51.0
Have you ever witnessed a family member being threatened by another family member?	42.9
Have you ever witnessed a family member being attacked with a weapon by another family member?	36.8
Have you ever witnessed someone being sexually assaulted by someone else?	26.0
Have you ever witnessed sexual assault in your family by another family member?	2.4

Table 2.2: Frequencies of the different types of witnessed trauma events.

Note: n = 290.

Perpetuating the cycle of violence in South African low-income communities: attraction to violence in young men exposed to continuous threat

List of traumatic event types	
<i>Self-experienced violence event types</i>	<i>%</i>
Have you ever been threatened to be harmed by someone outside your family?	88.3
Have you ever been physically attacked by someone else?	86.2
Have you ever been attacked with a weapon by someone else?	84.5
Have you ever been physically attacked by someone in your family?	80.0
Have you ever lost a parent/caregiver?	58.5
Have your parents/caregivers regularly humiliated you verbally (e.g. insulted you; said you're worthless or a bad child)?	55.0
Have you ever been attacked with a weapon (e.g. stick, stone, bottle, belt, knife, gun) by a family member?	51.7
Have you ever felt neglected by your parents/caregivers (e.g. they didn't support you; didn't send you to school even though they could have; didn't care for you)?	49.1
Have you ever had a painful and scary medical treatment, e.g. during an initiation or in a hospital, when you were sick or badly injured?	47.4
Have you ever been imprisoned?	41.9
Have you ever severely suffered from hunger, so that you worried about your health?	39.9
Have you ever been threatened to be harmed by someone in your family?	37.7
Have you ever been tortured?	37.2
Have you ever suffered from a serious illness?	27.4
Have you ever been in a bad accident, like a very serious car accident?	22.6
Have you ever been in a life-threatening fire or explosion?	14.2
Have you ever been in any kind of natural disaster (e.g. a fire, a tornado/hurricane, a flood, an earthquake)?	9.7
Have you ever been sexually assaulted by someone else?	5.6
Have you ever been sexually assaulted by a family member (e.g. abuse, doing something with your or their private parts that you didn't want to, watching porn although you were too young or didn't want to)?	2.1

Table 2.3: Frequencies of the different types of self-experienced trauma events.

Note: n = 290.

2.4.3.2 Posttraumatic stress symptom severity

The severity of PTSD symptoms was assessed with the PTSD Symptom Scale-Interview (PSS-I; Foa & Tolin, 2000), which covers the 17 PTSD symptoms according to the DSM-IV (American Psychiatric Association [APA], 2000) and asks respondents about their symptom intensity during the past two weeks. It has also been used in African samples (e.g. Ertl et al., 2011; Hecker et al., 2012; Jacob, Neuner, Mädl, Schaal, & Elbert, 2014; Köbach, Schaal, & Elbert, 2015a). For the assessment of PTSD symptoms, participants were asked to identify the most traumatic event that had happened in their lives that was still bothersome. Both the subjective and the objective A-criteria were used in estimating the PTSD rates. All symptoms were rated from 0 (= “not at all/only once”) to 3 (= “five or more times per week/almost always”). For computation of the severity of PTSD, the frequencies of all 17 PTSD symptoms were summed. The participants’ PTSD sum scores ranged from 0 to 39 out of a maximum possible score of 51 points. The mean score was 8.5 points ($SD = 9.1$), and the median was 5 points. A total of 19.5% of the 257 fully diagnosed participants fulfilled the DSM criteria for PTSD. Thirty-three PTSD ratings were not available due to rater errors. The PSS-I manifested excellent internal consistency values (Cronbach’s $\alpha = 0.88$).

2.4.3.3 Attraction to violence

Attraction to violence was measured by the Appetitive Aggression Scale (AAS; Weierstall & Elbert, 2011), which has demonstrated good psychometric properties in various violent populations. The Cronbach’s alpha coefficient for the South African sample for this measure was 0.86. The questionnaire consists of 15 questions on instrumental aggression (“Do you enjoy inciting your fellows to fight?”), addiction-specific questions (“Once fighting has started, do you get carried away by the violence?”) that cover the reward-driven aspect of appetitive aggression, and questions about the desire to cause harm (“Once you got used to being cruel, did you want to be crueler and crueler?”). Responses are rated on a 5-point Likert scale (0 = “dis-

agree totally” to 4 = “agree totally”). The AAS score is then calculated by summing the scores of the 15 items; possible scores range from 0 to 60. The mean appetitive aggression score in the sample was 15.4 points ($SD = 13.1$), and the median was 12 points.

2.4.3.4 Perpetrated violence

The score for perpetrated violence was calculated from the number of 21 different offence event types. The list of these self-committed violence types was adapted from the AAS and has previously been successfully administered in a population of South African juvenile offenders (Weierstall et al., 2013c). The items reflect a range of violence, starting with event types of little impact (“Have you shouted at someone?”; “Have you slapped someone?”) and progressing to severe criminal acts (“Have you mutilated someone?”; “Have you raped someone?”). Possible sum scores ranged from 0 to 21. The average score was 11.7 points ($SD = 4.4$), and the median score was 12 points, with a range of 1-21. In the current study, the Kuder-Richardson’s *alpha* was 0.90.

2.4.4 Data analysis

Spearman correlations between witnessed and self-experienced trauma event types, PTSD symptom severity, appetitive aggression, and perpetrated violence types were calculated using SPSS 21. To investigate the complex interactions between predictor and outcome variables, further path analysis was conducted using AMOS 22. Witnessed violence event types and self-experienced violence event types were assessed as predictor variables. PTSD symptom severity and perpetrated violence event types were processed as outcome variables. Attraction to violence was the outcome variable for witnessed and self-experienced stress and the predictor variable for PTSD severity and perpetrated violence. The level of significance was set to = 5%.

2.5 Results

2.5.1 Correlations between different trauma event types, PTSD severity, appetitive aggression, and perpetrated violence types

A correlation matrix of all five variables (self-experienced and witnessed trauma event types, PTSD symptom severity, attraction to violence, and perpetrated violence types) reveals significant Spearman correlations (according to Cohen, 1988) between all of the variables. The correlation coefficients, levels of significance, and population size are presented in Table 2.4.

Sum of	witnessed trauma event types	self-experienced trauma event types	PTSD symptom score	appetitive aggression score
self-experienced trauma event types	0.61*** p < 0.001	—		
PTSD symptom scores	0.29*** p < 0.001	0.36*** p < 0.001	—	
appetitive aggression score	0.35*** p < 0.001	0.40*** p < 0.001	0.28*** p < 0.001	—
perpetrated violence types	0.36*** p < 0.001	0.38*** p < 0.001	0.29*** p < 0.001	0.53*** p < 0.001

Table 2.4: Correlation matrix of witnessed trauma event types, self-experienced trauma event types, PTSD severity, attraction to violence, and perpetrated violence types.

Note: *: p < 0.05, **: p < 0.01, ***: p < 0.001; correlation is significant at the 0.01 level (two-tailed).

2.5.2 The development and outcomes of appetitive aggression in a context of ongoing threat

To further investigate the role of attraction to violence in a context of continuous stress, we conducted a path analysis with witnessed and self-experienced traumatic events as predictor variables representing the ongoing threat. Attraction to violence, actual violent behavior, and

PTSD symptom severity were chosen as outcome variables.

Attraction to violence was predicted by witnessed traumatic incidents as well as victimization. Self-committed offences, however, were directly predicted only by the witnessing of violence. In contrast, PTSD symptom severity was directly predicted by victimization only. The witnessing and self-experience of violence had an indirect influence on both PTSD severity and perpetrated violence, via appetitive aggression. Appetitive aggression itself predicted both the severity of posttraumatic stress and aggressive behavior. The graph below displays all of the results.

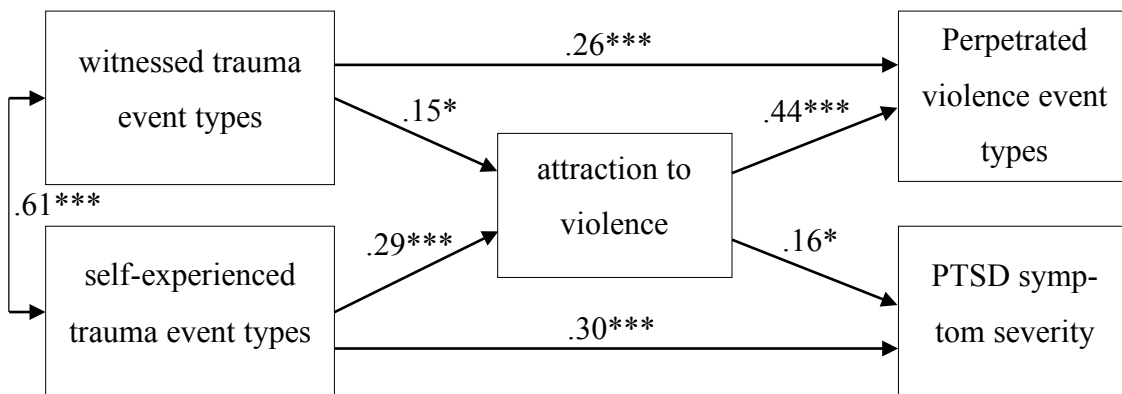


Figure 2.1: Path model presenting the results of an AMOS path-analysis, showing standardized regression weights and significance levels for the relationships between witnessed and self-experienced trauma event types, attraction to violence, PTSD symptom severity, and perpetrated violence types.

Note: *: $p < 0.05$, ***: $p < 0.001$.

Beta coefficients are statistically significant at $p < 0.05$ for the effect of witnessed trauma event types on attraction to violence as well as the effect of attraction of violence on PTSD symptom severity. All other beta coefficients were significant at a level of $p < 0.001$. According to the criteria for an adequate model fit (Browne & Cudeck, 1993; Carmines & McIver, 1981; Wheaton, Muthen, Alwin, & Summers, 1977), the path model displayed below

fulfills the requirements, $\chi^2(3) = 6.681$, $p = 0.083$, $\chi^2/\text{df} = 2.23$, comparative fit index = 0.989, root-mean-square error of approximation = 0.065.

2.6 Discussion

The association between an environment of ongoing threat and the development of appetitive aggression has been investigated in former child soldiers in a study by Weierstall et al. (2011), with the researchers determining that witnessing violence predicted higher levels of attraction to violence. The influence of victimization was not examined. Our results confirm the connection between witnessing violence and attraction to it, but also show that the self-experience of violence is an even stronger predictor for appetitive aggression. According to our results, appetitive aggression in turn predicts the level of self-committed violence. Those findings are in line with Athens' theory on the process of violentization (Athens & Ulmer, 2003), which explains that self-experienced violent acts ("violent subjugation") in combination with the isochronic observation of violent acts ("horrorification") results in what Athens calls "brutalization." Later stages of Athens' model describe how a child gradually begins to act more and more violently at first, only when provoked ("defiance"), but if the use of violence is successful, it becomes a preferred method of self-protection ("violent performance") and ultimately a preferred instrument for the resolution of all kinds of problems ("virulency"). In a context of ongoing threat, not hesitating to use violence and the failure to experience subsequent feelings of anxiety or guilt (but instead actually enjoying it) can be an evolutionary advantage, ensuring survival and psychosocial functioning.

As seen in other contexts of high exposure to violence, attraction to cruelty can even prevent a combatant from developing posttraumatic stress symptoms after conflict has ceased (Weierstall et al., 2011; Weierstall et al., 2012a; Weierstall et al., 2012b). However, in the South African context of continuous threat, attraction to cruelty is associated with higher lev-

els of posttraumatic stress. PTSD symptoms seem to remain at a consistent level over the years when strong feelings of revenge are present (Gäbler & Maercker, 2011; Orth, Montada, & Maercker, 2006), whereas the symptoms decrease when these feelings are not present (Orth et al., 2006). Young men in the low-income areas of South African cities, especially those who are members of criminal street gangs, tend to obey rules like “blood in - blood out,” which requires them to avenge the murder of a friend or fellow gang member by killing the perpetrator or someone else from the rival gang (Commonwealth of Virginia Department of State Police Virginia Fusion Center, 2008). The resulting desire for revenge and the preoccupation with thoughts of retaliation could trigger memories of traumatic incidents and (in the same way) also prolong other symptoms of posttraumatic stress. Additionally, high levels of posttraumatic symptoms such as hyperarousal or avoidance could have an important protective function in a context of continuous threat, enhancing an individual’s chances of survival. These results support the findings of Weierstall and colleagues (2013c), who demonstrated that former South African offenders with high levels of appetitive aggression and high levels of PTSD symptoms had higher levels of psychosocial functioning than those who were not enjoying violence perpetration but only acted aggressive in a reactive fashion.

This study relied on self-reports. Sexual victimization is likely to be under-reported (Jewkes & Abrahams, 2002; Kaminer et al., 2013b). Sieverding (2002) has suggested that males are less likely to report physical and psychiatric symptoms due to the stereotypical “machismo” male gender role that views the reporting of physiological and/or psychological symptoms as “unmanly.” In addition, the commission of certain aggressive acts, such as rape or the desecration of dead bodies, might be under-reported due to social undesirability. However, the subjective underestimation of aggression would not have affected correlations or the path model, which suggests that our findings are likely to be valid. Finally, the AMOS path model allows for the assessment of correlations and predictors but does not necessarily pro-

vide evidence of causal relationships between the observed variables.

2.7 Conclusions

We have conclusively determined that high levels of appetitive aggression and thus a preparedness and willingness to resort to violence, as well as PTSD symptoms such as hyperarousal and avoidance, can lead to better chances of survival in a context of continuous threat and thus could fulfill an important role in survival and functioning in such an environment. At the same time, the willingness to fight can lead to suffering in the community as well as in the perpetrator. Young offenders are at the highest risk of getting killed or being further traumatized by rival gangs, the police, or vigilantes in the community. They become excluded from society, and thereby their chances of leading a normal social life (graduating from high school, finding a job, etc.) further decrease. In addition, the agonizing symptoms of posttraumatic stress (including nightmares, flashbacks, and sleep and concentration disturbances) are possibly maintained at a high level and might serve as an additional stressor.

The aggressive behavior of these young offenders can fuel the cycle of violence in the communities. Its protective nature notwithstanding, appetitive aggression may breed more violence, and thus interventions aimed at the reduction of violence would seek to reduce the attraction to violence. At the same time, it is important to provide alternative skills to young men growing up under conditions of continuous threat that will allow them to develop more productive and less destructive problem-solving methods.

2.8 Acknowledgements

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3. The interplay between trauma, substance abuse and appetitive aggression and its relation to criminal activity among high-risk males in South Africa

3.1 Abstract

Background: In persistently unsafe environments, the cumulative exposure to violence predicts not only the development of posttraumatic stress disorder (PTSD), but also of increased aggression and violent outbursts. Substance use disorders interact with these developments, as drug consumption may blunt symptoms and also reduce the threshold for violent acts. Investigating the interplay between these variables and the possible cumulative effect of drug abuse on the attraction to cruelty is a crucial step in understanding the cycle of violence and developing intervention programs that address this cycle in violence-troubled communities such as low-income urban areas in South Africa.

Methods: Young males at risk ($N = 290$) were recruited through a reintegration center for offenders in Cape Town. We assessed types of traumatic events experienced, PTSD symptom severity, appetitive aggression, committed offenses and patterns of drug abuse prior to the perpetration of violence.

Results: Path-analyses confirmed a positive relationship between exposure to traumatic events and PTSD symptom severity, appetitive aggression, the number of committed offenses and drug abuse prior to violence. PTSD symptoms were positively associated with the propensity toward aggression. Furthermore, more severe drug abuse was related to higher attraction to violence and more committed offenses.

Conclusions: We conclude that like exposure to violence, drug abuse may play a key role in

the attraction to aggression and criminal acts. Measures of violence prevention and psychotherapeutic interventions for trauma-related suffering may not be effective without enduring drug abuse rehabilitation.

Keywords: violence perpetration; substance abuse; posttraumatic stress disorder; appetitive aggression; South Africa

3.2 Background

Male adolescents and young adults living in low-income urban areas of South Africa are exposed to extreme levels of violence and crime. In the Cape Town metropolitan municipality, rates of severe crime are among the highest in the world (Groenewald et al., 2003). Due to the extreme levels of exposure to traumatic stressors (Lockhat & van Niekerk, 2000) and involvement in gang violence (Maxson, Whitlock, & Klein, 1998), the boundary between victimization and criminalization in these environments is often blurred. Additionally, South Africa reports one of the highest levels of per-capita alcohol consumption worldwide for individuals drinking alcohol (Rehm et al., 2003); alcohol is the drug most commonly abused by adolescents in the country, followed by illicit drugs such as cannabis, methamphetamine (“tik”) and methaqualone (“mandrax”) (Parry et al., 2004a; Ramlagan, Peltzer, & Matseke, 2010). The present study investigates the role of drug abuse, i.e. the excessive, socially problematic consumption of intoxicating substances (Doweiko, 2015), in the relationship between victimization and the perpetration of aggressive behavior in a sample of at-risk young males from low-income areas in Cape Town.

Previous research indicates a clear relationship between drug abuse and heightened aggressive behavior. Both alcohol and illegal drugs have been associated with murder, intimate partner violence and child abuse (e.g. Plüddemann et al., 2010; Roizen, 1997; Seedat et al., 2009). This correlation holds true for South Africa: Between 1999 and 2000, in Cape

Town, Johannesburg and Durban, almost 50% of individuals arrested on charges related to family violence, homicide or rape were reported to have been either drunk or under the influence of drugs at the time of the offense (Parry et al., 2004b). The severity of the committed crimes is positively associated with alcohol or drug consumption preceding the violent act (Chermack & Blow, 2002; Hecker & Haer, 2015; White et al., 2002). Although these data reveal that substance abuse represents a frequent precursor to aggressive behavior (Taylor & Chermack, 1993), the question of whether drug abuse functions as a catalyst (Ching, Daffern, & Thomas, 2012) or in a causal role, remains a controversial issue (Klostermann & Fals-Stewart, 2006).

Posttraumatic stress in relation to victimization has been indicated as another important risk factor in the perpetration of violence in low-income urban areas in South Africa (Sommer et al., 2016). Symptoms such as hyperarousal, hostility and anger may be viewed as a behavioral pattern to (presumably ongoing) danger, which may lead to aggression (Hellmuth, Stappenbeck, Hoerster, & Jakupcak, 2012). Frequently, trauma survivors attempt to numb these traumatic stress symptoms through self-medication (Bremner, Southwick, Darnell, & Charney, 1996): Alcohol problems and drug abuse often co-occur with PTSD (e.g. Mathews, Abrahams, Jewkes, Martin, & Lombard, 2009; Stewart, 1996). The comorbidity between drug dependence and PTSD exacerbates aggressive tendencies and is associated with higher levels of perpetrated violence than either drug dependence or PTSD alone (Parrot, Drobes, Saladin, Coffey, & Dansky, 2003).

Aggressive behavior can be driven by the desire to defend oneself against a threat or to take revenge against those responsible for a trauma. This type of reactive aggression is often reported by individuals suffering from PTSD (Bayer, Klasen, & Adam, 2007). Additionally, aggressive behavior can be intrinsically rewarding: Offenders may simply get a thrill from being violent. We refer to this drive as appetitive aggression (Elbert et al., 2010), a motivation

that has been observed among youth offenders in low-income areas of Cape Town: Weierstall and colleagues (2013c) showed that participants with more traits of appetitive aggression presented with less impaired psychosocial functioning, implying that the attraction to aggressive behavior may reflect a process of adaptation to living in high-violence neighborhoods.

The role of alcohol and drugs in promoting appetitive aggression has yet to be investigated in a systematic manner: A recent study by Hecker and Haer (2015) examines the impact of prior drug abuse on emotional states during the perpetration of violence in combatants from the Democratic Republic of the Congo. Most combatants felt fearless, more powerful, and more aggressive after drug abuse and had a higher propensity to behave in an appetitively aggressive manner. Appetitive aggression may thus be fueled by drug abuse due to the (at times positive) qualities linked to substance abuse, such as increased arousal, lower social inhibitions and stronger feelings of companionship when in a group (Ching et al., 2012). Furthermore, as fear is reduced (Tyner & Fremouw, 2008), the urge to engage in aggression for the purposes of revenge and satisfaction may be unleashed.

Various factors – such as exposure to traumatic events and posttraumatic stress, appetitive aggression and substance abuse – have been hypothesized to contribute to the extremely high levels of violence in South Africa. Using path analyses, we have attempted to clarify the relationship between these factors in order to provide guidance for psychological programs for young offenders living in communities with high levels of violence and crime. In line with previous research, we investigated 1) whether exposure to violence is positively related to appetitive aggression, PTSD symptoms, substance abuse and the number of committed offenses; 2) whether posttraumatic stress has a positive correlation to drug abuse and the propensity toward aggressive behavior; 3) whether drug abuse is positively correlated to aggressive tendencies and the number of committed offenses; and 4) whether appetitive aggression is positively related to the number of violent offenses as the main outcome variable.

3.3 Method

3.3.1 Participants

In 2013-2014, structured clinical interviews were conducted with 290 males in the ages of 14-40 years ($M = 21.96$, $SD = 4.53$). All respondents were Black Africans of Xhosa ethnicity from low-income areas in Cape Town and were contacted through REALISTIC, a community-based organization that seeks to rehabilitate young offenders. Recruitment focused on former offenders currently attending a reintegration program (20%), and those who had previously completed such programs as well as individuals at risk for perpetrating or becoming victims of crime (80%). The educational level was rather low, with 81% of the participants failing to meet secondary-school graduation requirements.

The ethical review boards of the University of Konstanz, Stellenbosch University and the University of Cape Town approved the study, and all participants gave their informed consent. For those under the age of 18, parents or caretakers gave informed consent. For their participation in the interview, participants received financial compensation.

3.3.2 Procedure

In order to ensure confidentiality and privacy, data were collected at the organization's premises in Cape Town or at private offices nearby. The diagnostic interviews were conducted by a group of four German mental-health experts and three local counselors who had received 25 h of training in the theoretical concepts of mental disorders, trauma, aggression and clinical diagnosis through the use of structured interviews. Furthermore, to ensure the valid assessment of trauma symptoms and appetitive aggression, concepts and translations were discussed in detail with the interpreters before their application in the interviews. Bilingual native (Xhosa-speaking) interpreters who were specifically trained in translation in clinical settings assisted with administration and translated the questionnaires into isiXhosa and back to English.

In cases in which participants reported suicidal thoughts or acute mental-health problems, counseling or referral to local psychiatric health services was provided.

3.3.3 Measures

3.3.3.1 Traumatic event types

A checklist of 36 potentially traumatic events (e.g. physical attack, sexual assault, torture) adapted from the Child Exposure to Violence Checklist (CEVC; Amaya-Jackson, 1998) was administered to assess experienced and witnessed traumatic event types. This scale has demonstrated excellent internal consistency and good test-retest reliability, also in South African settings (Fehon, Grilo, & Lipschitz, 2001; Fincham et al., 2009), and has proven its validity in offender populations (Weierstall et al., 2013c). We calculated the total number of self-experienced and witnessed traumatic events types, with a possible range from 0 to 36. Reliability was calculated according to Dunn, Baguley and Brundsen (2014) by using omega (McDonald, 1999), a measure of internal consistency that is considered to be more sensible than Cronbach's alpha (e.g. Zinbarg, Revelle, Yovel, & Li, 2005). Coefficient omega in our sample was 0.79, 95% confidence interval (CI) [0.75-0.82].

3.3.3.2 Posttraumatic stress symptom severity

PTSD symptom severity during the past two weeks was assessed using the PTSD Symptom Scale-Interview (PSS-I; Foa & Tolin, 2000). For each of the 17 items, ratings ranged from 0 (not at all) to 3 (very much), expressing to which extent a specific trauma was associated with each of the B, C and D PTSD criteria of the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000). The measure's validity has been proven in South African offender and other African populations (e.g. Köbach et al., 2015a; Weierstall et al., 2013c). The PSS-I sum score was calculated by summing all item scores; possible sum scores ranged from 0 to 51 points. Coefficient omega in

this sample was 0.88, 95% CI [0.85-0.90].

3.3.3.3 Appetitive Aggression Scale

An individual's propensity toward perpetrating aggressive acts was assessed using the Appetitive Aggression Scale (AAS; Weierstall & Elbert, 2011), a structured interview that has been successfully implemented in previous African samples, including South African young offenders, and has been proven to have excellent psychometric properties (e.g. Weierstall et al., 2013c; Weierstall et al., 2012b). The AAS contains 15 questions concerning the appetitive perception of aggression (e.g. "Is it exciting for you if you make an opponent really suffer?"). Each item is scored on a 5-point Likert scale ranging from 0 ("I totally disagree") to 4 ("I totally agree"). For the analysis, the AAS sum score was calculated, with a possible range from 0 to 60. The reliability of the scale was high in our sample (coefficient omega = 0.87, 95% CI [0.84-0.89]).

3.3.3.4 Number of offense types

To measure self-committed aggressive behavior, we assessed the number of committed offenses using a checklist of 21 different types of offenses (e.g. assault, rape, murder) from the AAS, which has previously been successfully administered in a South African population of youth offenders (Weierstall et al., 2013c). We summed the number of committed offenses to obtain the offense types sum score; possible scores ranged from 0 to 21 points. Coefficient omega in this sample was 0.88, 95% CI [0.86-0.90].

3.3.3.5 Drug abuse before offenses

In combination with the list of offense types, we asked about the frequency of drug abuse before the perpetration of violent acts ("How often did you drink or take drugs before these events?"). Participants answered on a 5-point Likert scale, ranging from 0 ("not at all") to 4 ("every time"). Additionally, we assessed substance dependence with the Mini- International

Neuropsychiatric Interview based on DSM-IV criteria (M.I.N.I. version 6.0.0; Sheehan et al., 1998).

3.3.4 Data analysis

Path analyses were performed with AMOS 22 for SPSS. To test the hypothesized relationships, we included traumatic events as a predictor variable for appetitive aggression, PTSD symptom severity, drug consumption prior to offenses and number of offenses, while appetitive aggression was included as predictor for the number of offenses, PTSD symptoms as a predictor for appetitive aggression and drug abuse, and drug abuse as a predictor for appetitive aggression and the number of offense types, which represented the main outcome variable. Of the 290 participants, 38 had missing data for one or more of the variables; these values were estimated using maximum likelihood estimation, thereby providing more accurate estimates of population parameters than other methods, such as deletion of missing cases (Enders, 2006).

3.4 Results

3.4.1 Characteristics of trauma, aggression and drug abuse

Demographic and trauma-, aggression- and drug-related sample characteristics are shown in Table 3.1. Participants were exposed to or had witnessed a broad range of 5 to 32 different traumatic experiences ($M = 18.71$, $SD = 5.11$), indicating high levels of poly-victimization. PTSD symptoms ranged from 0 to 39 points ($M = 8.49$, $SD = 9.07$), and the AAS score from 0 to 60 points ($M = 15.42$, $SD = 13.08$). Participants reported perpetration of a variety of violent acts, with scores ranging from 1 to 21 and a mean score of 11.65 violent acts committed. In the sample, 24.5% of the participants stated that they had mutilated at least one person in their lifetime, and 21.4% reported committing a murder at least once. With regard to drug abuse, 31.2% of the participants reported that they had never used drugs before committing violence,

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28.4% declared that they had “rarely” or “sometimes” used drugs before offenses and 40.3% said they had used drugs “most of the time” or “every time” before perpetrating violence. 55.2% of the participants were diagnosed with a substance dependence disorder in the course of the interview. The most-used drugs related to substance dependence were cannabis (“dagga”, 38.6%), alcohol (33.4%), methamphetamine (“tik”, 13.4%) and methaqualone (“mandrax”, a sedative, 5.2%). Statistical analyses revealed no significant difference between those who had participated in a reintegration program at the time of the assessment and those who had not with regard to the outcome variables.

Demographic characteristics	M (SD) or n (%)	[Range]
Age	21.96 (4.53)	[14 - 40]
Years of formal education	10.46 (1.77)	[1 - 16]
Traumatic events	18.71 (5.11)	[5 - 32]
Index trauma		
Being attacked with a weapon	64 (24.9%)	-
Someone close being murdered	23 (8.9%)	-
PSS-I	8.49 (9.07)	[0 - 39]
AAS	15.42 (13.08)	[0 - 60]
Offense types committed	11.65 (4.35)	[1 - 21]
Mutilating at least one person	71 (24.5%)	[0 - >10]
Committing a murder at least once	62 (21.4%)	[0 - >10]
Substance dependence diagnosis	160 (55.2%)	-
Drugs most used		
Marijuana	112 (38.6%)	-
Alcohol	97 (33.4%)	-
Methamphetamine	39 (13.4%)	-
Methaqualone (“mandrax”)	15 (5.2%)	-

Table 3.1: Demographic characteristics and clinical data.

Note: n = 290; PSS-I = PTSD symptom severity; AAS = Appetitive aggression score.

3.4.2 Path analyses

According to fit criteria (Hu & Bentler, 1999), the hypothesized model fit the data well: χ^2 (1,

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$N = 290$) = 2.18, $p = 0.140$, CFI = 0.995, RMSEA = 0.064, 90% CI [0.000-0.184]. However, the hypothesized link between PTSD symptom severity and drug abuse prior to violence was non-significant. This link was excluded and a revised model obtained. Figure 3.1 shows the final model.

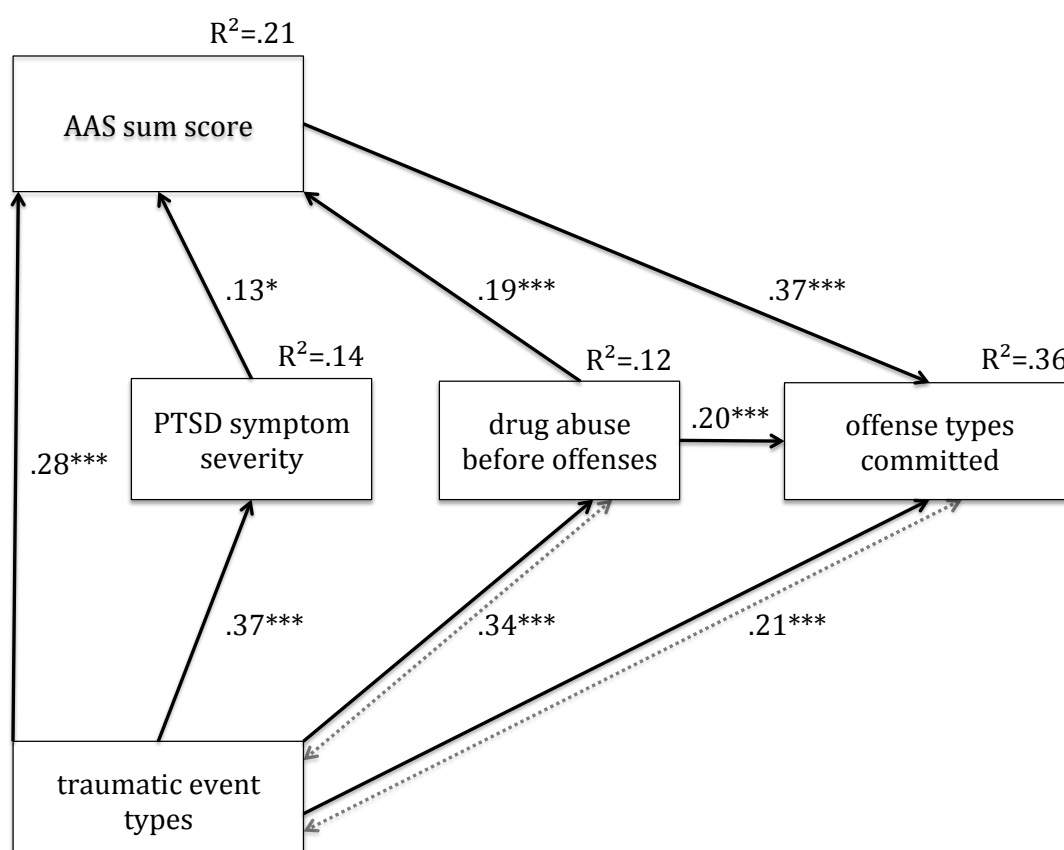


Figure 3.1: Path model of relationships between traumatic events, PTSD symptoms, appetitive aggression, committed offense types and drug abuse prior to the commission of offenses.

Note: Paths with one arrowhead indicate directed associations; double-headed arrows represent co-variances; paths connected through dotted arrows indicate possible reciprocal relations; standardized regression weights are shown; *: $p < 0.05$, **: $p < 0.01$, ***: $p < 0.001$.

The final model accounted for 21% of the variance in appetitive aggression, 14% in PTSD symptoms, 12% in drug consumption and 36% in the number of committed offense

types. Fit statistics for the final model were good: $\chi^2(2) = 3.84$, $p = 0.146$, $\chi^2/df = 1.92$, $CFI = 0.993$, $RMSEA = 0.056$, 90% CI [0.000-0.142].

In line with previous research, the model revealed that the number of traumatic event types exhibited strong positive relationships with appetitive aggression, PTSD symptoms, the number of offense types committed and drug abuse prior to the perpetration of violence. Furthermore, PTSD symptom severity was positively related to appetitive aggression, which itself was highly correlated to the number of offense types committed. Additionally, our results indicate that using drugs before committing violence seems to exacerbate the attraction to cruelty and the extent of perpetrated violence.

3.5 Discussion

This study investigated the relationships between traumatic experiences, PTSD symptoms, appetitive aggression, drug abuse and perpetrated violence in a sample of at-risk young men living in low-income urban areas in South Africa. Using path analyses, we obtained a dose-response effect between cumulative exposure to traumatic stressors and PTSD symptom severity, i.e. a positive relationship between the number of different traumatic events and the severity of PTSD symptoms, in line with previous research (Köbach et al., 2015a; Neuner et al., 2004; Wilker et al., 2015). Moreover, appetitive aggression and the level of perpetrated violence seem to increase with a higher number of traumatic experiences, an effect that has also been reported in previous studies (e.g. Hecker et al., 2013; Weierstall et al., 2012a). However, it must be considered that the likelihood of being victimized may also be enhanced by engagement in violent acts, such that this path most likely represents a reciprocal relationship (Fetchenhauer & Rohde, 2002). Additionally, we find that exposure to traumatic events is positively related to drug abuse prior to violent behavior. One explanation for this could be that youth from adverse environments often seek protection in gangs (Kerig, Wainryb, Twali,

& Chaplo, 2013), groups in which drug abuse is integrated into everyday activities (Aldridge & Medina, 2008). Drug abuse in those who engage in gang violence may be reinforced by peer pressure and the desire to maintain one's status in the gang (Brunelle, Brochu, & Cousineau, 2000), and may play an important role in facilitating the commission of criminal acts, either by calming nerves or bolstering courage (Goldstein, Brownstein, Ryan, & Bellucci, 1989). However, alcohol or drug abuse may also increase the probability of experiencing traumatic events, since one may become more likely to provoke or be involved in a fight, which may in turn result in a traumatic experience (Murdoch, Pihl, & Ross, 1990).

Furthermore, our data showed no significant relationship between PTSD symptom severity and drug abuse prior to the perpetration of violence. With regard to victim-offender populations, this result may be interpreted in accordance with Hecker and Haer (2015), who suggest that drugs may be consumed in order to feel more vigilant, powerful and fearless (Goldstein et al., 1989) when committing violent acts such as murder or rape, rather than to cope with the psychological impact of PTSD symptoms (Bonin, Norton, Asmundson, Dicurzio, & Pidlubney, 2000). However, we found a significant relationship between PTSD and appetitive aggression, and we hypothesize that comorbid PTSD symptoms, such as revenge fantasies (Maercker & Horn, 2013), may evolve into a proactive intrinsic motivation for violence, i.e. appetitive aggression. This may then encourage an individual to join criminal subcultures or gangs for revenge, groups that are commonly characterized by a violent and aggressive masculinity (Kynoch, 1999), providing a fertile ground for the development of cruel behavior. Additionally, as pointed out by Hinsberger et al. (2016b), being part of such groups embossed by appetitive aggression, may also prolong PTSD symptoms as normative claims for vengeance of murdered gang members may trigger traumatic memories, leading to a complex association between PTSD and appetitive aggression.

Our model revealed a large effect for the relationship between drug abuse prior to the

commission of violent acts and engagement in violence. It seems likely that drug abuse before committing violence leads to a full display of the person's potential for aggression, which may result in a greater extent of violent behavior in terms of the number and types of offenses. Furthermore, drugs may be used in order to avoid negative feelings of guilt or shame (Brunelle et al., 2000) and may therefore increase the probability of further violence committed under the influence. A reduction in negative emotions and an increase in the positive evaluation of violence may be reflected in the positive correlation between substance abuse and appetitive aggression. An increased lust for aggression when violence is committed under the influence of drugs may be due to drug-induced feelings of enhanced confidence and energy (Panenka et al., 2013), euphoria (Cheng, Jong, Li, Ko, & Wu, 2006) or emotions related to amusement and entertainment (Ching et al., 2012). The aforementioned beneficial effect of appetitive aggression in terms of adaptation to an adverse environment (Weierstall et al., 2013b) may thus be enhanced by the positive features of drug or alcohol consumption (e.g. increased arousal, reduced inhibitions), which may in turn lead to a further increase in the number and severity of violent acts, as shown in our model.

In sum, the relationship between drug abuse and exposure to as well as engagement in violence may best be described as a vicious cycle in which the contributory factors are so tightly linked that it becomes difficult to disentangle cause and effect (Brunelle et al., 2000). However, the understanding that drug abuse – like traumatic stress and the exposure to violence – seems to increase appetitive aggression and violent outbursts is of great importance and has significant treatment implications.

3.5.1 Limitations

We assessed the impact of drug abuse on violence with an emphasis on young male South Africans at risk for criminal offenses, which may limit the external validity of these findings. In order to establish whether our findings of a drug-violence nexus are replicable in different

conflict settings and thus have generalizability potential, the aforementioned relationships should be explored in future studies. Given the correlational and retrospective nature of this cross-sectional study, causality cannot be directly inferred, and conclusions about temporal or causal relationships between the variables should be drawn with caution.

3.5.2 Conclusions

Alarmingly high levels of violence and drug abuse, particularly in low-income areas in South Africa, indicate a clear need for a better understanding of the relationship between the various factors that contribute to a downward spiral; such an understanding could serve as the basis for violence- and drug-prevention programs as well as sensitive trauma- and aggression-focused treatments. This is of special importance as traumatic experiences, resulting aggression, and drug abuse have been indicated to be linked to school failure and dropout (e.g. Walker & Sprague, 1999) – which is also reflected by the high rate of participants in our study without a high school degree – and therefore stressing the aforementioned downward spiral.

The present study provides evidence of the necessity of simultaneously addressing multiple risk factors in violence intervention efforts, given that trauma, appetitive aggression and substance abuse are inextricably interlinked. Reducing substance abuse is likely to contribute to a decrease in the high rates of violence among young South Africans (Morojele & Brook, 2006). Compared to incarceration, multi-systemic interventions for serious offenders may reduce costs - financial costs and, more importantly, psychological and social costs - in the long term (Randall & Cunningham, 2003).

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4. Feasibility and Effectiveness of Narrative Exposure Therapy and Cognitive Behavioral Therapy in a Context of Ongoing Violence in South Africa

4.1 Abstract

Objective: In an observer-blinded intervention trial, we tested the reduction of posttraumatic stress symptoms, aggressive attitude, and behavior in young males living in a context of ongoing community and gang violence by means of (a) forensic offender rehabilitation narrative exposure therapy (FORNET), and (b) the cognitive-behavioral intervention “Thinking for a Change” (TFAC). A waiting list served as the control condition.

Method: A total of 39 young men were included in the data analysis: 15 completed FORNET, 11 underwent cognitive-behavioral therapy (CBT), and 13 were on a waiting list for later treatment. The primary efficacy endpoints were the PTSD Symptom Scale-Interview (PSS-I) severity score, the Appetitive Aggression Scale (AAS) score, and the number of perpetrated violent event types 8 months (on average) after treatment.

Results: Only in the sample receiving FORNET were posttraumatic stress disorder (PTSD) scores significantly reduced at the first follow-up (Cohen’s $d = -0.97$) and significantly different from those of the control group (Cohen’s $d = -1.03$). The changes in scores for appetitive aggression and perpetrated events were not significant for any of the treatment conditions.

Conclusions: The study shows that trauma-focused treatment can reduce the psychological symptoms of posttraumatic stress even for individuals living under unsafe conditions in low-income urban communities. However, achieving changes in violent behavior within a context of ongoing violence may require more than the treatment of trauma-related suffering, con-

frontation with one's offenses, or cognitive-behavioral interventions.

Keywords: gang violence, community violence, continuous stress, PTSD, CBT

4.2 Background

Low-income urban areas such as the so-called “townships” in South Africa, the favelas in Brazil, and inner-city ghettos in the United States are “hotspots of crime and violence” (United Nations Human Settlements Program, 2007; Weisburd, Lum, & Yang, 2004). Children living in such disadvantaged socioeconomic conditions are likely to encounter violence both within and outside the family and are frequently exposed to a range of traumatic stressors (Finkelhor, Turner, Hamby, & Ormrod, 2011; Williams et al., 2007). Children's exposure to violence can lead to short- and long-term outcomes involving the internalization and externalization of behavior problems during adolescence, including posttraumatic stress (Catani et al., 2009) and the perpetration of violence (Maas, Herrenkohl, & Sousa, 2008; Smith & Thornberry, 1995; Stouthamer-Loeber, Loeber, Homish, & Wei, 2001; Widom, 1989). The group most severely impacted by serious violent crime in low-income urban communities consists of young males who both assault and are the victims of assault (Moffitt, 1993; Seedat et al., 2009; Truman & Langton, 2015) and may thus be referred to as “victim-perpetrators” (Roach, 2013, p. 157). In attempting to interrupt the cycle of violence, it is important to overcome the victim-offender dichotomy (Hecker, Hermenau, Crombach, & Elbert, 2015) and to ensure the timely supply of trauma and aggression treatment.

A growing number of studies have successfully tested early interventions in areas of ongoing threat. Results from the Jerusalem Trauma Outreach and Prevention Study (Shalev et al., 2012) demonstrate that both prolonged exposure and cognitive therapy significantly reduced posttraumatic stress disorder (PTSD) prevalence 5 and 9 months after treatment compared with a control group. Cohen and colleagues (2011) are conducting a promising series of

trauma-focused cognitive-behavioral therapy (CBT) treatment studies on children in the United States and Zambia. Cigrang et al. (2005) tested a brief exposure-based treatment for members of the military in Iraq that included in vivo and in sensu exposure in four therapy sessions over a 5-week period; symptoms were reduced by an average of 56%. Köbach et al. (2015b) successfully reduced PTSD symptoms by means of forensic offender rehabilitation narrative exposure therapy (FORNET) in a group of Congolese ex-combatants in comparison with a control group.

Working with traumatized perpetrators, Stenmark, Guzey, Elbert, and Holen (2014) found that violent offenders with PTSD fail to respond to narrative exposure therapy (NET) more often when their own offenses are not addressed in the course of the therapy. An explanation for this finding could be that an offender's "worst event" - that is, the most psychologically damaging - is a self-perpetrated offense. In a sample of 290 South African males recruited for cross-sectional analysis, 225 had committed a serious crime (such as a severe physical assault, a murder, or a rape), and 18% reported one of their own offenses as their worst traumatic event (Hinsberger et al., 2016, unpublished data). This number is comparable to the 23% rate documented by Kilvinger, Rossegger, Arnold, Urbaniok, and Endrass (2011) in a study of 35 Swiss prisoners. In order to account for the impact of self-perpetrated violent acts and to address the specific needs of violent offenders, NET has been extended to include in sensu exposure sessions for self-committed crimes.

The aim of FORNET is to mitigate the psychological consequences of chronic trauma exposure (such as intrusions, hyper-vigilance, and avoidance) as well as to reduce violent and criminal behavior through the dissolution of feelings of reward upon committing violence. Repeat perpetrators rarely experience or express feelings of guilt, shame, or pity for their victims, but such feelings are often still found to be associated with their first committed events. Consequently, the focus in FORNET is the first violent assault, killing, or rape. The effec-

tiveness of FORNET (compared with standard treatment) in the reduction of committed offenses and physical health complaints has been demonstrated in a randomized controlled trial with a sample of former Burundian street children (Crombach & Elbert, 2015). Although participants continued to rate violent acts as appealing irrespective of the treatment condition, those who received FORNET treatment did not commit violent offenses as often as those in the control condition. Randomized controlled trials in the Eastern DRC (Hermenau et al., 2013b; Köbach et al., 2015b) with former members of armed groups provided evidence that in comparison with the standard treatment, FORNET led to a reduction in PTSD severity. The level of attraction to aggressive behavior was also markedly reduced, but in both therapy and control conditions; in this case, however, the change in attitude might be associated with the participants' beneficial change in living conditions (from a militia setting to a civilian population; Hermenau et al., 2013b).

Other promising offender-oriented programs include those that address the offenders' habits and the moral content of their thinking, such as CBT (Wikström & Treiber, 2008). The aim of CBT is to correct deficient, dysfunctional, or distorted cognitions that may lead to offending. This is accomplished by increasing an offender's awareness of the link between his or her thought processes and offensive behavior, and by strengthening the individual's ability to alter such processes in a positive direction. A meta-analysis of CBT programs by Landenberger and Lipsey (2005) examined several different cognitive-behavioral curricula, including five evaluations of Thinking for a Change (TFAC). They found that TFAC was just as effective as other CBT interventions in reducing recidivism. In investigating the effects of TFAC on a sample of probationers, Golden and colleagues (2006) found that, compared with the control group, participants who completed the program showed a 33% reduction in the rate of new criminal offenses and improved their social and interpersonal problem-solving skills. Lowenkamp and colleagues (2009) evaluated the TFAC program in a community corrections

agency at a later follow-up time (2 years) than all former studies. Their results indicate that recidivism rates (new arrests) were still lower at that point in time in group-completers in comparison with similar offenders that were not exposed to the intervention. Bickle (2013) explored in a nonrandom, quasi-experimental design whether the TFAC program influences participants' self-assessment of their social problem-solving approaches and skills and their acceptance of criminal attitudes. Compared with a waiting list group, TFAC group-completers did significantly better in demonstrating an understanding of social problem-solving skills and approaches; in addition, TFAC participants appeared to have a reduced acceptance of criminal attitudes when compared with nonparticipants.

The objective of this study was first to investigate whether FORNET - compared with a waiting list group and over time - successfully reduces PTSD symptom scores in a sample of South African men living under conditions of continuous stress due to community and gang violence. In order to explore whether any such reduction can be ascribed to the trauma-specific approach of FORNET or "only" to the undivided attention of a therapist, the FORNET results for PTSD symptom reduction are contrasted with the results of the CBT intervention "Thinking for a Change" and a waiting list. Second, this study aims to examine whether FORNET and TFAC significantly reduce the attraction to violence in intervention participants as well as the number of perpetrated violent event types compared with a waiting list and over time.

4.3 Method

4.3.1 Participants

An initial sample of 89 male study participants was chosen from a larger sample of 405 male isiXhosa from low-income urban communities in Cape Town, South Africa (Gugulethu and Khayeltisha). Participants suffering from acute psychosis were excluded from the intervention

study. The inclusion criteria were a minimum of 8 points on the PTSD Symptom Scale-Interview (PSS-I) and a minimum of 9 points on the Appetitive Aggression Scale (AAS), which are comparable to the requirements implemented by Köbach et al., (2015b) and Hermenau et al., (2013b). Because both criteria had to be fulfilled (PTSD symptoms as well as appetitive aggression), the cutoffs had to be set at a low level in order to identify enough participants for the study. Eighty-nine participants met the combined cutoff requirement.

The final sample (after study drop-outs and absentees at the follow-up interviews were excluded) that served as the basis for the data analysis consisted of 39 male participants, ranging in age from 16 to 40 years ($M = 22.95$, $Mdn = 22$, $SD = 4.85$). Most of the participants were between 18 and 26, with three outliers over 30, which largely represents the age distribution in gang structures. Seventy-two percent were currently or had previously participated in a reintegration program; 28% had never taken part in a reintegration program. The average number of formal years of education was 10.33 ($SD = 2.12$, range = 1-16), but 87.2% of the sample had dropped out of school before graduating. 56.4% of the final sample had a PTSD diagnosis; the mean score for the severity of posttraumatic stress was 19.15 ($SD = 8.32$, range = 8-37). The average score for appetitive aggression was 27.72 ($SD = 11.44$, range = 9-52), and the average number of offense types was 7.77 ($SD = 4.96$, range = 1-17).

4.3.2 Sampling Procedure

A total of 405 young men were pre-assessed at the beginning of the study. This sample was recruited with the support of a locally operating institution for offender reintegration (Rebuilding and Life-skills Training Centre [REALISTIC]), a community-based organization in Cape Town that supports ex-prisoners and at-risk youth through a 6-month training program in life skills intended to prevent recidivism and relapses into drug addiction. All participants gave informed and written consent. In the case of under-aged participants, parents or caretakers were additionally asked to give their written consent. The study protocol including these

consent forms was approved by the Ethical Review Boards of Stellenbosch University, South Africa; the University of Cape Town, South Africa; and the University of Konstanz, Germany. The assessments took two hours on average, and interviewees were reimbursed for their participation in each interview with ZAR100, the equivalent of about USD8.50.

4.3.3 Primary Outcome Measures

The data was collected by means of structured interviews. Back-and-forth translations of the questionnaires were used to generate bilingual surveys, starting with a translation from English to isiXhosa, followed by back-translation into English by a different translator. These translations were discussed with the translators in a multiprofessionell team until there was consensus on each item. A team of three South African counselors and four German clinical psychologists carried out the initial assessments. Interviewees were encouraged to speak in either English or isiXhosa based on their personal preference. Trained interpreters (native isiXhosa speakers who were fluent in English) accompanied English-speaking interviewers. The counselors received 25 hours of training from two clinical psychologists on the theoretical concepts of mental disorders, trauma, and clinical diagnosis. Regular individual and team supervision ensured cross-interview consistency and mental hygiene (self-care). Five German clinical psychologists and a trained South African counselor conducted the follow-up interviews.

4.3.3.1 Posttraumatic stress symptom severity

The severity of PTSD symptoms and the diagnosis of PTSD were assessed with Foa and Tolin's PSS-I (Foa & Tolin, 2000), which asks participants about 17 PTSD symptoms experienced during the previous two weeks in accordance with *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; American Psychiatric Association, 2000) criteria. This measure has also been used in previous African samples (e.g., Ertl et al., 2011; Jacob et al.,

2014; Köbach et al., 2015a). The PTSD assessment was keyed to the most traumatic event in the participants' past that was still troublesome to them in the present. Experienced events from a trauma-event type list, as well as from the self-committed violence event type list (see the subsection titled "Perpetrated violence" below), were counted as possible index traumata. All symptoms were rated from 0 (*not at all/only once*) to 3 (*five or more times per week/almost always*). The frequencies of all 17 PTSD symptoms were summed up to represent the severity of PTSD (maximum score: 51 points). Change scores resulted from the subtraction of the posttherapy score from the pretherapy score, such that a positive score represents an improvement (decrease) in terms of PTSD severity and a negative score represents the worsening of (increase in) PTSD symptoms. The PSS-I scores exhibited excellent internal consistency (Cronbach's $\alpha = 0.86$) and high interrater reliability (intraclass correlation coefficient = 0.93; Foa & Tolin, 2000). In this study, the Cronbach's α was 0.88.

4.3.3.2 Appetitive aggression

The propensity for violent behavior was measured with the AAS (Weierstall & Elbert, 2011), which consists of 15 questions on attraction to violence ("Do you enjoy inciting your fellows to fight?"), addiction-specific questions ("Once fighting has started, do you get carried away by the violence?") that address the reward-driven aspect of appetitive aggression, and questions about the desire to cause harm ("Once you got used to being cruel, did you want to be crueler and crueler?"). Responses were rated on a 5-point Likert scale (0 = *disagree completely* to 4 = *agree completely*) and summed up, with a maximum score of 60 points. Change scores resulted from the subtraction of the posttherapy score from the pretherapy score, such that a positive score represents an improvement (reduction) and a negative score represents the intensification of (increase in) attraction to violence. The AAS has demonstrated good psychometric properties in various violent populations. The internal consistency for the AAS is sufficient with a Cronbach's α coefficient of 0.85 (Weierstall & Elbert, 2011). For this

study, the Cronbach's alpha was 0.86.

4.3.3.3 Perpetrated violence

The score for perpetrated violence was calculated on the basis of 21 different violent event types. The list of these self-committed offense types was adapted from the AAS and has previously been successfully administered in a population of South African juvenile offenders (Weierstall et al., 2013c). The items reflect a range of violence, starting with event types of little impact ("Have you shouted at someone?"; "Have you slapped someone?") and progressing to severe criminal acts ("Have you killed someone?"; "Have you raped someone?"). Possible sum scores for the measure range from 0 to 21. Change scores resulted from the subtraction of the posttherapy score from the pretherapy score, such that a positive score indicates a decrease in offenses and a negative score an increase. In the current study, the Kuder-Richardson's alpha was 0.90.

4.4 Study Design

Eighty-nine participants were invited to take part in the subsequent treatment period. Thirty-five of them were unable to participate due to multifarious reasons (e.g., work or school attendance). In order to preserve these participants for data analysis, they were placed on a second waiting list ("no camp") so that they could still be contacted for further follow-ups. The remaining participants were randomly assigned to one of the three treatment conditions (FORNET, CBT, and the "camp" waiting list). Attendees were matched first in terms of post-traumatic stress symptom severity, second in their level of appetitive aggression, and third in the severity of their suicidality.

4.5 Treatment Conditions

The therapy program was conducted in several 3-week camps in order to provide participants

a safe and drug-free environment, nutrition, and shelter, ensuring that therapy motivation would not be undermined by any of these factors. Each camp included 12 to 14 study participants as well as various staff (social workers, facilitators, cooks, security). Sessions took place in separate rooms on the camp premises, thereby guaranteeing confidentiality and privacy. All camp participants (from all three treatment conditions) were able to participate in the free-time activities offered by the camp facilitators. The activities that were offered (soccer games, beach walks, etc.) were invariably non-psychotherapeutic in nature. Four German and five South African health experts conducted the therapy sessions. All experts took part in an extended theoretical and practical training on either FORNET or CBT that was conducted by narrative exposure therapists and behavior modification therapists. Therapy sessions were conducted in English. The pairing of therapists and interpreters was continuously rotated among participants, but each participant had the same interpreter over the entire course of therapy.

4.5.1 FORNET

FORNET has been adapted for trauma victims from the evidence-based field intervention NET (Schauer, Schauer, Neuner, & Elbert, 2011). In order to account for the specific behavioral difficulties of violent offenders, exposure sessions are extended to also include perpetrator events. The second adaptation involves the abandonment of the narration to facilitate the clients' trust and openness. This manual-based intervention (further details in Hecker et al., 2015) consists of eight individual sessions of about two hours each. Participants had a therapy session every second working day.

The first session of FORNET begins with psycho-education about posttraumatic stress symptoms and the purpose and procedure of the intervention. In the same session, therapy starts by chronologically reconstructing the participant's biography. This is done by means of stones, candles, flowers, and sticks that are placed along a rope (the participant's life-line):

stones represent traumatic incidents, a candle indicates the death of a loved one, flowers stand for positive events or helpful people, and sticks denote violent offenses committed by the participant. It is possible to combine symbols to reflect the complexity of certain incidents, and the participant decides which symbols best represent his or her experiences. The therapist does not judge or interpret the participant's views. This development of a life-line supports the structuring of events in the participant's life, an aspect that is generally distorted in the case of participants experiencing posttraumatic stress (Krystal, Southwick, Charney, & Schacter, 1995). It also helps the therapist to determine which events will be chosen for the six exposure sessions that follow.

In the exposure sessions, the most traumatic experiences and the most violent incidents are re-experienced in sensu. Participants are often troubled by numerous traumatic and violent incidents, not all of which can or need be selected for therapy. The guiding principle of the selection is the fear network, which consists of interconnected perceptions, strong adverse feelings, and distressing thoughts related to each traumatic incident; the network grows larger with every new context or environment that becomes unsafe. Thus, in therapy, it is important to cover as many different contexts as possible - for example, physical violence in the family, in the community/school, and at the hands of police/wardens; one's own violent acts; accidents and natural catastrophes/fires; and the experience of being raped or committing rape. The focus is on the worst events and/or the first events, since emotions are often heightened during first events in comparison to events that the participant has "gotten used to" and for which coping mechanisms (such as dissociation or detachment) have already been developed. During exposure sessions, the therapist guides the participant through an incident by continually asking for the participant's context-specific information/sensory perceptions, cognitions, feelings, and physiological responses. This emotional re-experiencing is supported and maintained on a level that is still manageable for the participant. A final body check at the

end helps to determine whether there is still anything to talk through before the termination of the session. In concluding the session, the therapist encourages the participant to articulate his or her current thoughts and feelings about the incident. In the last session, the participant creates another life-line display in order to correct any memory errors from the first session. The therapy ends with an outlook of the future and the participant's expression of his or her hopes.

The efficacy of FORNET is based on the process of finding words and expressing what has happened. This process leads to memory reorganization and inhibition, cognitive restructuring, and reevaluation (especially of emotions such as guilt and shame); it also provides the participant with recognition (by the therapist) of personal trauma.

4.5.2 CBT

CBT is a system of psychotherapy that attempts to reduce excessive emotional reactions and self-defeating behavior by modifying the faulty or erroneous thinking and maladaptive beliefs that underlie these reactions (Beck, 1976; Beck, 1983). CBT is constructed around the concept that cognition affects behavior and that individuals have the capacity to monitor and adapt their modes of thinking and thus the way they act (Hollin, 1990).

This study made use of a structured cognitive-behavioral intervention entitled "Thinking for a Change" (Bush et al., 1997; Bush et al., 2011). The program's curriculum focuses on cognitive restructuring of the thoughts and attitudes that put one at risk of engaging in harmful or criminal behavior, and on improving problem-solving and social skills. "Thinking for a Change" consists of 22 short sessions, which were condensed to seven sessions of two hours, on average, so that the time frame for FORNET and the CBT program would be comparable. Each session was formatted and conveyed with the intent of maximizing consistency across participants. The therapy began with a summary and rationale section in which the scope and breadth of the program and the reasons behind it were provided by the facilitator. Sessions 2

and 3 focused on cognitive self-change (understanding how thinking determines behavior, raising awareness of thinking and one's emotions, finding new ways to think), Session 4 included instruction in certain social skills (understanding and responding to the feelings of others, especially anger, and dealing with accusations), and Sessions 5 and 6 dealt with problem-solving behavior (interruption of impulsive behavior, problem description, gathering information, goal setting, evaluation of plans). All sessions involved homework that the participant was supposed to complete in between sessions; a review of the homework started every session. The final session evaluated and concluded the therapy.

In contrast to FORNET, the cognitive restructuring that CBT employs as a means to improve a participant's situation concentrates on currently important events, not necessarily events from the past that were traumatizing. The focus is on dealing with life and problems in the here and now, and thus the therapy also includes training in important social skills.

4.5.3 Waiting lists

Participants who stayed at the camp but did not receive therapy (*waiting list "camp"*) took part in the nontherapeutic free-time activities that the REALISTIC staff offered to all camp participants (e.g., soccer games, trips to the beach). Participants who chose to not take part in the camp (*waiting list "no camp"*) did not receive any intervention or take part in any activities.

4.6 Results

4.6.1 Participant Flow

Two hundred ninety assessments were conducted from October 2013 to March 2014, and a further 115 screenings were completed from October to November 2014. Therapies ran from December 2013 until March 2014, and in November 2014. The largest drop-out of partici-

pants occurred during the third camp, when weapons were found despite clear explanation of the rules in advance and written agreements to keep the camp weapon- (and drug-) free. The team of social workers and therapists decided to terminate the camp; participants had the option of joining the REALISTIC program instead. The remaining drop-outs were due to motivational or behavioral problems (e.g., disagreements with the social workers who ran the camp and monitored compliance with camp rules). The first follow-up was conducted, on average, 10.6 months (range: 9 to 12) after the initial assessment and 8.1 month (range: 7 to 11) posttherapy. All interviewers were blind to the treatment condition of the interviewees. The reasons for non- participation in the follow-up sessions are shown in the flowchart in Figure 4.1. The reason “could not be found” encompasses a variety of issues - for example, one participant was homeless and thus could not be tracked down, two participants had moved, and two others were not at home every time the researchers attempted to visit. The majority of participants who could not be found were most likely untraceable because they had given false names at the initial interviews. One participant in the CBT group passed away over the course of the study due to a serious medical condition.

For the analyses, all participants assigned to the two waiting lists had to be combined into one group, irrespective of whether they had participated in a camp ($n = 5$) or not ($n = 8$). The final sample consisted of 15 FORNET, 11 CBT, and 13 waiting list participants. The groups did not differ significantly in terms of years of formal education ($H(2) = 0.862$; $p = 0.65$), number of participants that had taken part in a reintegration program (Fisher-Freeman-Halton test; $p = 0.185$; two-sided), the level of trauma exposure before ($H(2) = 1.33$; $p = 0.514$) or after therapy ($H(2) = 1.05$; $p = 0.591$), posttraumatic stress symptom severity ($H(2) = 3.50$; $p = 0.174$), suicidal ideation ($H(2) = 3.06$; $p = 0.217$), attraction to aggressive behavior ($H(2) = 0.57$; $p = 0.751$), or offenses committed during one’s lifetime ($H(2) = 0.57$; $p = 0.75$) or in the past 6 months ($H(2) = 0.482$; $p = 0.79$).

Feasibility and Effectiveness of Narrative Exposure Therapy and Cognitive Behavioral Therapy in a Context of Ongoing Violence in South Africa

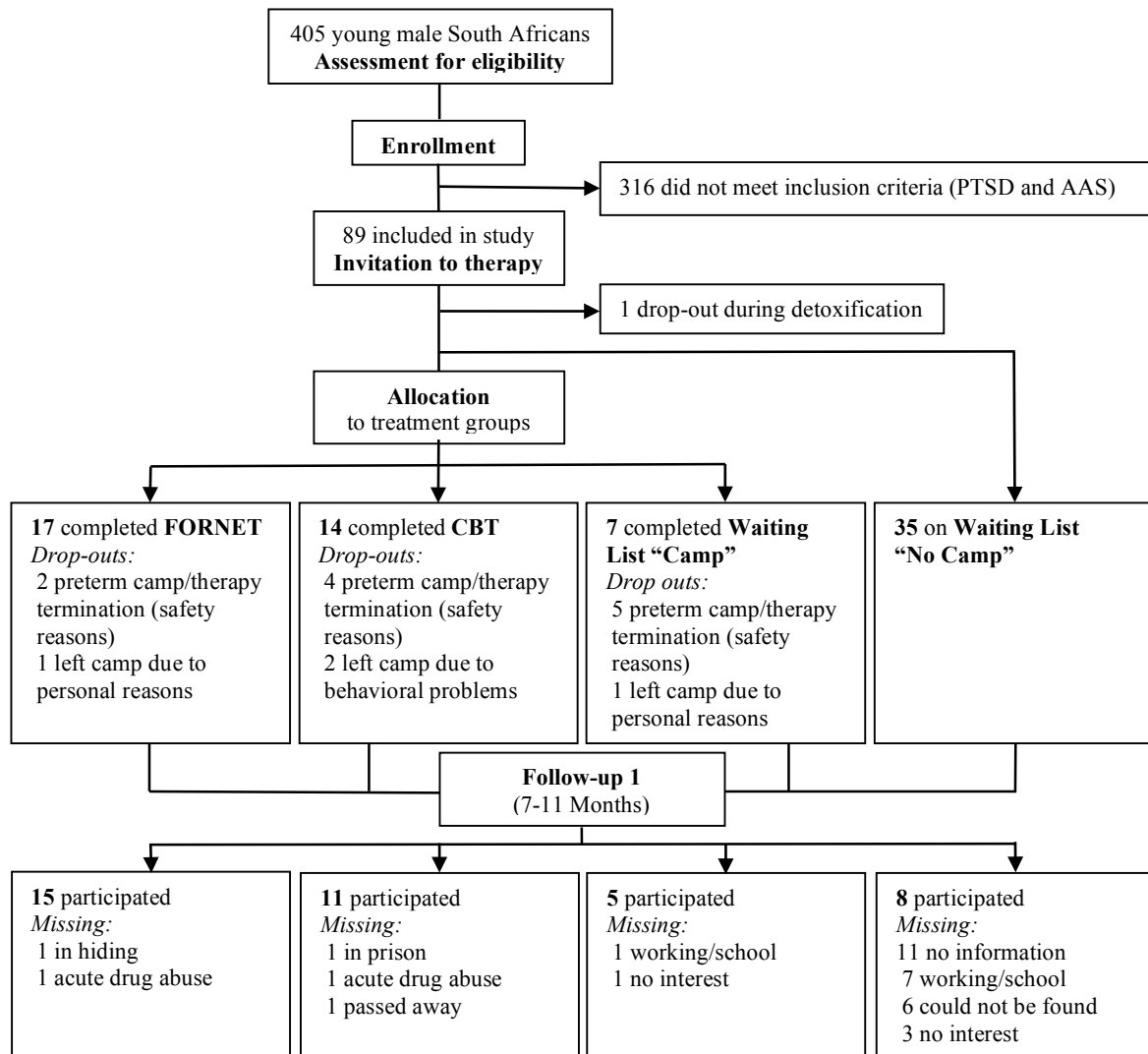


Figure 4.1: Flowchart of the participants over the course of the study.

Note: PTSD = posttraumatic stress disorder; AAS = Appetitive Aggression Scale; FORNET = forensic offender rehabilitation narrative exposure therapy; CBT = cognitive-behavioral therapy.

4.6.2 Data Analysis

All analyses were conducted using SPSS version 21, and all statistical methods employed were nonparametric (since the outcome variables violate the assumptions for parametric analysis in terms of normal distribution and homogeneity of variance). Group comparisons were assessed with the Mann–Whitney *U* test and Wilcoxon signed-rank test. Bonferroni adjustment of 5% significance levels specifies the *p* value at $p < 0.017$ for between-groups compari-

sons and $p < 0.025$ for within-group comparisons. Cohen's d effect sizes between 0.2 and 0.49 indicate a small effect, 0.5 to 0.79 a medium effect, and 0.79 a large effect (Cohen, 1988).

4.6.3 Reduction of PTSD Symptoms

The graph in Figure 4.2 demonstrates the course of PTSD symptom severity from preassessment to the first follow-up. The intersecting line separates the cases whose symptoms improved (above the line) from those exhibiting worse symptoms (below the line) after the treatment period. Most of the therapy participants (FORNET as well as CBT) appear above the separating line, indicating that their PTSD symptoms improved. The majority of participants in the comparison group appear below the intersecting line, thus exhibiting a further worsening of symptoms.

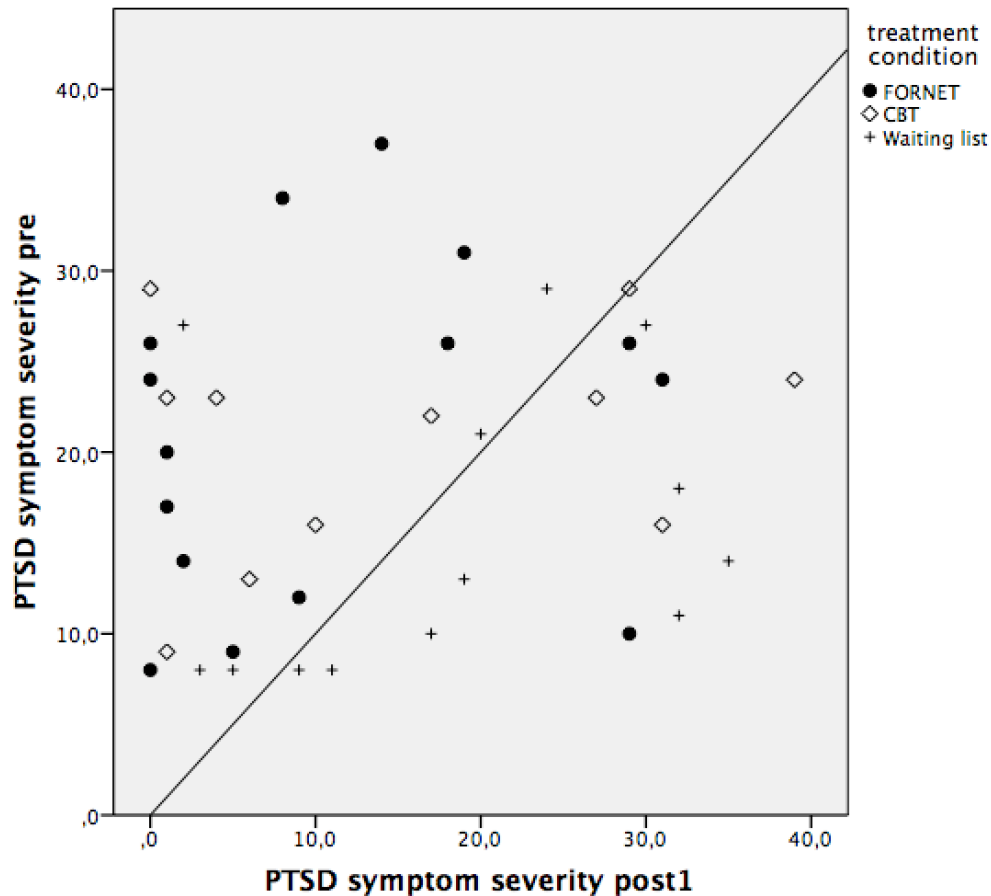


Figure 4.2: Scatter plot with PTSD symptom severity before (pre) and about 8 months after therapy (post1) for the three different treatment conditions.

Note: PTSD = posttraumatic stress disorder; FORNET = forensic offender rehabilitation narrative exposure therapy; CBT = cognitive-behavioral therapy.

Figure 4.3 presents the change scores for PTSD symptom severity from preassessment to follow-up for each treatment group. We conducted a Wilcoxon signed-rank test to investigate whether the drop in PSS-I scores in the FORNET and CBT groups and the increase in PSS-I scores in the waiting list group reached statistical significance. Mean PTSD scores did not differ significantly at the first (pre) and second (post1) time points in participants who received no treatment ($z = -0.98, p = 0.327$). Although PTSD symptom severity apparently improved, on average, in the CBT group, the difference between the first and second assessment did not reach statistical significance ($z = -1.38, p = 0.169$). Only participants in the

FORNET condition showed a significant drop in PTSD symptom scores upon comparison of mean scores pre- ($Mdn = 24$) and postassessment ($Mdn = 8$; $z = -2.5$, $p < 0.025$, $r = -0.46$, Cohen's $d = -0.97$).

A Mann–Whitney U test was conducted to look for significant differences in the reduction of PTSD symptoms across treatment conditions. The test identified a significant difference in the change score (pre to post1) between the FORNET group ($Mdn = 12.0$) and the waiting list group ($Mdn = 3.0$; $U = -42.0$, $z = -2.56$, $n_{\text{FORNET}} = 15$, $n_{\text{Waiting list}} = 13$, $p < 0.017$, $r = -0.48$, Cohen's $d = -1.03$).

Due to the low cutoff of 8 out of 51 points on the PSS-I Scale, we investigated by means of median split analysis the impact that the broad range in PTSD symptom severity within the sample (high vs. low PTSD scores) had on the outcome variables. Participants with a higher level of PTSD symptoms (median split, $z = -2.49$; $p < 0.05$) yielded better results in PTSD levels posttreatment than those participants with low levels of PTSD.

4.6.4 Reduction in Appetitive Aggression and Perpetrated Violence

The Kruskal-Wallis test did not indicate any significant group differences across treatment conditions in terms of changes in attraction to aggressive behavior ($H(2) = 3.93$; $p = 0.14$) or perpetrated violence in the previous six months ($H(2) = 1.44$; $p = 0.487$). Moreover, Wilcoxon signed-rank test did not find any significant differences between preassessment scores and follow-up scores for any of the treatment groups with regard to appetitive aggression (FORNET: $z = -0.50$, $p = 0.62$, CBT: $z = -1.65$, $p = 0.10$, waiting list: $z = -1.54$, $p = 0.12$) or offenses (FORNET: $z = -1.00$, $p = 0.32$, CBT: $z = -0.85$, $p = 0.40$, waiting list: $z = -0.36$, $p = 0.72$). Hence, there was neither a significant reduction nor an increase in committed offense event types or appetitive aggression for any treatment condition or over time. Figure 4.3 displays the results for all outcome variables.

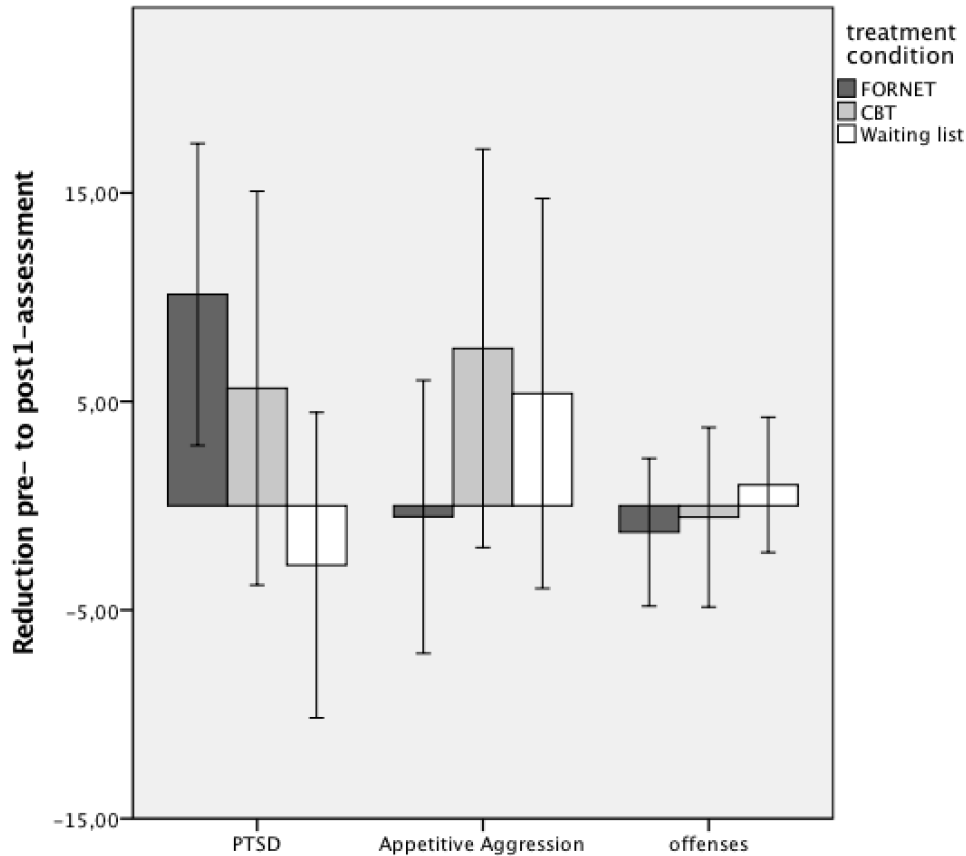


Figure 4.3: Median change scores for PTSD symptom severity, appetitive aggression, and committed offenses.

Note: Whiskers represent a confidence interval of 95%; PTSD = posttraumatic stress disorder; FORNET = forensic offender rehabilitation narrative exposure therapy; CBT = cognitive-behavioral therapy (“Thinking for a Change”).

4.6.5 Influence of Sociodemographic Conditions on Outcome Variables

None of the sociodemographic variables (e.g., age, years of formal education) showed a significant correlation with any of the outcome variables, although nonattendance in the REALISTIC program had a significant influence on appetitive aggression scores: the 11 participants who had never participated in the rehabilitation program exhibited a significantly higher reduction in appetitive aggression scores than the 28 participants who had taken part in the REALISTIC program at any point in time ($z = -2.64, p < 0.01$). The 11 participants who

had not taken part in the program showed a significant drop in appetitive aggression from pre- to postscores ($z = -2.45, p < 0.05$), a reduction not seen in our 28 other study participants ($z = -0.22, p = 0.829$).

4.7 Discussion

The results of this study indicate that FORNET is not only a potentially effective and feasible intervention for reducing PTSD symptoms in a context of ongoing exposure to military violence and conflict (Köbach et al., 2015b), but that it is also realizable and effective in a context of enduring gang and community violence. In follow-up assessments (conducted, on average, 8 months posttherapy), the reduction in PTSD symptom scores for the FORNET condition was significant in comparison with the waiting list (control group). The significant outcome of the Wilcoxon signed-rank test indicates that this difference between groups was not due to the worsening in PTSD symptoms of the untreated waiting list, but rather to the improvement of symptoms in the FORNET group.

PTSD change scores for the CBT group were not significantly higher than those of the waiting list, nor were they significantly lower than those of the FORNET group. The fact that this group's PTSD reduction was not significant in comparison with the waiting list indicates that a trauma focus in therapy is necessary to achieve a positive outcome in terms of post-traumatic stress reduction. However, given that the trauma-specific approach of FORNET did not achieve a significantly higher reduction in PTSD than the TFAC program, our results might suggest that there are additional active factors in trauma therapy beyond the specific trauma focus, such as the undivided attention of the therapist. The association between PTSD scores at the preassessment and the success of PTSD reduction at the follow-up assessment indicates that the treatment effects might be watered down by the inclusion of participants with partial PTSD in the study; the effects of therapy might have been more clear-cut if only

participants with high PTSD scores had been admitted to the study.

Attraction to cruelty and the number of committed offense event types could not be successfully reduced by any of the interventions in the study. In light of the FORNET studies on Burundian street children (Crombach & Elbert, 2015), in which perpetrated violence was successfully reduced, and those on former DRC combatants (Hermenau et al., 2013b), where appetitive aggression was successfully reduced in both experimental and control groups, this result provides an important insight. The groups examined in these previous studies experienced a change in their environment (a move to a foster home or assistance in leaving the armed militia, respectively), differentiating them from our clientele, who had to remain in the same environment after treatment. Given that there are often multiple challenges in the lives of such individuals, therapeutic benefits are more likely to be effective and sustained with a set of interventions that address multiple targets. FORNET and CBT might only be effective for the treatment of offending behavior if they are tied to benefits such as access to occupational training and employment in parallel with or immediately following therapy.

The result that only those participants who had never taken part in a reintegration program showed a reduction in appetitive aggression is not in line with the findings of Hermenau and colleagues (2013b), where the reintegration program seemed to be the cause for the reduction in attraction to violence in participants independent of treatment condition. In light of the fact that the reintegration program in the DRC was embedded in a “new” (more peaceful) environmental context, one might conclude that this circumstance could be a precondition for reintegration programs to be effective in South Africa as well - that is, participants need a more peaceful home environment in order to succeed.

4.7.1 Limitations

The major limitation of this study is its small sample size, in part due to the difficult living

situation in the townships (participants too deeply involved in gangs or drugs, unable to take time off from school or work, solely responsible for providing for their families, etc.). Robust statistical analyses can compensate for this limitation, but at the cost of reducing the study's power. Significant as well as non-significant results might therefore be established in an artifact. Furthermore, the small sample size reduces the generalizability of the study outcome to the male population of South African townships.

Moreover, the study relies on self-reported data. Highly sensitive information - for example, admitting to the commission of a rape or the enjoyment of aggressive behavior - was likely underreported (Kaminer et al., 2013a). Therapy requires trust to be built between the participant and therapist, and thus underreporting may have been greater prior to the intervention and in those who did not receive treatment. This could restrain the outcome for changes over time in offenses committed or attraction to violence in the treatment groups as well as between groups.

Therapy with offenders is known to face the challenge that patients are usually not experiencing a psychological strain that could represent a motivational factor for therapy compliance. If the therapy is mandatory for the participant (e.g., while in prison or on probation), therapy compliance can be maintained despite the lack of an inner motivation. Because participation was voluntary in our study and an inner motivation for therapy was not always present, our original approach, which involved conducting the therapy sessions in a normal office setting, was unsuccessful. The only practical way to conduct interventions with our clientele was to offer the therapy in a camp setting. This approach entails the disadvantage of higher costs and thus reduced feasibility on the part of the intervention provider.

Our drop-out rate of 29% falls in the middle of drop-out rates in studies with comparable samples (e.g., Golden et al., 2006: 38%; Bickle, 2013: 18%). Drop-outs occurred in all

three treatment conditions and the majority of the drop-outs (12 out of 16) were nonsystematic (camp termination due to security problems). Non-completers were excluded from the analysis in order to maintain a preferably unclouded outcome for therapy efficacy. Due to dropouts and absenteeism at the follow-up sessions, the previously separate waiting lists “camp” ($n = 5$) and “no camp” ($n = 8$) had to be combined into one waiting list in order to achieve a sample size that would be large enough for the conduction of the statistical analysis. Because these two samples differ in terms of the camp experience, it is possible that this resulted in a heterogeneous subsample. Due to the small subsample sizes, however, it was not possible to investigate potential differences. Importantly, the free-time camp program encompassed only nontherapeutic activities, suggesting that a confounding effect can be excluded.

In this study, we concentrated on the long-term effects of therapy outcomes with a first follow-up after an average of 8 months posttreatment. Long time intervals for follow-ups have the advantage of measuring the potential duration of therapy effects. The disadvantage of a delayed follow-up is that other factors may come into play, and it becomes more difficult to evaluate the acute efficacy of the therapy.

4.7.2 Conclusion

We conclude from this study that despite a context of ongoing gang and community violence, a trauma-specific intervention is not only feasible in the population under study, but also effective in reducing posttraumatic stress symptoms. However, in order to substantially and enduringly modify deviant behavior, a broader treatment approach might be needed, potentially encompassing trauma-focused psychotherapy, social-worker intervention, and support that addresses individual areas of deficiency or problematic behavior (e.g., encouraging staying in school through graduation, enhancing job opportunities). One step in the direction of a change in context could be the establishment of “peace zones” in townships in which criminal behavior and drug dealing are not tolerated. The requirement that former gang members un-

dergo therapy in order to live in these zones would ensure the combination of intervention and change in environment that our study suggests is necessary for significant improvement.

4.8 Acknowledgements

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5. Long-term effects of psychotherapy in a context of continuous community and gang violence: changes in aggressive attitude in high-risk South African adolescents

5.1 Abstract

Objective: In an observer-blinded pilot intervention trial, the long-term effects (15 to 20 months after therapy) of a) Narrative Exposure Therapy for Forensic Offender Rehabilitation (FORNET) and b) the cognitive-behavioral intervention “Thinking for a Change” (CBT) on post-traumatic stress, aggressive attitude, and behavior in high-risk adolescents living in a context of ongoing community and gang violence were investigated and compared to a waiting list.

Method: The final sample for data analysis consisted of 54 young males, of which 17 completed the FORNET intervention, 11 the CBT intervention, and 26 were on a waiting list. The primary outcomes were the change scores for the PTSD Symptom Scale-Interview, the Appetitive Aggression Scale, and the number of perpetrated violent event types.

Results: The reduction in scores for post-traumatic stress disorder (PTSD) that had been observed in FORNET completers at the first follow-up were still significant at the second follow-up (Cohen’s $d = -0.86$). In this treatment arm, the scores for appetitive aggression were also significantly reduced (Cohen’s $d = -1.00$). There were no significant results for the CBT or waiting list conditions. Perpetrated violence still did not change significantly for any of the three treatment conditions.

Conclusions: The study shows that FORNET can successfully reduce post-traumatic stress as well as the attraction to violence even for individuals living under conditions of continuous

traumatic stress. Changes in living conditions may be observed in future trials as complementary methods of reducing criminal behavior.

Keywords: continuous traumatic stress, ongoing exposure, recidivism, PTSD, CBT, Thinking for a Change, NET

5.2 Background

The low-income urban areas of Cape Town (e.g., Gugulethu, Khayelitsha) are characterized by a climate of violence. For example, in 2014, there were 165 murders, 233 sexual assaults, and 1322 physical assaults per 100,000 inhabitants in Gugulethu compared to 5 murders, 26 sexual assaults, and 233 physical assaults per 100,000 inhabitants in the United States (Criminal Justice Information Services Division, 2014). Over the course of this study, a convenience sample of 290 male adolescents recruited through an institution for offender reintegration with locations in Gugulethu and Khayelitsha were interviewed about their personal experiences with violence and how such experiences have influenced their lives.

From an early age, most of the participants were confronted with physical, sexual, and emotional abuse. Before reaching the age of 15, 27% of participants had been attacked with a weapon by someone from their community and 38% by a family member. Forty-six percent had seen a dead body in the streets, 32% had witnessed a killing, and 39% had lost a parent (unpublished data, Hinsberger et al., 2016). In the face of such severe violence, boys such as these naturally seek out protection; consequently, some of them join gangs in their early adolescence (Burton, 2007).

Two out of three of our participants failed to finish school, usually dropping out around tenth grade (unpublished data, Hinsberger et al., 2016). The reasons are manifold; significantly, some have lost a parent and must take care of their family, especially in families

where the father is not present. Others started to consume alcohol, marijuana, and/or crystal meth with their peers or fellow gang members and dropped out of school because of addiction or peer pressure. Other individuals believed that it would be unsafe to continue their schooling because they felt threatened by incidents of violence at school. The chances of finding work without a diploma are slim, making the futures of such youth seem even more hopeless.

This high-risk youth often engages in gang activities that can include consuming drugs, “earning” money through robbery or theft, and engaging in fights to secure their territory from rival gangs or in retaliation for the killings of fellow gang members. Gang rules require violent acts and responses, usually starting with the initiation ritual. Through such a ritual, boys prove that they are ready to join the gang – for example, by taking part in a break-in, a gang rape, or a killing (Burton, 2007).

The huge gap between rich and poor in South African cities constantly confronts such individuals with their unfulfilled dreams. Boys who might feel that they have no chance of achieving their dreams through legal means may hope to realize them through criminal acts (Burton, 2007). Another aspect of the young men’s lives that should not be underestimated is the wish to be sexually desirable to the opposite sex. Some of our participants reported that their main reason for joining a gang was the enhanced “access” to girls looking for boyfriends who could protect or financially support them.

Sooner or later, this criminal behavior leads to consequences, either through the authorities or through the community. Those who did not previously join a gang generally end up joining when they go to prison for the first time; behind bars, protection becomes even more necessary than in the streets. When individuals are not apprehended, and punished by the authorities, communities often take care of the punishment themselves (Gross, 2016). Such (potentially undeserved) mob justice can involve brutal methods such as getting burned,

stoning to death, and the excision of genitals (source: NET narratives from our therapy sessions).

Over the course of the years, as these young men experience and witness traumatic incidents, post-traumatic stress symptoms can start to develop. The PTSD prevalence rate in the young South African men interviewed for this study was about 20% (Hinsberger et al., 2016b). Drugs are often abused in order to suppress painful memories and intrusions, especially by those who live in dysfunctional families without emotional support. Outbursts of anger can fuel the violent acts that such individuals commit as well as the violence that they experience.

All of these factors can influence the maturation and the life courses of these young men; unsurprisingly, it is often the case that they are not merely offenders or victims, but both (Seedat et al., 2009). Consequently, interventions seeking to support such young men should take both aspects into account: the traumata they have experienced and those they have inflicted on others (Stenmark, Guzey, Elbert, & Holen, 2014). To this end, Narrative Exposure Therapy (NET), a trauma-focused treatment approach, has been adapted to address the specific needs of violent offenders by including exposure sessions for their committed crimes. The aim of Narrative Exposure Therapy for Forensic Offender Rehabilitation (FORNET; Elbert, Hermenau, Hecker, Weierstall, & Schauer, 2012) is to mitigate the psychological consequences of chronic trauma exposure (such as intrusions, hypervigilance, and avoidance) as well as to reduce criminal attitudes and behavior. FORNET has proven to be successful in the reduction of committed offenses and physical health complaints in former Burundian street children (Crombach & Elbert, 2015), as well as in the reduction of PTSD symptoms in Congolese ex-combatants (Hermenau et al., 2013b; Köbach et al., 2015b). The level of attraction to aggressive behavior was also markedly reduced through FORNET interventions in a study conducted by Hermenau and colleagues (2013b), but these improvements were found in

both therapy and control conditions; the authors assume an association with the participants' beneficial change in living conditions (from a militia setting to a civilian population).

Other promising offender-oriented programs include those that address the offenders' thinking, such as Cognitive Behavioral Therapy (CBT; Wikström & Treiber, 2008). The aim of CBT is to correct deficient, dysfunctional, or distorted cognitions that may lead to criminal acts. One of the many CBT approaches in use is called "Thinking for a Change" (TFAC; Bush et al., 1997; Bush et al., 2011), which has been shown to be as effective as other CBT interventions in reducing recidivism (Landenberger and Lipsey, 2005). Positive results in terms of reductions in criminal behavior have also been reported in the studies of Golden et al. (2006) and Lowenkamp et al. (2009). Bickle (2013) asserts that TFAC interventions led to better social skills as well as a decrease in the acceptance of criminal behavior. Both therapy approaches (FORNET and CBT) are investigated in this study.

Another important aspect in the treatment of young men from low-income areas is the continuity of the violence to which they are exposed. A growing number of studies have successfully tested early interventions for the treatment of post-traumatic stress symptoms in areas of ongoing threat in Israel (Prolonged Exposure and Cognitive Behavioral Therapy; Shalev et al., 2012), the U.S. and Zambia (Trauma-Focused Cognitive Behavioral Therapy; Cohen et al., 2011), Iraq (*in vivo* and *in sensu* exposure-based treatment; Cigrang et al., 2005), Turkey/Syria (Eye Movement Desensitization and Reprocessing; Acarturk et al., 2015; Acarturk et al., 2016), and the DRC (Köbach et al., 2015b).

This report is a continuation of an earlier publication (Hinsberger et al., 2016a) in which the results of the first follow-up showed that exposure-based interventions are feasible and can successfully reduce PTSD symptoms even in a context of continuous stress. Here, the long-term effects are investigated via the results of the second follow-up (on average 17

months posttreatment). In general, intervention follow-ups occur at most 12 months after therapy, although there are some exceptions. The long-term outcome of therapies for trauma disorders have been examined in studies involving Cognitive Processing Therapy (CPT) and Prolonged Exposure Therapy (PE) conducted by Resick and colleagues (2012). The authors conclude that both therapy approaches supported improvements in PTSD in 85% of their 126 participants (female rape survivors with PTSD) 4.5 to 10 years after treatment. In a study of 154 rape survivors, Wachen and colleagues (2014) report that their participants showed significant improvements in overall functioning, social and leisure adjustment, family unit adjustment, and economic adjustment in both treatment conditions (PE and CPT); these gains were maintained at the long-term follow-up 5 to 10 years after treatment. Tarrier and Summerfield (2004) also present positive results with respect to the maintenance of treatment gains in a sample of 32 English male and female traumatized adults, with Cognitive Therapy (CT) achieving slightly better results than Imaginal Exposure (IE) Therapy five years post-intervention. Bryant et al. (2003) offered CBT/PE/CT or Supportive Counseling (SC) to 41 Australian civilians who had experienced a motor-vehicle accident or non-sexual assault and were suffering from Acute Stress Disorder (ASD). Only 8% of the intervention group had developed PTSD, in comparison to 25% of the control group (SC) four years after the treatment. In a study of 27 Vietnam combat veterans, five years after therapy (Macklin et al., 2000): both, treatment and waiting list clients, exhibited worse symptoms of post-traumatic stress at the follow-up than at the initial assessment. This study will be the first to investigate the long-term effects of FORNET; more importantly, it will be the first study to investigate the maintenance of therapy outcomes in a context of ongoing exposure to violence.

The hypotheses remain the same: a) a decrease in post-traumatic stress symptoms (relative to the pre-assessment level) in the FORNET group in comparison to the CBT group (TFAC has no specific trauma focus; should CBT reduce PTSD symptoms significantly, this

might indicate that mere attention is sufficient to reduce symptoms and that a trauma-focused approach is unnecessary) and a waiting list; b) a decrease in appetitive aggression in the treatment groups (FORNET and CBT) in comparison to a waiting list; and c) a decrease in perpetuated violent event types in the treatment conditions in comparison to a waiting list.

5.3 Method

5.3.1 Participants

Four hundred and five young males from low-income urban communities in Cape Town, South Africa, were pre-assessed. The exclusion criterion was acute psychosis. The inclusion criteria for study participation, which reduced the remaining sample to 89 participants, were a minimum of 8 points on the PTSD symptom scale (PSS-I) and a minimum of 9 points on the scale for appetitive aggression (AAS); these are comparable to the requirements implemented by Köbach et al. (2015b). Because both criteria (attraction to cruel behavior as well as post-traumatic stress symptoms) had to be fulfilled, the cutoffs were necessarily set at a low level in order to identify enough participants for the study.

The final sample that served as the basis for the data analysis consisted of 54 male participants (after the exclusion of study dropouts and absentees at both follow-up interviews). The age range was from 14 to 40 years ($M = 22.32$, $Md = 21$, $SD = 4.77$). Of the participants, 61% were currently taking part in or had at any point in time been involved in the REALISTIC reintegration program (more information described below); 39% had never attended a reintegration program. The average time spent in school was 10.26 years ($SD = 2.06$, range = 1-16), but 87% of the sample had dropped out of school before graduating. The mean score for the pre-therapy severity of post-traumatic stress was 18.96 ($SD = 7.83$, range = 8-37), and 53.7% of participants met all the criteria for a PTSD diagnosis. The average score for attraction to cruel behavior before therapy was 25.78 ($SD = 11.83$, range = 9-52), and the av-

erage number of offense types was 7.44 ($SD = 4.89$, range = 1-17).

5.3.2 Sampling procedure

The sample of 405 interviewees was recruited in the townships of Gugulethu and Khayelitsha via the REALISTIC (Rebuilding and Life Skills Training Centre), which offers six-month reintegration programs for young ex-prisoners and adolescents at risk of drug dependency or involvement in gangs. Past the exclusion/inclusion criteria were considered, this sample was reduced to 89 potential study participants, of which 35 did not accept the invitation to take part in the three-week therapy trials due to diverse reasons (including attendance at school, employment, and no interest). The Ethical Review Boards of Stellenbosch University, South Africa, the University of Cape Town, South Africa, and the University of Konstanz, Germany, approved the study protocol as well as the consent forms signed by all 405 interviewees (or, in the case of underage participants, by their legal representatives). The consent forms notified participants that data would be collected anonymously and that confidentiality was guaranteed. The reimbursement for each interview was ZAR100, the equivalent of about US\$8.50.

5.3.3 Measures

The data was collected through structured interviews. Because the participants' native language was isiXhosa and the interviewers spoke in English, back-and-forth translations of the questionnaires were used to generate bilingual surveys. A translation from English to isiXhosa was followed by a back-translation into English by a different translator; the two versions were then discussed in a multi-professional team until there was consensus on each item. Four South African counselors (specially trained in the concepts of mental disorders, trauma, and clinical diagnosis) and four German clinical psychologists carried out the initial assessments. Trained interpreters (native isiXhosa speakers who were fluent in English) accompanied the

English-speaking interviewers so that interviewees would feel comfortable speaking in either English or isiXhosa based on their personal preference. Cross-interview consistency and mental hygiene (self-care) was ensured by regular individual and team supervision. Follow-up interviews were conducted by five German clinical psychologists and a trained South African counselor.

5.3.3.1 Post-traumatic stress symptom severity

Foa and Tolin's PTSD Symptom Scale-Interview (PSS-I; Foa & Tolin, 2000) was used to measure post-traumatic stress severity according to the DSM-IV (American Psychiatric Association, 2000). The PTSD assessment was keyed to the most traumatic event in the participants' past (which could either be a self-experienced event or a self-committed violent event) that was still troublesome to them in the present. All 17 symptoms were rated from 0 (= "not at all/only once") to 3 (= "five or more times per week/almost always") and summed up to represent the severity of PTSD (maximum score: 51 points). Change scores resulted from the subtraction of the post-therapy score from the pre-therapy score, such that a positive score represents an improvement (decrease) in terms of PTSD severity and a negative score represents the worsening of (increase in) PTSD symptoms. The PSS-I has been used in previous African samples (e.g., Ertl et al., 2011; Jacob et al., 2014; Köbach, Schaal, & Elbert, 2015a); The PSS-I exhibited a high inter-rater reliability coefficient of 0.93 and excellent internal consistency, with a Cronbach's Alpha coefficient of 0.86 (Foa & Tolin, 2000). In this study, the Cronbach's Alpha was 0.88.

5.3.3.2 Appetitive aggression

Appetitive aggression (also referred to as attraction to cruelty or violent behavior) was measured with the Appetitive Aggression Scale (AAS; Weierstall & Elbert, 2011). Responses were rated on a 5-point Likert scale (0 = "disagree completely" to 4 = "agree completely") and

summed up, with a maximum score of 60 points. Change scores were calculated in accordance to PTSD change scores. The AAS has demonstrated good psychometric properties in various violent populations, and its internal consistency is sufficient, with a Cronbach's Alpha coefficient of 0.85 (Weierstall & Elbert, 2011). For this study, the Cronbach's Alpha was 0.86.

5.3.3.3 Perpetrated violence

Perpetrated violence (also referred to as self-committed crime) was measured with a list of 21 offense types ("yes"/"no"-coding) that was adapted from the AAS and has previously been successfully administered in a population of South African juvenile offenders (Weierstall et al., 2013c). The items reflect a range of violence, starting with event types of little impact ("Have you shouted at someone?"; "Have you slapped someone?") and progressing to severe criminal acts ("Have you killed someone?"; "Have you raped someone?"). The maximum sum score for the measure is 21 points. Change scores were calculated as above. In the current study, the Kuder-Richardson's Alpha was 0.90.

5.3.4 Study design

Thirty-five out of the 89 study invitees that were unable to participate were placed on a second waiting list ("no camp") in order to preserve these participants for follow-ups and data analysis. The remaining participants were matched first in terms of post-traumatic stress symptom severity, second in their level of appetitive aggression, and third in the severity of their suicidality and were subsequently randomly assigned to one of the three treatment conditions (FORNET, CBT, and the "camp" waiting list). All interviewers were blind to the treatment condition of the interviewees. The study follows a mixed-design protocol with both between- and within-subject comparisons, as we seek to identify differences between treatment conditions as well as any differences emerging in a long-term perspective.

5.3.5 Interventions and their conduction

After a failed attempt to administer therapy in an office setting, the therapy program was conducted in several three-week camps in order to provide participants a safe and drug-free environment, nutrition, and shelter, thus ensuring that therapy motivation would not be undermined by any of these factors. The camps each consisted of 12 to 14 study participants as well as various staff (social workers, facilitators, cooks, security). Therapists and interpreters visited the camps daily during the week to conduct the therapy sessions. The use of separate therapy rooms on the camp premises guaranteed confidentiality and privacy. All camp participants were allowed to participate in the free-time activities offered by the camp facilitators (non-therapeutic interventions such as soccer games, beach walks, etc.). The FORNET interventions were conducted by four German and two South African narrative-exposure therapists and the CBT sessions by three South African behavior-modification therapists; all practitioners had extensive theoretical and practical training in the respective manual-based interventions. Therapy sessions were conducted in English with the support of interpreters. The pairing of therapists and interpreters was continuously rotated among participants, but each participant had the same therapist-interpreter-pair over the entire course of therapy.

5.3.5.1 Narrative Exposure Therapy for Forensic Offender Reintegration.

FORNET has been adapted for perpetrators from the evidence-based field intervention Narrative Exposure Therapy (NET; Schauer et al., 2011). The adaptation includes the extension of exposure sessions to incorporate perpetrator events, in addition, the textualization of the narration is eliminated in order to facilitate the clients' trust and openness. The resulting manual-based intervention (further details in Hecker et al., 2015) consists of eight individual sessions of about two hours each; our participants had a therapy session every second working day. The first FORNET session begins with psycho-education on post-traumatic stress symptoms and the purpose and procedure of the intervention. In the same session, therapy starts by

chronologically reconstructing the participant's biography. In the six exposure sessions that follow, the most traumatic experiences and the most violent incidents are re-experienced *in sensu*. During exposure sessions, the therapist guides the participant through an incident by continually asking for the participant's context-specific information/sensory perceptions, cognitions, feelings, and physiological responses. This emotional re-experiencing is supported and maintained on a level that is still manageable for the participant. A final body check at the end of the session helps the therapist to determine whether there is still anything to talk through. In concluding the session, the therapist encourages the participant to articulate his or her current thoughts and feelings about the incident. In the last session, the participant creates another life-line display in order to correct any memory errors from the first session. The therapy ends with an outlook of the future and the participant's expression of his or her hopes. The efficacy of FORNET is based on the process of finding words and expressing what has happened. This process leads to memory reorganization and inhibition, cognitive restructuring, and re-evaluation (especially of emotions such as guilt and shame); it also provides the participant with recognition (by the therapist) of personal trauma.

5.3.5.2 Cognitive Behavioral Therapy.

Cognitive Behavioral Therapy (CBT) is constructed around the concept that cognition affects behavior and that individuals have the capacity to monitor and adapt their modes of thinking and thus how they act (Beck, 1976; Beck, 1983). The specific CBT intervention that this study employed is entitled "Thinking for a Change" (Bush et al., 1997; Bush et al., 2011), a program that focuses on cognitive restructuring of the thoughts and attitudes that put one at risk of engaging in harmful or criminal behavior, as well as on improving problem-solving and social skills. The program consists of 22 short sessions, which were condensed to seven sessions of two hours on average so that the time frame for the FORNET and CBT programs would be comparable. The therapy begins with a clarification of the scope and breadth of the

program and its rationale. Sessions 2 and 3 focus on cognitive self-change (understanding how thinking determines behavior, raising awareness of thinking and one's emotions, finding new ways to think), session 4 includes instruction in certain social skills (understanding and responding to the feelings of others, especially anger, and dealing with accusations), and sessions 5 and 6 explore problem-solving behavior (interruption of impulsive behavior, problem description, gathering information, goal setting, evaluation of plans). Participants are asked to complete homework between sessions that is reviewed at the start of the next session. The final session evaluates and concludes the therapy. In contrast to FORNET, the cognitive restructuring that CBT employs as a means to improve a participant's situation concentrates on currently important events, not necessarily events from the past that were traumatizing. The focus is on dealing with life and problems in the here and now, and thus the therapy also includes training in important social skills.

5.3.5.3 Waiting lists

In this study, there were two separate waiting lists. The first waiting list consisted of participants who stayed at the therapy camp but did not receive any intervention (*waiting list "camp"*). However, these participants were able to take part in the free-time camp activities. The second waiting list comprised all those participants who were unable to take part in the three-week camps (*waiting list "no camp"*) and thus did not receive any intervention or take part in any activities.

5.4 Results

5.4.1 Flow of participants

In the period from October 2013 to November 2014, 405 male South Africans were pre-assessed. First therapies started in December 2013 and the last camp took place in November 2014. The first follow-up interviews took place 7 to 11 months ($M = 8.1$ months) after thera-

py, and the second round took place 15 to 20 months ($M = 16.6$ months) post-therapy. Twenty participants each were randomly assigned to the FORNET and CBT interventions, and 13 were allocated to the “camp” waiting list. Thirty-five therapy camp invitees who could not participate were assigned to the “no camp” waiting list.

In total, there were 16 dropouts. Eleven dropouts resulted from the termination of an entire therapy camp because weapons had been found in the camp. Since all three treatment conditions were affected by the camp closure, these dropouts can be considered non-systematic. There were two further dropouts (one each from FORNET and CBT) due to personal reasons, one dropout due to lack of motivation (waiting list), and one participant (CBT) had to be expelled from camp due to repeated behavioral problems. Two participants from the “camp” waiting list received FORNET interventions at a later point in time and thus switched from the waiting list to the FORNET group.

Non-completers were excluded from the analysis in order to maintain a preferably unclouded outcome for therapy efficacy, as were 19 participants who did not appear at the first and the second follow-up (three from CBT, one from the “camp” waiting list, 15 from the “no camp” waiting list). Ultimately, 54 participants were included in the data analysis: 17 from the FORNET group, eleven from CBT, six from the “camp” waiting list, and 20 from the “no camp” waiting list. Due to the small size of the “camp” waiting list (only six people), the two waiting lists were combined into one.

Long-term effects of psychotherapy in a context of continuous community and gang violence: changes in aggressive attitude in high-risk South African adolescents

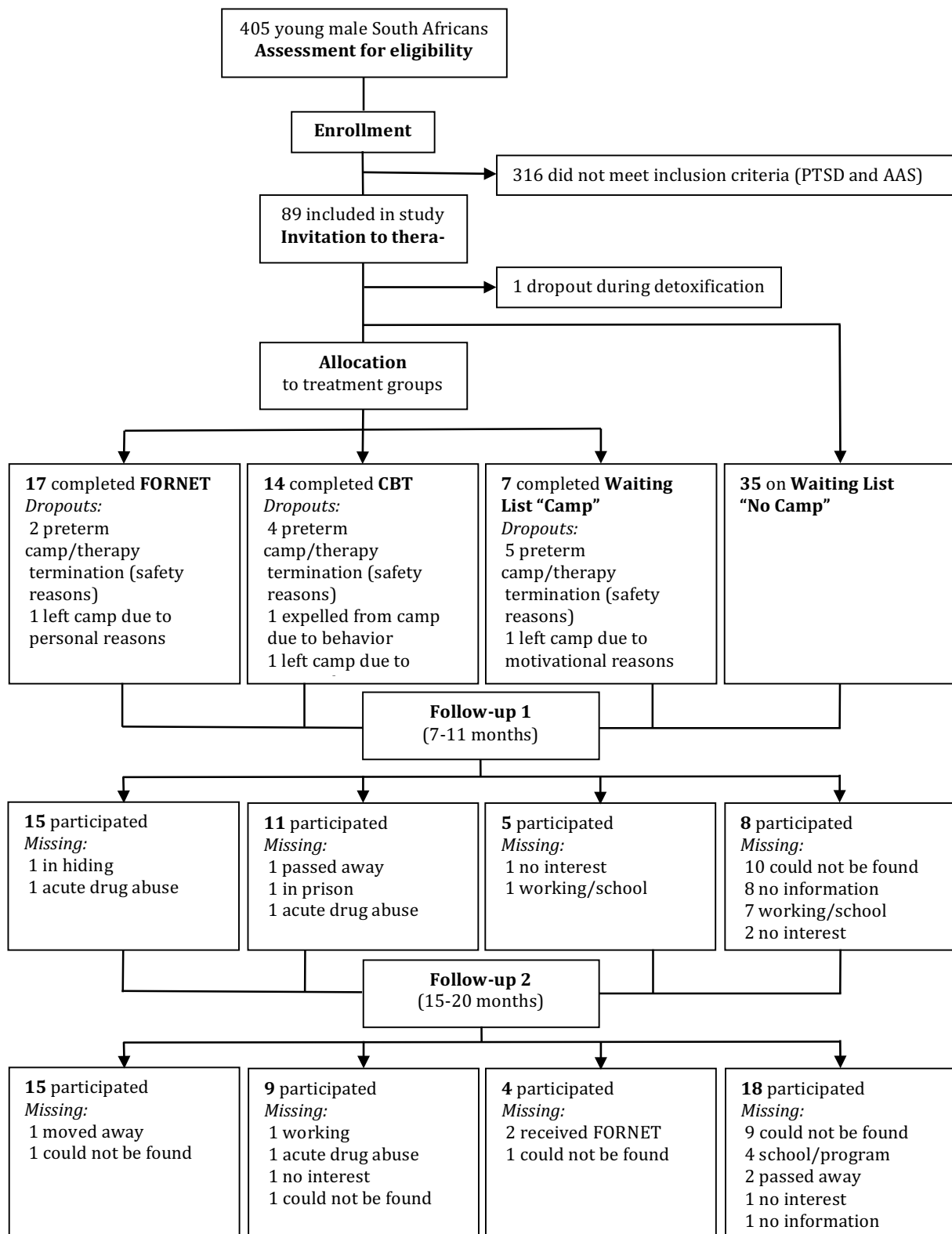


Figure 5.1: Flow chart of the participants over the course of the study.

Note: PTSD = Post-traumatic stress disorder; AAS = Appetitive Aggression Scale; FORNET = Forensic Offender Rehabilitation Narrative Exposure Therapy; CBT = Cognitive Behavioral Therapy. The reason "could not be found" encompasses a variety of issues (mostly partici-

pants that had given wrong names at the first interview; other reasons were homelessness, in hiding or in prison, moved away, unavailable at home).

Pre-treatment, there were no significant group differences between any of the three treatment conditions with regard to years of formal education ($H(2) = 1.17, p = 0.56$), the level of trauma exposure ($F(2,51) = 1.69, p = 0.20$), post-traumatic stress symptom severity ($H(2) = 3.13, p = 0.21$), attraction to aggressive behavior ($H(2) = 1.78, p = 0.41$), or offenses committed during one's lifetime ($H(2) = 2.22, p = 0.33$) or in the six months before therapy ($H(2) = 0.17, p = 0.92$). The participants in the CBT group were older than those on the waiting list ($z = -2.49, p < 0.017$). The number of participants who had taken part in the REALISTIC reintegration program differed between the treatment conditions (Fisher-Freeman-Halton Test, $p = 0.005$, two-sided): most of the participants in the FORNET and CBT groups had been involved in the reintegration program, whereas most of the waiting list participants had not (see Table 5.1).

Reintegration program	Psychotherapy		No therapy	Total
	FORNET	CBT	Waiting list	
No	3	2	16	21
Yes	14	9	10	33
Total	17	11	26	54

Table 5.1: Participant distribution over the different treatment conditions and reintegration program participation.

5.4.2 Data analysis

Eight participants' values were missing from the second follow-up as a result of non-attendance (two from both therapy conditions and four from the waiting list). The missing data was completed using the last-observation-carried-forward method (LOCF); a substantial proportion of publications in the field use this methodology (Woolley, Cardoni, & Goethe, 2009), which generally gives a conservative estimate of effect sizes. The LOCF method

would be viewed as problematic if there were evidence that patients had missed follow-ups due to severe worsening of symptoms, which is not the case (reasons for non-participation in follow-ups are listed in Figure 5.1). The method also has the advantage of minimizing the number of subjects excluded from the analysis, and it allows readers to more easily identify the limitations of the model and the analyses. Combined with the presentation of the effect sizes, we consider this to be the most informative option for the present study.

Because the outcome variables violate the assumptions for parametric analysis in terms of normal distribution and homogeneity of variance, all statistical methods employed were non-parametric (using SPSS version 23). The assessment of group comparisons was conducted using the Kruskal-Wallis and Friedman tests; post-hoc tests used were the Mann-Whitney U-Test and Wilcoxon's signed-rank test. Between-group comparisons were rated significant at a 5% level, further corrected (Bonferroni adjustment) to $p < 0.017$; Within-group comparisons to $p < 0.025$. Cohen's d effect sizes between 0.2 and 0.49 indicate a small effect, 0.5 to 0.79 a medium effect, and > 0.79 a large effect; effect size r is considered small at values between 0.1 and 0.29, medium between 0.3 and 0.49, and large when the value is > 0.49 (Cohen, 1988).

5.4.3 Long-lasting reduction in PTSD symptoms

To determine whether the reduction in PSS-I scores in the FORNET group that was observed at the first follow-up (on average 8 months after therapy) was still persistent about 9 months later (on average 17 months posttreatment), Wilcoxon's signed-rank test was employed. Although the change from pre-assessment ($Mdn = 24$) to the second follow-up ($Mdn = 13$) was not as large as at the first follow-up ($Mdn = 9$), the drop in PTSD symptom severity was still significant for FORNET participants ($z = -2.3, p < 0.025, r = -0.39$, Cohen's $d = -0.86$) compared to the within subject differences in the CBT group ($z = -0.40, p = 0.69$) and the waiting list ($z = -0.27, p = 0.79$). Figure 5.3 presents the change scores for PTSD symptom severity

from pre-assessment to follow-up for each treatment group, as well as the change scores for appetitive aggression.

5.4.4 Reduction in appetitive aggression

Figure 5.2 displays the trajectories of appetitive aggression scores from pre-assessment to the second follow-up. The intersecting line separates cases in which attraction to cruelty decreased (above the line) from those in which it was exacerbated (below the line) at about 17 months posttreatment. Most of the participants in the FORNET and waiting list groups appear above the separating line, indicating that their attraction to violence was reduced. The majority of participants in the CBT group appear below the intersecting line, thus indicating a worsening and thus an increase in appetitive aggression.

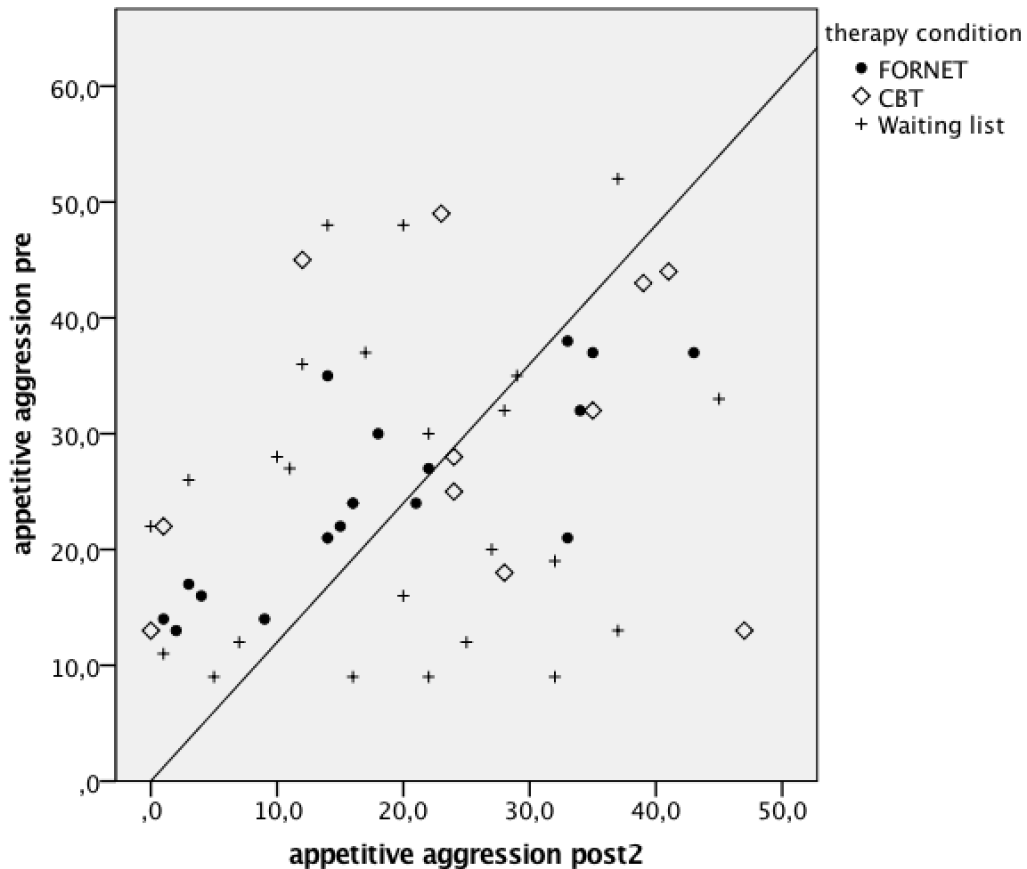


Figure 5.2: Scatter plot with appetitive aggression scores before (pre) and about 17 months after therapy (post2) for the three different treatment conditions.

Note: FORNET = Forensic Offender Reintegration Narrative Exposure Therapy; CBT = Cognitive Behavioral Therapy (“Thinking for a Change”).

Wilcoxon’s signed-rank test achieved statistical significance for the within-subject comparison of the FORNET group ($Mdn_{pre} = 24$, $Mdn_{post2} = 16$; $z = -2.61$, $p < 0.01$, $r = -0.45$, Cohen’s $d = -1.00$), but not for the CBT group ($z = -1.38$, $p = 0.23$) or the waiting list ($z = -0.98$, $p = 0.12$).

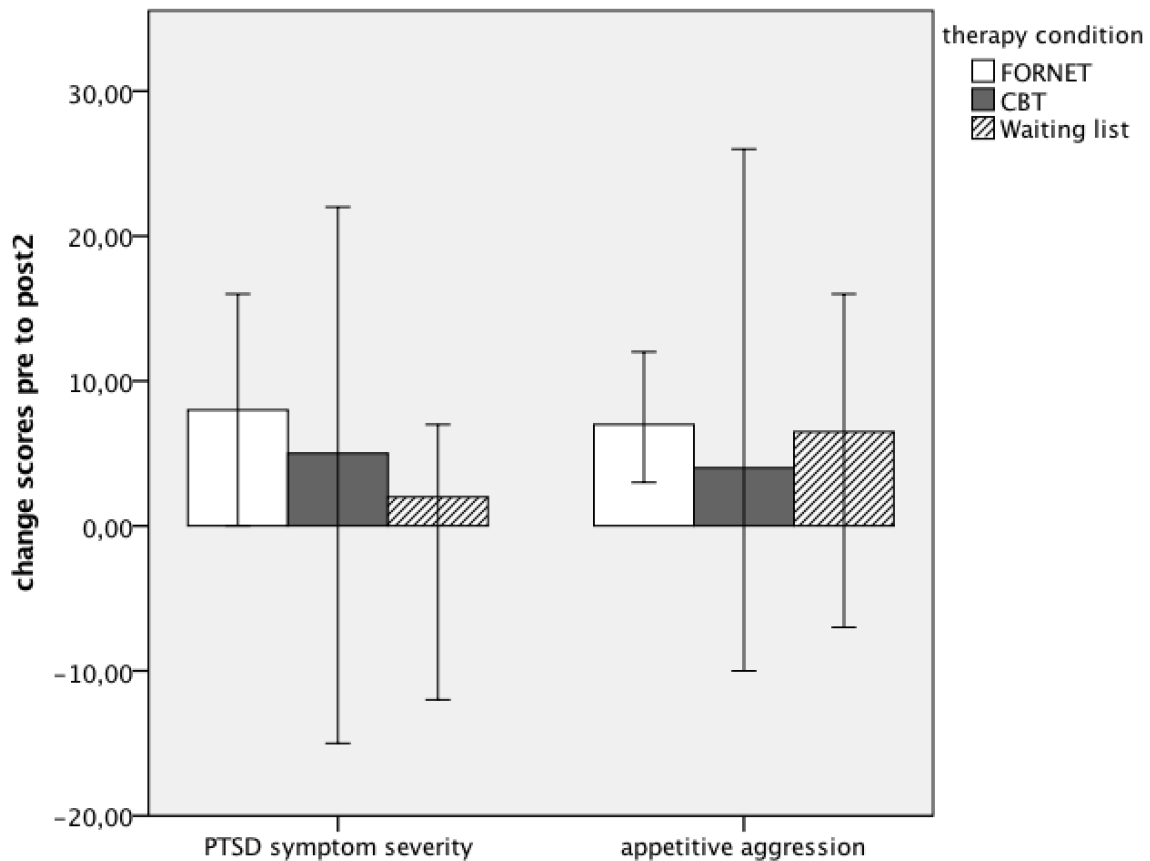


Figure 5.3: Median change scores for PTSD symptom severity and appetitive aggression.

Note: Whiskers represent a confidence interval of 95%; FORNET = Forensic Offender Reintegration Narrative Exposure Therapy; CBT = Cognitive Behavioral Therapy (“Thinking for a Change”).

5.4.5 No change in perpetrated violence

There was neither a significant reduction nor an increase in committed offense event types for any of the three treatment conditions or over time. Figure 5.4 displays the change in pre and post2 scores for perpetrated violence: symbols below the intersecting line represent participants who committed more violent event types in the year and half after the intervention than before receiving therapy, and symbols above the line represent participants who committed fewer violent event types.

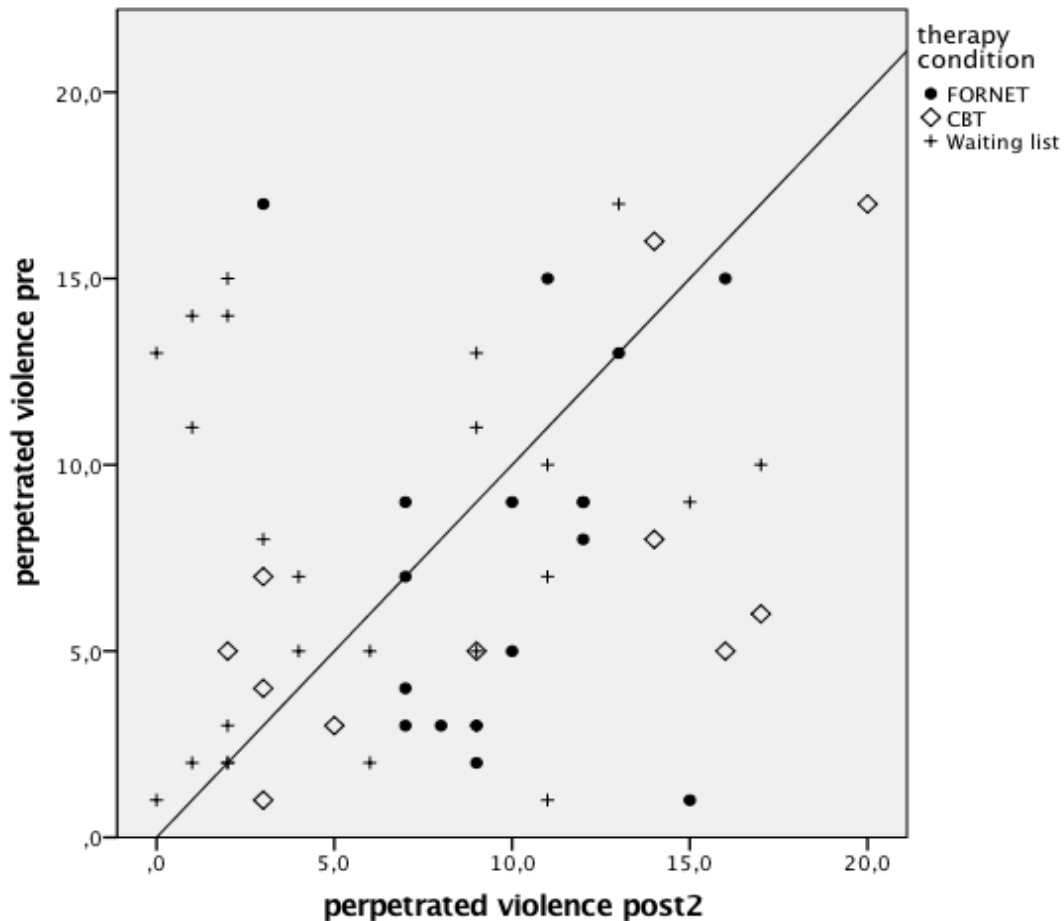


Figure 5.4: Scatter plot with perpetrated violence before (pre) and about 17 months after therapy (post2) for the three different treatment conditions.

Note: FORNET = Forensic Offender Reintegration Narrative Exposure Therapy; CBT = Cognitive Behavioral Therapy (“Thinking for a Change”).

5.4.6 Influence of participation in a reintegration program

Because most of the therapy attendees had participated in a reintegration program as well, it is necessary to investigate the potential influence of the reintegration program on the outcome variables. Table 5.1 shows the distribution of program participation over the three treatment conditions.

Comparisons of participants who neither received a therapy intervention nor took part in a reintegration program with those participants involved in both therapy and the reintegration program.

tion program or either only therapy or the reintegration program were conducted. The results showed that those involved in both programs showed a significant difference in criminal behavior over time (Wilcoxon's signed-rank test: $z = -3.01, p < 0.01$) in comparison to those taking part in none of the offered programs (Mann-Whitney U-Test: $z = -2.89, p < 0.01$). Wilcoxon's signed-rank test reveals that this difference is due to an increase in criminal behavior in those attending both therapy and reintegration programs ($z = -3.01, p < 0.05$), whereas the number of offense types did not change in the group not attending any program. The only pre-therapy score difference between the two groups was age: non-participants were younger than those who participated in both ($z = -2.44, p < 0.05$).

5.5 Discussion

The reduction in PTSD symptom levels that was observed in the FORNET group at the first follow-up (about 8 months post-therapy) was still significant about one and a half years after therapy. These outcomes indicate that FORNET is not only a feasible intervention for young men at risk (of both trauma exposure and violence perpetration) but also achieves positive long-term results in terms of post-traumatic stress reduction, even for individuals who continue to live in unsafe conditions. The lasting reduction in PTSD over time in the FORNET group is in line with findings from previous FORNET studies (Hermenau et al., 2013b; Köbach et al., 2015b). Notably, the latest follow-ups in those studies were 12 months post-treatment; this study is the first to investigate therapy outcomes as late as 20 months after treatment.

In the FORNET group, the young men's attraction to violence did not alter in the first months post-therapy, but changed significantly over a longer period of time. One possible explanation might be that a change in attitude (in this case, attraction to cruelty) takes more time than changes in a fear-network (and the associated post-traumatic stress symptoms). In

contrast to Hermenau's and colleagues' (2013b) study, where the reduction in appetitive aggression was most likely due to a change in context (from an area plagued by conflict to a safe area) and the rehabilitation program received, in this study, the change in appetitive aggression was proven to be possible in a context of ongoing violence.

Violence perpetration was not reduced in any of the treatment conditions, even in the long-term perspective. The reduction in criminal behavior that was achieved in the Burundian FORNET study (Crombach & Elbert, 2015) might have been supported by the change in the environment of those participants – a change that did not occur for the South African participants of this study. Those adolescents that took part in the therapy as well as the rehabilitation program seem to show more criminal behavior than those not participating in any group. Also, participants seemed to be of younger age than non-participants. Both observations might lead to the explanation that non-participants were mainly still engaged in school-life or had jobs, which might have been the reason they could not participate in any of the programs offered at the same time that could mean that this protected them from being involved in gangs or drugs and thus would result in less criminal acts. Another explanation could be that those participating in both programs met and socialized with peers that share the same aggression-oriented attitude and thus continued to reside in a social context that generally accepts or even values criminal behavior (Wikström, 2006).

5.5.1 Limitations

This study is limited by its small sample size. The use of non-parametric (robust) statistical tests can compensate for this limitation; however, the study's power is reduced as a result. Consequently, there is the possibility that any results established might be an analytical artifact. The small sample size also restricts the generalizability of the study outcome to the male population of South African townships.

A further limitation of therapy studies is related to the incidence of dropouts. Our dropout rate of 29% falls in the middle of dropout rates in studies with comparable samples (e.g., Golden et al., 2006: 38%; Bickle, 2013: 18%). However, dropouts occurred in all three treatment conditions and were non-systematic in nature. Due to dropouts and absenteeism at the follow-up sessions, the previously separate waiting lists “camp” ($n = 6$) and “no camp” ($n = 20$) had to be combined into one waiting list in order to achieve a sample size that would be large enough for the conduction of the statistical analysis. Therefore, the influence of camp participation alone could not be determined.

This investigation concentrated on the long-term effects of therapy outcomes, with a second follow-up after an average of 17 months posttreatment. The advantage of long time intervals for follow-ups is that information can be obtained about the potential duration of therapy effects. The disadvantage is that other factors may come into play, and it becomes more difficult to evaluate the acute efficacy of the therapy.

5.5.2 Conclusion

The main conclusions to be drawn from this research trial with high-risk South African youth are a) the possible long-term success of trauma-focused interventions in a context of ongoing threat (one and a half years after treatment, PTSD severity levels were still significantly lower than before therapy, despite continuing traumatization) and b) the successful reduction of appetitive aggression in a context of persistent community violence. This answers the question of whether the treatment of post-traumatic stress is feasible in areas of ongoing threat and whether and how treatment can be realized for high-risk adults who are involved in gang structures and drugs. Future research must focus on the preconditions necessary for the prevention of recidivism, in particular the roles that employment and school attendance play in this triangular relationship.

5.6 Acknowledgements

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6. General Discussion

The scope of this study was to better understand the interplay of continuous exposure to community and gang violence, the development of internalizing (PTSD), and externalizing symptoms, namely, aggressive mindset and behavior, as well as the role of illicit substance consumption, and whether distinct treatment approaches can reduce symptoms and interrupt the cycle of violence.

6.1 Overview of the empirical results

Self-experienced violence predicts the development of PTSD symptoms whereas witnessed violence predicts aggressive behavior. Both types of exposure to violence predict the development of an enjoyment in acting out violently. This appetitive aggression in turn predicts cruel behavior as well as PTSD symptoms. The abuse of drugs before committing a crime plays a significant role as a violence enabler and predicts the perpetration of violence. The use of drugs before committing a violent act is positively related to exposure to traumatic events.

FORNET, in comparison to CBT and a waiting list, has proven to be effective in reducing PTSD symptoms at the follow-up on average 8 months past treatment. A long-term follow-up on average 17 months posttreatment revealed that treatment gains still persisted. A change in appetitive aggression only showed at the long-term follow-up assessment in the FORNET condition. The violent behavior though seemed to be unswayable by any of the two treatment approaches.

6.2 Discussion of the empirical results

6.2.1 Relation between trauma, PTSD, aggression and drugs

In the encounter to interrupt the cycle of violence and to lower recidivism in the population of

young male adults, it seems to be crucial to take into account the importance of the attraction to violence that the young men acquired over the course of time and that aggravates the perpetration of violence. Mixed into this equation is the role played by alcohol and drugs as a kind of violence enabler (Bye, 2012; Tyner & Fremouw, 2008; McKetin, Lubman, Najman, Dawe, Butterworth, & Baker, 2014).

The attraction to violence can partly be explained by the violence the participants in our study witnessed since the beginning of their lives. Witnessing family and community members to outclass others and getting what they want by using force, teaches them that force is an acceptable choice, if they want to be successful in their environment (Bandura, 1977; Widom & Wilson, 2015). Also, in an environment where violence is a daily occurrence, those that have the least trouble using violence as a means to achieve their goals might prove to be the most "successful". When children witness how feared and "respected" gang members are in their community, becoming a gangster may be attractive to them especially at the ages when they themselves are seeking to become respected adults (Esbensen, Peterson, Taylor, & Freng, 2009). Those young people who might feel especially vulnerable might want to become a part of a gang themselves to gain a sense of protection and security in an unsafe environment (Kerig et al., 2013) or a sense of family and belonging in a society in which many children are without a father or sometimes even without a functional family, for example, due to parents being deceased from HIV/AIDS (McDaniel, 2012).

Moreover, at the age that youngsters usually approach and become part of a criminal gang, they are not able yet to reflect on the consequences. They usually hope for a safer and wealthier life in many respects, but what they finally get is quite the opposite. As soon as they are involved in gangsterism it becomes very unlikely that they will finish school, which is a key requirement to securing a sufficiently paid job. Their involvement in crime most of the times leads to a prison career (Gass & Laughter, 2015), which involves further traumatization

(Jäggi, Mezuk, Watkins, & Jackson, 2016) and a significant decrease in the chances of meaningful employment in the future (Pager, 2003). Instead of being safe, once a member of a gang, they will worry daily about attacks and revenge from members of rival gangs and this no matter if they themselves committed a killing or not. Rival gang members seek revenge with regard to all members of a rival gang independent of which member of that gang committed a stabbing or killing. As a member of a gang, a young person will witness many close friends die and where ever possible, is obliged to revenge their deaths (Matsuda, Melde, Taylor, Freng, & Esbensen, 2013). So before being at an age where the adolescents could make a conscious, well-thought out decision, they enter a very dangerous and hopeless path early in their lives that can easily determine the rest of their lifes.

Being attracted to violence means that violence is committed in more cases than to protect their own or another person's life, or to gain certain advantages, for example, subduing a victim during a robbery or rape. Violence is also committed because the perpetration of violence itself is experienced as rewarding (Elbert et al., 2016). Consequently, the attraction to violence should be associated with an increase in the perpetration of violence. A part of the aggressive mindset might be revengeful phantasies, that the young men are having (Maercker & Horn, 2013). These could be explained as an attempt to deal with the pain that they have been caused by the repeated losses they are experiencing (Kübler-Ross, Kessler, & Shriver, 2014), and eventually also to deal with the fear of losing their own life (Roach, 2013).

The preoccupation with revenge phantasies and feelings of guilt in connection to the harming or killing of their fellow gang members, might also trigger vivid memories or recall of the violence or other thoughts and feelings that are connected to the PTSD-fear network and thus strengthen PTSD symptoms (Gäbler & Maercker, 2011; Orth et al., 2006). The relation between appetitive aggression and PTSD symptoms though is complex and not one-directional. The relationship can also be explained by looking at it from the other direction, as

seen in the second study, where PTSD symptoms might actually fuel revengeful thinking and an enjoyment of cruel behavior towards those that were involved in the killings of loved-ones (Maercker & Horn, 2013).

The deeper look at the use that drugs might have for the young men consuming it before committing their criminal offenses showed that the drugs might help to calm their nerves and bolster their courage to actually be able to commit the crime (Goldstein et al., 1989; Hecker and Haer, 2015). The cycle of violence is facilitated by the taking of drugs not only by enabling offenders to perpetrate violence, but also by making those that abuse drugs an easier target for victimization (Murdoch et al., 1990).

6.2.2 Discussion of therapy outcomes

This study successfully proved the feasibility of trauma therapy in a context of ongoing community and gang violence despite doubts amongst some practitioners and researchers (e.g. Diamond et al., 2010; Kaminer et al., 2016; Roach, 2013), who assume that exposure therapy could be unhelpful in these contexts or lead to high dropout rates during therapy. The fact is that PTSD symptoms dropped over time in those receiving FORNET, compared to a waiting list. These findings are in line with other studies that tested trauma-focused interventions in areas of ongoing threat (Adessky & Freedman, 2005; Berger et al., 2007; Bryant et al., 2011; Cigrang et al., 2005; Cohen et al., 2011; Murray et al., 2010; Shalev et al., 2012). What could be expected is that PTSD symptoms go up quickly again to the level of pre-assessment or higher after an initial decrease through therapy since the traumatization continued (the levels of trauma exposure in the study participants were not significantly different before and after therapy). In fact, independent of the continuity of the trauma occurring, 1.5 years later PTSD levels were still significantly lower in the FORNET group compared to pre-therapy values. This result is in line with other long-term follow ups that were testing other trauma-focused therapy approaches (CPT/PE/CT: Bryant et al., 2003; CBT: Durham et al., 2005; CPT/PE:

Resick et al., 2012 and Wachen et al., 2014; CT/IE: Tarrier & Summerfield, 2004). As Adessky and Freedman (2005) and Bryant et al. (2011) assume, the treatment of trauma might help individuals that have to reside sometimes for their entire lives in violent environments with the handling of traumatic incidents in a way that those do not influence their psychological health to an extent that they did before. This could be the case with, for example, the former restructuring of typical mind patterns trauma victims show ("the world is a bad place", "you can't trust anyone anymore", "it is my fault, that this happened to me", and so forth) and from which the clients now profit, and also from having developed ways that help resolve feelings of guilt and shame.

Difficulties that we in fact were facing in this trial were that therapy in an office setting could not be established. We can only assume what the reasons might have been: lacking therapy motivation; peer pressure to take part in the gang activities instead; the demands of daily life; necessity to "earn" money, for example, by robbing people; continuing drug use; territorial obstacles where members of certain gangs are not allowed in or to cross areas that "belong to" rival gangs and if they get caught doing so, they risk being assaulted by rival gang members. Since the establishment of therapy in a camp setting was feasible without high dropout numbers and the camp environment ruled out most of the above mentioned obstacles, it is likely that these factors are important to be considered in order to build a safe and functional therapeutic environment.

The drop in the severity of PTSD symptoms in this study was in line with the outcome of the FORNET study in the DRC (Köbach et al., 2015b). The likely reason why the FORNET studies from Hermenau and colleagues (2013b) and Crombach and Elbert (2015) did not achieve a significant decrease in PTSD symptoms could be the lacking cutoff for PTSD symptom severity. Despite the high level of exposure to trauma, there was an astonishingly high number of participants that had zero PTSD symptoms, for example, 19% in the

study of Crombach and Elbert (2015), and while about 10% in Crombach and Elbert's intervention trial had the full picture of PTSD, in this study's intervention trial 55% of participants fulfilled the criteria for PTSD. This finding would support the gained insight of Shalev and colleagues (2012) that clients with subthreshold levels of PTSD have no added benefit from trauma-focused therapy.

Besides a long-term decrease in posttraumatic stress, FORNET proved to be successful in reducing the attraction to violence that the young men developed 15 to 20 months post treatment. This reduction has not been there on the first follow-up (8 months on average), which could indicate that changes of attitudes need a longer time-frame than changes of a fear-network in a context of ongoing violence, where an aggression-oriented mindset proves to be adaptive (Weierstall et al., 2013c). In the FORNET trials of Köbach and colleagues (2015b) and Crombach and Elbert (2015) there were also no changes in appetitive aggression and the latest follow up was 12 months post treatment. Eventually the change in appetitive aggression took place, but could only have been measured at a later point of time. This would indicate that a change in the aggressive attitude can only be expected about 12 to 15 months post treatment. Contrary to this assumption though, a change in attraction to violence happened in the FORNET study by Hermenau and colleagues (2013b) after only 6 months, however, the change happened in the FORNET as well as in the control group. The result of the latter study might indicate that a change of appetitive aggression initiated by the therapy only becomes effective after about 1 to 1.5 years and that the general change in appetitive aggression in the study of Hermenau et al. (2013b) was presumably initiated by other factors. The authors explained the change via a change in context, that is participants moving from being combatants to ex-combatants, as well as the reintegration program that every ex-combatant took part in that supported this role change. These changes in environment made the former adaptation to a violent context eventually unnecessary, so ex-combatants easily underwent the

adaptation to a less violent context.

The only other FORNET study that measured the level of perpetrated violence before and after therapy was the FORNET trial of Crombach and Elbert (2015) where the result was a decrease in perpetrated violence, despite a lack of a reduction in attraction to violence, which is not in line with our study, where a decrease in offenses could not be measured neither at the first, nor the second follow-up and this despite a change in appetitive aggression over time. A possible explanation for the difference in outcomes of the studies could again be the lack of change in the living circumstances and the continuous violence that our South African participants were and are living with.

TFAC (respectively CBT) did not initiate a change in aggressive attitude nor in aggressive behavior in our study. This finding is not in line with any of the other TFAC studies where some success was always achieved: Landenberger and Lipsey (2005) found in their meta-analysis of different CBT approaches that TFAC was equally helpful in reducing recidivism. Golden and colleagues (2006) indeed didn't find a difference between groups of TFAC completers and the waiting list concerning recidivism, but there was a change in the TFAC group over time in terms of probation violations as well as in their interpersonal problem solving skills. The TFAC group of Lowenkamp and colleagues (2009) showed lower levels of recidivism than the comparison group even two years post the intervention and Bickle (2013) showed that even in the context of a prison it was possible to achieve an improvement in social problem-solving skills as well as in criminal attitude. It is possible that the participants of the TFAC intervention in our study improved on their problem solving and communication skills, but potential changes did not reflect in their pro-criminal attitude nor in their criminal behavior. The lack of success in our study might be due to alterations that were made to the scope of the program, namely, instead of 22 sessions in eleven weeks we condensed the manual to longer sessions that were conducted in seven days over a course of three weeks. This

left the participants less time for reflection, processing and transferring the new knowledge into new behavior patterns. Also it is unknown in which context the participants of the other TFAC studies were living in: if they mainly came from areas of continuous gang and community violence or could return to a more helpful environment with less ongoing violence.

The reasons individuals vary in their levels of criminal activity are related to a number of circumstantial, situational, personal, interpersonal, familial, cultural and economic factors (Andrews, 1989). Andrews & Bonta (1998) listed the major contributors and established risk factors according to the magnitude of their correlation with criminal behavior in the following order: 1. pro-criminal attitude; 2. pro-criminal peers/associates; 3. personality factors; 4. history of antisocial behavior evident at an early age; 5. dysfunctional family environment, low level of personal educational, vocational, or financial achievement. It is likely that most of those risk factors apply in respect to the participants of our study, which gives an indication as to why it might be possible to change the pro-criminal attitude or the personal skills of the young men, but still not achieve any change in the number of criminal acts committed.

The combination of reintegration program as well as therapy, irrespective of whether it was FORNET or TFAC, had a negative influence on violence perpetration in that it led to an increase of criminal offenses compared to those receiving no intervention at all. This finding could be explained, firstly, by a third variable, namely school or job engagement, which could have a protective effect on criminal behavior. Those adolescents that have the daily structure through job or school attendance might be less involved in potential criminal or gang activities (Pyrooz & Decker, 2011). Additionally, those that have an employment might face less financial strains and thus not feel the urge to have to earn money on illegal ways (Males & Brown, 2014). Last but not least, for those receiving both interventions, the group may provide an environment in which increased cohesion and identification with other criminals may occur (Golden et al., 2006; Wormith, 1984). As indicated above, pro-criminal peers are one of

the main influential factors for future criminal acts.

6.3 Future implications

In a context of continuous traumatic stress, where most of the inhabitants have experienced a number of traumatic incidents, astonishingly few people develop the full picture of PTSD. Most of the people though show at least some PTSD symptoms, or a Continuous Traumatic Stress Response (CTRS) (Diamond et. al., 2010). Kaminer et al. (2016) therefore propose a different treatment approach for those individuals experiencing continuous traumatic stress. Psycho-education should focus on normalizing fear and anxiety-related responses and support participants or clients to re-engage in fulfilling activities by exploring realistic options. Rather than minimizing risk perception, it is important to support the clients to sharpen their threat discrimination capacities. Cognitive restructuring should assist clients to not become totally hopeless and disengaged or anti-social and highly aggressive but instead have them trying to retain a sense of meaningfulness in the present and hold some promise in the future. The social networks of clients in these contexts are very often dysfunctional, so it would be important to assist them to generate relational connections beyond therapy. A new study trial could aim at defining a diagnostic tool for CTSR to distinguish it from subthreshold PTSD. With such a tool it would become possible to compare the effectiveness of trauma-focused interventions with the above described approach of the CTSR-researchers for individuals with a full picture of PTSD and those showing CTSR.

FORNET proved to be feasible and successful in the short and long term in reducing PTSD symptoms and in altering the young men's aggressive mindset. Since those changes did not result in fewer crime perpetration and thus in the hoped interruption of the cycle of violence, future research should try to find ways to include the therapy into a contextual frame that actually leads to higher deviance. As mentioned above, the two main predictors for crim-

inal behavior are pro-criminal attitude and pro-criminal peers. FORNET is able to change the pro-criminal attitude though it probably needs to be embedded into another peer context that does not solely consist of criminal youth, for example, at a school environment or in faith-based institutions.

An additional possible intervention aimed at prevention could see young ex-offenders visit school classes with children that are on the edge to become adolescents and share their life experiences, their reasons for joining a criminal gang and or starting drugs. The ex-offenders could clarify the actual outcome of these choices, which can include a higher likelihood than before of getting hurt or killed, duty or compulsion to kill others or to commit crime, the influence of drugs on their behavior, their experiences of prison, reduced or even nonexistent career options, and the exclusion or estrangement from family and community. Besides providing important information to give the adolescents a chance to make informed decisions, such an intervention could also provide a job for some ex-offenders, and let them identify as role-models for youth that usually lack male role-models. In this context FORNET can play an important role since those ex-offenders that underwent the therapy process with narrative exposure will find it easier to tell their story and express their true feelings and thoughts during their time in the gang or prison.

6.4 Final conclusions

Appetitive aggression plays a key role in the cycle of violence dominating life in the low-income urban areas of South Africa. The male youth of these crime hotspots are not only the main targets of violence, but at the same time the main contributors to the context of continuous traumatic stress. FORNET is an intervention that takes both sides, that is, victim and perpetrator, of affected individuals into account and aims to reduce PTSD symptoms and affect a change in aggressive mindset, and subsequently a change in violent behavior. In the South

African context of ongoing gang and community violence, FORNET proved to reduce PTSD as well as the attraction to violence that the young men developed over time. The anticipated drop in criminal behavior was not seen.

Since aggressive behavior is most likely an adaptation to a cruel environment that these young people cannot escape from, it might need more than a therapeutic intervention to achieve a significant change in behavior under living conditions that have not changed. Future research therefore should especially consider the possibilities of context change, for example, by embedding the therapy into a supportive, socially oriented environment that continues to exist after the end of the intervention, which could be the school environment or faith-based institutions.

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Questionnaires

Traumatic event types

Child Exposure to Violence Checklist (CECV, adapted from Amaya-Jackson, 1998)

	Did you ever experience this event? <i>Ingaba sakhe sakwehlela esi sehlo/yakwehlela le nto?</i>	yes ewe (1) no hayi (0)
1	Have you severely suffered from hunger as a child, so that you worried about your health? ...and as an adult? <i>Wakhe walamba kabuhlungu use ngumntwana, kangangoba wade wanexhala ngempilo yakho?</i> <i>...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
2	Have you felt neglected by your parents/caregivers as a child (e.g. they didn't support you; didn't send you to school even though they could have; didn't care for you)? ...and as an adult? <i>Wakhe weva ngathi abazali bakho/abanye abazali ababekugcina babengakukhathalelanga (umz. babengakuxhasi, zange bakuse esikolweni nangona babengakwazi, babengakuhyanga)?</i> <i>...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
3	Have your parents/caregivers regularly humiliated you verbally when you were a child (e.g. insulted you; said you're worthless or a bad child)? ...and when you were an adult? <i>Ingaba abazali bakho/abanye abazali ababekugcina babesoloko bekonyelisa ngoko wawuse ngumntwana (umz. bekuthuka; besithi awuxabisekanga okanye ungumntwana ongaziphathanga kakuhle)</i> <i>...ngoku sewu mdala?</i>	☐ yes ☐ no ☐ yes ☐ no
4	Have you lost a parent/caregiver as a child? ...and as an adult? <i>Ingaba wakhe waswelekelwa ngumzali/ omnye umzali owayekugcina?</i> <i>...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
5	Have you been in a life-threatening fire or explosion as a child? ...and as an adult? <i>Wakhe wasemngciphekeni wokufa ugutyungelwe ngumlilo/okanye udubulo use ngumntwana?</i> <i>...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no

6	Have you witnessed a life-threatening fire or explosion as a child? ...and as an adult? <i>Wakhe wabona/walingqina lomlilo owawubeka ubomi babantu emngciphekweni/udubulo use ngumntwana ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
7	Have you been in a bad accident as a child, like a very serious car accident? ...and as an adult? <i>Wakhe wakwi ngozi embi use ngumntwana, efana nengozi yemoto embi kakhulu? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
8	Have you witnessed a bad accident as a child, like a very serious car accident? ...and as an adult? <i>Wakhe wabona ingozi embi kakhulu use ngumntwana, efana nengozi yemoto embi kakhulu? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
9	Have you had a painful and scary medical treatment as a child e.g. during an initiation or in a hospital, when you were sick or badly injured? ...and as an adult? <i>Wakhe wafumana unyango olwalubuhlungu kakhulu yaye lukoyikisa use ngumntwana umz. ngexesha longeniso (initiation) okanye us-esibhedlele, xa wawugula okanye wonzakele kabuhlungu? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
10	Have you witnessed a painful and scary medical treatment as a child, e.g. during an initiation? ...and as an adult? <i>Wakhe wabona kusenziwa unyango olubuhlungu kakhulu yaye ol-walukusoyikisa use ngumntwana umz. ngexesha longeniso/initiation? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
11	Have you ever suffered from a serious illness as a child? ...and as an adult? <i>Wakhe wanesigulo esixhalabisayo use ngumntwana? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
12	Did someone close to you suffer from a serious illness when you were a child? ...and when you were an adult? <i>Ingaba ukhona umntu osondele kuwe owakhe wanesigulo esixhalabisayo xa wawuse ngumntwana? ...ngoku sewumdala?</i>	☐ yes ☐ no ☐ yes ☐ no
13	Have you been threatened to be harmed by someone in your family as a child? ...and as an adult? <i>Wakhe wagrogrisa ngokonzakaliswa ngumntu wakowenu use ngumntwana? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no

14	Have you witnessed a family member being threatened by another family member when you were a child? ...and when you were an adult? <i>Wakhe wabona ilungu losapho lwakho/umntu wakowenu egrogriswa ngokonzakaliswa xa wawuse ngumntwana? ...ngoku sewumdala?</i>	☐ yes ☐ no ☐ yes ☐ no
15	Have you been threatened to be harmed by someone outside your family as a child? ...and as an adult? <i>Wakhe wagrogriswa ngokonzakaliswa ngumntu ongengo wakowenu use ngumntwana? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
16	Have you witnessed someone being threatened (to be harmed) by someone else when you were a child? ...and as an adult? <i>Wakhe wabona umntu egrogriswa (ngokonzakaliswa) ngomnye umntu use ngumntwana? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
17	Have you been physically attacked by someone in your family as a child? <i>Also rate "yes", if the beating was explained to be parenting tactic</i> ...and as an adult? <i>Wakhe wabethwa ngumntu wakowenu use ngumntwana? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
18	Have you witnessed a family member being attacked by another family member when you were a child? ...and when you were an adult? <i>Wakhe wabona umntu wakowenu ebethwa/ehlaselwa lelinye ilungu losapho xa wawuse ngumntwana? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
19	Have you been physically attacked by someone else as a child? ...and as an adult? <i>Wakhe wabethwa/wahlaselwa ngomnye umntu use ngumntwana? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
20	Have you witnessed someone being physically attacked by someone else when you were a child? ...and as an adult? <i>Wakhe wabona umntu ebethwa/ehlaselwa ngomnye umntu xa wawuse ngumntwana? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
21	Have you been attacked with a weapon (e.g. stick, stone, bottle, belt, knife, gun) by a family member as a child? ...and as an adult? <i>Wakhe wahlaselwa ngesixhobo (umz. intonga, ibhotile, ibhanti, imela, umpu/isibham) ngumntu wakhawenu use ngumntwana? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no

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22	Have you witnessed a family member being attacked with a weapon by another family member when you were a child? ...and when you were an adult? <i>Wakhe wabona umntu wakowenu ehlaselwa ngesixhobo lelinye ilungu losapho xa wawusengumntwana? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
23	Have you been attacked with a weapon by someone else as a child? ...and as an adult? <i>Wakhe wahlaselwa ngesixhobo ngomnye umntu use ngumntwana? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
24	Have you witnessed someone being attacked with a weapon by someone else when you were a child? ...and as an adult? <i>Wakhe wabona umntu ehlaselwa ngesixhobo ngomnye umntu xa wawuse ngumntwana? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
25	Have you been imprisoned as a child? ...and as an adult? <i>Wakhe wabanjwa use ngumntwana? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
26	Have you been sexually assaulted by a family member as a child (e.g. abuse, doing something with your or their private parts that you didn't want to, watching porn* although you were too young or didn't want to)? <i>Rate "yes" for porn and playing doctor only if perpetrator is at least 4years older than victim and if victim is underage</i> ...and as an adult? <i>Wakhe waxhatshazwa ngokwezesondo/wadlwengulwa ngumntu wakowenu use ngumntwana (umz. ukuphathwa kakubi, esenza izinto ngamalungu akho okanye awakhe angasese/kulo mhlaba ongezantsi ungafuni, ubukela ipornography/izinto zoburheletya nangona wawumncinci kakhulu okanye wawungafuni)? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
27	Have you witnessed sexual assault in your family by another family member when you were a child? ...and as an adult? <i>Wakhe wabona ilungu losapho lixhatshazwa ngokwesondo lelinye xa wawuse ngumntwana? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
28	Have you been sexually assaulted by someone else as a child? ...and as an adult? <i>Wakhe waxhatshazwa ngesondo/wadlwengulwa ngomnye umntu use ngumntwana? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
29	Have you witnessed someone being sexually assaulted by someone else when you were a child? ...and when you were an adult? <i>Wakhe wabona umntu exhatshazwa ngesondo/edlwengulwa ngomnye umntu xa wawuse ngumntwana? ...ngoku xa sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no

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30	Have you been tortured as a child? ...and as an adult? <i>Wakhe wangcikovwa/waviswa kabuhlungu kakhulu use ngumntwana ? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
31	Have you ever witnessed someone being tortured when you were a child? ...and when you were an adult? <i>Wakhe wabona umntu engcikovwa/eviswa kabuhlungu kakhulu xa wawuse ngumntwana? ...ngoku sewumdala?</i>	☐ yes ☐ no ☐ yes ☐ no
32	Have you seen a dead body as a child (besides on funerals)? ...and as an adult? <i>Wakhe wasibona isidumbu use ngumntwana (ngaphandle kwase-mingcwabeni)? ...ngoku sele umdala?</i>	☐ yes ☐ no ☐ yes ☐ no
33	Have you seen somebody being killed when you were a child? ...and when you were an adult? <i>Wakhe wabona umntu ebulawa xa wawuse ngumntwana? ...ngoku xa sewumdala?</i>	☐ yes ☐ no ☐ yes ☐ no
34	Was someone you know killed by another person when you were a child? ...and when you were an adult? <i>Ingaba yayingumntu omaziyo lowo owabulawa ngomnye umntu xa wawuse ngumntwana? ...ngoku sewumdala?</i>	☐ yes ☐ no ☐ yes ☐ no
35	Have you ever been in any kind of natural disaster (e.g. a fire, a tornado/hurricane, a flood, an earthquake) when you were a child? ...and as an adult? <i>Wakhe wakolunye naluphi na uhlobo lwentlekele/isihelegu (umz. umlilo, inkanyamba/isiphepho, unogumbe, inyikima) xa wawuse ngumntwana? ...ngoku sewumdala?</i>	☐ yes ☐ no ☐ yes ☐ no
36	Have you ever been in any other situation than the ones described already, that was really scary, dangerous or violent when you were a child? ...and as an adult? <i>Wakhe wakwenye nayiphi na imeko ngaphandle kwezi esezichaziwe, eyayisoyikeka kakhulu, inobungozi okanye inobugebenga xa wawuse ngumntwana? ...ngoku sewumdala?</i>	☐ yes ☐ no ☐ yes ☐ no

Perpetrated violence event types

Adapted from the Appetitive Aggression Scale (AAS) Checklist (Weierstall & Elbert, 2011)

		Have you ever... <i>Ingaba wakhe...</i>	In the past 6 months, have you... <i>Kwezi nyanga eziyi 6, ukhe...</i>
1	...shouted at someone? <i>Ukhana umntu obukhe waxabana, wathukana naye?</i> How often? <i>Kangaphi?</i>	0 1 2-3 4-10 ≥11	0 1 2-3 4-10 ≥11
2	...slapped someone (e.g. a child for a punishment)? <i>...wabetha umntu ngempama/waqhwaba umntu (umz. umntwana ngokumohlwaya)</i> How often? <i>Kangaphi?</i>	0 1 2-3 4-10 ≥11	0 1 2-3 4-10 ≥11
3	...threatened someone? <i>...wasongela/wagrogrisa umntu</i> How often? <i>Kangaphi?</i>	0 1 2-3 4-10 ≥11	0 1 2-3 4-10 ≥11
4	...been involved in a fight? <i>...walwa/wabandakanyeka kumlo?</i> How often? <i>Kangaphi?</i>	0 1 2-3 4-10 ≥11	0 1 2-3 4-10 ≥11
5	...hit back when being attacked? <i>...waphindisa xa wawuhlaselwa</i> How often? <i>Kangaphi?</i>	0 1 2-3 4-10 ≥11	0 1 2-3 4-10 ≥11
6	...physically assaulted another person (e.g. beaten someone up)? <i>...wahlasela emzimbeni omnye umntu? (umz. wabetha omnye umntu)</i> How often? <i>Kangaphi?</i>	0 1 2-3 4-10 ≥11	0 1 2-3 4-10 ≥11
7	...injured another person with a weapon (e.g. a knife)? <i>...wonzakalisa onmnye umntu ngesixhobo esibukhali (umz. imela)</i> How often? <i>Kangaphi?</i>	0 1 2-3 4-10 ≥11	0 1 2-3 4-10 ≥11
8	...made another person scream in pain? <i>...wenza omnye umntu uba agcume zintlungu/akhale esezintlungwini?</i> How often? <i>Kangaphi?</i>	0 1 2-3 4-10 ≥11	0 1 2-3 4-10 ≥11

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9	...made another person bleed? ...wophisa omnye umntu? How often? Kangaphi?	0 1 2-3 4-10 ≥11	0 1 2-3 4-10 ≥11
10	...made another person beg for his/her life? ...wenza omnye umntu uba akucengele ubomi bakhe? How often? Kangaphi?	0 1 2-3 4-10 ≥11	0 1 2-3 4-10 ≥11
11	...been cruel and made another person suffer from physical pain? ...ubukhohlakele waze wavisa omnye umntu kabuhlungu? How often? Kangaphi?	0 1 2-3 4-10 ≥11	0 1 2-3 4-10 ≥11
12	...mutilated another person? ...waxhaxha/walimaza omnye umntu? How often? Kangaphi?	0 1 2-3 4-10 ≥11	0 1 2-3 4-10 ≥11
13	...killed another person? ...wabulala omnye umntu? How often? Kangaphi?	0 1 2-3 4-10 ≥11	0 1 2-3 4-10 ≥11
14	...killed another person where you had the choice not to? ...wabulala omnye umntu apho wawunoku-khetha ukungakwenzi oko? How often? Kangaphi?	0 1 2-3 4-10 ≥11	0 1 2-3 4-10 ≥11
15	...harmed another person who could not defend him/herself? ...wonzakalisa omnye umntu owayengakwazi kuzikhusela? How often? Kangaphi?	0 1 2-3 4-10 ≥11	0 1 2-3 4-10 ≥11
16	...instructed others to harm another person? ...wayalela abanye ukuba bonzakalise omnye umntu? How often? Kangaphi?	0 1 2-3 4-10 ≥11	0 1 2-3 4-10 ≥11
17	...pursued another person that you wanted to harm? ...walandela/wasukela omnye umntu owa-wufuna ukumonzakalisa? How often? Kangaphi?	0 1 2-3 4-10 ≥11	0 1 2-3 4-10 ≥11
18	...sexually assaulted another person? ...wahlasela ngokwesondo omnye umntu? How often? Kangaphi?	0 1 2-3 4-10 ≥11	0 1 2-3 4-10 ≥11
19	...talked to others about experiences with		

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	inflicting harm? ...waxelela abanye ngamava akuvisa ubuhlungu/akungcungcutheki How often? Kangaphi?	<table><tr><td>0</td><td>1</td><td>2-3</td><td>4-10</td><td>≥11</td></tr></table>					0	1	2-3	4-10	≥11	<table><tr><td>0</td><td>1</td><td>2-3</td><td>4-10</td><td>≥11</td></tr></table>					0	1	2-3	4-10	≥11
0	1	2-3	4-10	≥11																	
0	1	2-3	4-10	≥11																	
20	...desecrated dead bodies? ...wangabi nantlonelo/inkathalo kwizidumbu? How often? Kangaphi?	<table><tr><td>0</td><td>1</td><td>2-3</td><td>4-10</td><td>≥11</td></tr></table>					0	1	2-3	4-10	≥11	<table><tr><td>0</td><td>1</td><td>2-3</td><td>4-10</td><td>≥11</td></tr></table>					0	1	2-3	4-10	≥11
0	1	2-3	4-10	≥11																	
0	1	2-3	4-10	≥11																	
21	...defended yourself in a fight? ...wazikhusela edabini/kumloKangaphi? How often? Kangaphi?	<table><tr><td>0</td><td>1</td><td>2-3</td><td>4-10</td><td>≥11</td></tr></table>					0	1	2-3	4-10	≥11	<table><tr><td>0</td><td>1</td><td>2-3</td><td>4-10</td><td>≥11</td></tr></table>					0	1	2-3	4-10	≥11
0	1	2-3	4-10	≥11																	
0	1	2-3	4-10	≥11																	
How often did you drink or take drugs before these events? Ingaba ubusela kangakanani okanye ubuzisebenzisa kangakanani iziyobisi phambi kwezi zehlo?		Not at all Nakanye	Rarely Kam-bal-wa/ngok unqabi-leyo	Some-Times Nga-manye amax-esha	Most of the times Kaninzi	Every-time Ngalo lonke ixesha															

PTSD symptom severity

PTSD Symptom Scale-Interview (PSS-I; Foa & Tolin, 2000)

	How did you feel during or right after the bad thing happened? <i>Wawuziva njani ngexesha isenzeka okanye nje emva koba le nto embi yenzekile?</i>	Yes <i>Ewe</i>	No <i>Hayi</i>
1	Were you scared that you would die or be hurt badly? <i>Wawusoyika uba ungafa okanye ungonzakala kakubi?</i>	1	0
2	Were you hurt badly? <i>Ingaba wawonzakele kakubi?</i>	1	0
3	Were you scared that someone else would die or be hurt badly? <i>Wawusoyika uba omnye umntu angafa okanye onzakale kakubi?</i>	1	0
4	Was someone else hurt badly or did someone die? <i>Ingaba omnye umntu wonzakala kakubi okanye omnye wafa?</i>	1	0

I want to get a really good picture of how things have been going for you in the past 2 weeks in terms of trauma-related difficulties. So, today is _____ (*insert date*), two weeks ago takes as back to _____ (*insert date two weeks ago*), this is the period of time that I will focus on. Remember that throughout the following questions I will be asking about difficulties related to the event that you identified as the most distressing

Date of event:

Ndifuna ukufumana umfanekiso onguwo/ocacileyo woba bekunjani kuwe kwezi veki ezi-2 ezidlulileyo malunga nobunzima obunxulemene neziganeko ezonzakalisayo. Ngoko ke, namhlanje _____ (*bhala umhla*), iiveki ezimbini ezidlulileyo zithatha ukusela _____ (*bhala umhla kwiiveki ezimbini ezidlulileyo*), esi sisigaba sexesha endizakugqalisela kuso. Khumbula uba kuyo yonke le mibuzo elandelayo ndiza kubuza malunga nobunzima obunxulumene nesiganeko obusikhankanye njengesona esikuhluphayo.

Umhla wesiganeko:

If trauma symptom was already present before above written traumatic event, check if trauma symptom got worse since this traumatic event happened

	How often has this been happening in the past two weeks? <i>Ingaba oku bekusenzeka kangaphi kwezi veke ezimbini ezidlulileyo</i>	Not at all <i>Naka nye</i>	Once per week or less/ a little <i>Kanye ngeveki okanye ngaphantsi/kancinzi</i>	2-4 times per week/ somewhat <i>Amaxesha ama 2-4 ngeveki/ngamanye amaxesha</i>	5 or more times per week/ very much <i>Amaxesha ama-5 okanye ngaphezulu ngeveki/kakhu lu</i>
1	Have you had recurrent or intrusive distressing thoughts or recollections about the trauma? <i>Ubukhe waneengcinga ezikukhathazayo okanye iinkumbulo ebeziphinda-phinda okanye zityhudisa ezimalulunga nokonzakala?</i> Thoughts coming up out of the blue, without any reminders	0	1	2	3
2	Have you been having recurrent bad dreams or nightmares about the trauma? <i>Ubukhe wanamaphupha amabi aphinda-phindayo okanye inarhumeni malunga nesehlo esonzakaliso?</i>	0	1	2	3
3	Have you had the experience of suddenly reliving the trauma, flashbacks of it, acting or feeling as if it was re-occurring? <i>Ingaba unawo amava okuthi ngesaquphe uve ngathi ngulaa mhla wesehlo kwakhona, iinkumbulo eqaqambileyo ngaso, kwenzeke okanye uve ngathi siyenzeka</i>	0	1	2	3

	<i>kwakhona. Let describe flash-back, when occurs; explain: as if you saw a movie in front of your inner eye, people recognize you're absent</i>				
4	Have you been intensely emotionally upset when reminded of the trauma (includes anniversary reactions)? <i>Ubukhe wakhathazeka emphemfumleni kakhulu xa ukhunjwa ngeshlo esonzakalisayo (kukuka neemvakalelo ngomhla wesikhumbuzo seseshlo)</i>	0	1	2	3
5	Have you been having intense physical reactions (e.g. sweaty, heart palpitations) when reminded of the trauma? <i>Ubukhe waneemvakalelo zomzimba ezimandla (umz. ezikubilisayo, ezingongozelisa intliziyo) xa ukhunjuzwe ngeshlo esonzakalisa umphefumlo.</i>	0	1	2	3
6	Have you persistently been making efforts to avoid thoughts or feelings associated with the trauma? <i>Ubusoloko usenza iinzame zokuphepha iingcinga okanye imizwa enxulumene ngeshlo esonzakalisa umphefumlo? e.g. drinking, taking drugs</i>	0	1	2	3
7	Have you persistently been making efforts to	0	1	2	3

	avoid activities, situations, or places that remind you of the trauma? <i>Ubusoloko usenza iinzame zokuphepha imisebenzi, iimeko, okanye iindawo ezikukhumbuza ngesehlo esonza-kalisa emphefumleni?</i> e.g. taking detour to avoid place of event				
8	Are there any important aspects about the trauma that you still cannot recall? <i>Ingaba ikhona nayiphi na imiba ebalulekileyo emalunga nesehlo esonza-kalisa emphefumleni ongade uyikhumbule?</i> If details about hot spot were asked, could you fully remember	0	1	2	3
9	Have you markedly lost interest in free time activities since the trauma? <i>Ingaba uphelelwe ngumdla ngokucacileyo kwimisebenzi obuyenza ngexesha ongasebenzi ngalo ukususela oko le nto yakwehlela?</i> e.g. hanging out with friends/family, playing soccer	0	1	2	3
10	Have you felt detached or cut off from others around you since the trauma? <i>Ingaba ukhe waziva ususiwe okanye uzikhwebule kwabanye abantu basekuhlaleni/obaziyo uku-</i>	0	1	2	3

	<i>susela oko le nto yakwehlela?</i> Don't rate if exclusion by others				
11	Have you felt that your ability to experience the whole range of emotions is impaired (e.g. unable to have loving feelings)? <i>Ukhe weva ngathi indlela yakho yokwazi ukuba nazo zonke izimvo/imizwa itsintshile/ayisani nangaphambili (umz. ukungabi nayo imizwa yothando)</i> Not anger, but sadness, joy etc.	0	1	2	3
12	Have you felt that any future plans or hopes have changed because of the traumatic event (e.g. no career, marriage, children, or long life)? <i>Ukhe weva ngathi naziphi na iiplani ngekamva okanye iminqweno itshintshile ngenxa yesiganeko esonzakalisa umphefumlo (umz. akukho nkqubela phambili ngobomi, umtshato, abantwana, okanye ubomi obude)?</i> No future plans due to expectation something bad could happen any time	0	1	2	3
13	Have you had persistent difficulty falling or staying asleep? <i>Ukhe wasoloko unengxaki yobuthongo obungehliyo okanye yokulala ungamane uphaphama ezinzulwini zobusuku?</i>	0	1	2	3

	<i>Do not rate nightmares, but still ask for difficulties falling asleep for those nights</i>				
14	Have you been continuously irritable or had outbursts of anger? <i>Ubusoloko unochuku okanye ushiywa ngumsindo?</i>	0	1	2	3
15	Have you had persistent difficulty concentrating? <i>Ubusoloko unengxaki yokumilisela ingqondo?</i> <i>Also judge by observation during interview</i>	0	1	2	3
16	Are you overly alert (e.g. check to see who is around you) since the trauma? <i>Ingaba usoloko ubonakala uzi-gadile/ubheka-bheka (umz. ujonga uba ngubani osecaleni kwakho) ukususela oko kwehla eso sehlo?</i> <i>Difference to No 17: before something unexpected happens (e.g. slamming of door)</i>	0	1	2	3
17	Have you been jumpier, more easily startled, since the trauma? <i>Ukhe waphakuzela, usothuka lula, ukususela oko wahlelwa seso sehlo?</i> <i>Difference to No 16: after something unexpected happened (e.g. slamming of door); startle response much longer as usual</i>	0	1	2	3

Appetitive Aggression

Appetitive Aggression Scale (AAS; Weierstall & Elbert, 2011)

	Please indicate how much you agree or disagree with each of the following statements <i>Nceda ubonise uba uvumelana okanye awuvumelani kangakanani nenye yezi ngxelo zilandelayo</i>	Totally disagree <i>An-divumi ngokupheleleyo</i>	Some-what disagree <i>Noko an-divumi</i>	Neither disagree nor agree <i>Akukho nanye en-divumela na nayo</i>	Some what agree <i>Noko ndi-ya-vuma</i>	Totally agree <i>Ndi-ya-vuma ngokupheleleyo</i>
1	Do you like to listen to other people telling you stories of how they killed others? <i>Ingaba uyakuthanda ukumamela abanye abantu xa bekubalisela amabali oba bababulala njani abanye?</i>	0	1	2	3	4
2	Does the challenge of defeating a strong opponent make the fight more pleasurable for you in comparison to the defeat of a weak opponent? <i>Ingaba umngeni wokoyisa umchasi owomeleleyo wenza umlo ukonwabise ngakumbi kunaxa woyise umchasi obuthathaka/ongenamandla?</i>	0	1	2	3	4
3	Is it exciting for you if you make an opponent really suffer? <i>Ingaba uyavuseleleka xa umvise kabuhlungu umchasi?</i>	0	1	2	3	4
4	Do you feel powerful when you go to a fight? <i>Ingaba uziva unamandla xa uyolwalusiya edabini?</i>	0	1	2	3	4
5	Is it fun to prepare yourself for fighting? <i>Ingaba kumandi ukuzilungiselela umlo/ukulwa?</i>	0	1	2	3	4
6	During fighting does the desire to hunt or kill take control of you? <i>Xa usilwa ingaba ulawulwa/uqhutywa ngumnqweno wokuzingela okanye wokubulala?</i>	0	1	2	3	4
7	Do you enjoy inciting your fellows to fight? <i>Ingaba uyakuthanda ukuxhokonxa abalingane bakho ukuze balwe?</i>	0	1	2	3	4

ATTACHMENT

8	Is defeating the opponent more fun for you, when you see them bleed? <i>Ingaba ukoyisa umchasi kuya kuvuyisa, xa umbona esopha?</i>	0	1	2	3	4
9	Once fighting has started, do you get carried away by the violence? <i>Xa sele uqalile umlo, ingaba ubundlongo-ndlongo buyakuvuyisa?</i>	0	1	2	3	4
10	Did you harm others, just because you wanted to, without having a reason? <i>Ingaba wonzakalisa abanye, nje kuba wawufuna, kungekho kwesizathu?</i>	0	1	2	3	4
11	Once you got used to being cruel, did you want to be crueller and crueller? <i>Xa sele uqhele ukuba nenkohlakalo, ingaba wawufuna ukukhohlakala ngokuphinda-phindeneyo?</i>	0	1	2	3	4
12	Do you know what it is like to feel the hunger/thirst to fight? <i>Ingaba uyakwazi uba kunjani ukuziva ukulangazelela(ukurhalela) /ukunxanelwa ukulwa?</i>	0	1	2	3	4
13	Is fighting the only thing you want to do in your life? <i>Ingaba ukulwa yeyona nto ofuna ukuyenza ebomini bakho?</i>	0	1	2	3	4
14	Can attacking humans be sexually arousing for you? <i>Ingaba ukuhlasela abantu kukwenza uvukelwe ngokwezesondo?</i>	0	1	2	3	4
15	When you fight, do you stop caring about whether you could be killed? <i>Xa usilwa ingaba uye ungakhathali noba usenokufa?</i>	0	1	2	3	4

Therapy Rationale

Narrative Exposure Therapy For Offender Rehabilitation (FORNET)

Hecker, T., Hermenau, K., Crombach, A., & Elbert, T. (2015). Treating traumatized offenders and veterans by means of narrative exposure therapy. *Frontiers in psychiatry*, 6, 80.

Introduction

Understanding the psychology of offenders may require detaching oneself from the victim's perspective. Anecdotal evidence suggests that the perception of violence may differ remarkably between the perpetrator and victim (1): violent offenders, such as hooligans or gang members, as well as soldiers and veterans describe that under certain circumstances they have perceived the perpetration of violent acts as thrilling, fascinating, and arousing with a positive valence. Balint (2) defines this violence-related thrill as a mixture of pleasure and anxiety, with a strong confidence to master the potential danger. In his book about being a hooligan Danny Brown describes the feeling as follows:

Well, the passion to fight for your club combined with the adrenalin flush was just unbelievable. [...] The violence was like heroin and it became like an addiction. It is unfair that Football-Hooligans are jailed in prison but not send into a rehabilitation clinic, where they try to help you. (3)

The literature on war and conflict reports similar experiences of soldiers anecdotally. For example, some veterans from the US who served in Vietnam described that the thirst for further combat resembled an addiction:

Combat addiction [...] is caused when [...] the body releases a large amount of adrenaline into your system and you get what is referred to as a "combat high". This combat high is like getting an injection of morphine – you float around, laughing, joking, having a great time, totally oblivious to the dangers around you. [...] Problems arise when you begin to want another fix of combat, and another, and another, and, before you know it you are hooked. As with heroine or cocaine addiction, combat addiction surely will get you killed. And like any addict you will get desperate and will do anything to get your fix [(4), p. 243].

Similarly, former soldiers and combatants often report that their experience of war and violence brought about a gradual transformation in their perception of violence: at first, it was frightening, but with repeated experience it became not only normal and acceptable but also even exciting and arousing (5). We have collected a number of reports of former combatants in a very recent armed conflict in the Democratic Republic of the Congo (DRC) confirming how fascinating, thrilling, and addiction-like the perpetration of violence may become:

We were sitting together, my uncle and me. We were talking about our glorious fights and then the need for fighting, the urge came up in us. It could be even at 7 o'clock at night, when it was already dark, that we took the guns and went to kill. I wanted people to know that I am

a man! It is fun to plan the fight and once the enemy is defeated you feel at ease! (6)

On the other hand, studies on veterans have revealed a high posttraumatic stress disorder (PTSD) prevalence in former soldiers (7). For example, the National Vietnam Veteran Readjustment Study has shown an increased PTSD rate in veterans emphasizing that exposure to deployment-related traumatic experiences contributed strongly to the development of PTSD (8). Particularly, Vietnam veterans who reported that they had killed during deployment showed higher PTSD scores than those who did not (9). Even though attempts were made to define selection criteria to sort out those who are vulnerable for traumatization (10), trauma spectrum disorders are still common in soldiers who have fought in current armed conflicts like in Iraq or Afghanistan (11). Likewise, numerous studies focusing on the psychopathology and biography of offenders have shown that delinquents have an increased

prevalence for psychological disorders compared to the general population (12) and are more frequently exposed to traumatic life events. Accordingly, studies have repeatedly reported an increased prevalence for PTSD in delinquents when compared with the general population (13). Lifetime prevalence varies between 33 and 36%, and point prevalence between 17 and 21%. In a sample of male prisoners in Switzerland, the prevalence of current PTSD was with 27% comparable to other international studies (14). Seventy-five percent of the subjects had experienced at least one event that matched the criteria for a traumatic event according to the DSM-IV but only a minority of violent offenders reported their own offenses as the most traumatic experience (15).

Treatment response to trauma-focused therapy has, however, often been poor for violent offenders and veterans (16). Feeny et al. (17) call for caution in the delivery of exposure-based PTSD treatments to violent offenders, based on clinical judgment, but limited research evidence. Kubany (18) addresses the prominence of guilt in combat-related PTSD and argues that specific attention to the combat-related guilt is required to reduce the posttraumatic stress symptoms. Thus, a special focus on offender issues might be necessary to reduce PTSD symptoms in this group. At the same time, treatment approaches may aim at controlling aggressive behavior and facilitate the role change from a potential offender to a citizen, living a non-violent and socially adjusted life. While working with violent offenders, soldiers, and veterans, it seems therefore crucial to overcome the dichotomy of victim and perpetrator in order to address the complexity of the persons' feelings and experiences (19).

The Cycle of Violence

War-affected regions as well as collective violence worldwide are characterized by escalating violence (20). In addition to the specific initiating conditions that lead to an outbreak of mass violence (in terrorism, gang warfare, war, and genocide), extreme forms of violence, including inconceivable cruelty and inhuman punitive methods shape the perpetrators' behavior throughout cultures and regions (21). The literature distinguishes consistently between two major forms of aggression: reactive and instrumental aggression (22, 23). Reactive aggression is also known as affective, impulsive, or hostile aggression. It can be conceived as driven by anger, and occurring as a reaction to some perceived provocation or threat. If an acute threat is posed, either to oneself, one's own children, members of one's own community, or to one's own resources, the disposition to harm others increases spontaneously. Instrumental aggression, however, is planned, purposeful and targetor goal-oriented.

We argue that valence is appropriate to display the differences between distinct forms of aggression. Reactive-aggressive individuals seem to reach an aversive and high-arousal state

easily as they are more likely to perceive provocations as hostile or intentional (24). Reactive aggression is positively related to social exclusion and victimhood (25), which suggests an aversive and high-arousal state that could prompt aggressive behavior. In addition to reactive aggression, appetitive aggression as a subtype of instrumental aggression was introduced into the literature in an attempt of understanding the mechanisms causing extreme violence (26). Appetitive aggression was defined as the perpetration of violence or the infliction of harm upon a victim, with the aim of experiencing violence-related enjoyment through exposure to violent cues, such as the struggling of the victim. In other words, appetitive aggression can be defined as perceiving aggressive behavior toward others as fascinating, arousing, and thrilling even without gaining any external benefit (27); motivated by a direct increase in positive arousal caused by the aggressive act itself (26).

Aggressive behavior, as one facet of human behavior, aims either to dissolve an aversive state or to reach an appetitive state. Moran et al. (28) have validated this distinction of reward-driven appetitive aggression from reactive aggression in ordinary populations at the level of functional neural brain circuitry.

Approach behavior, be it for sex, drugs, or appetitive aggression is regulated in all cultures through specific societal rules and moral norms, while avoidance of threat by means of reactive aggression is generally accepted. The inhibition that prevents aggressive behavior must therefore be overcome, usually by constructing some kind of threat by a (presumed) enemy. Hence, actual aggressive behavior is frequently a combination of both forms, whereby, when an attack is possible, reactive is turned into appetitive forms of violence.

Exposure to Violence and Trauma-Related Disorders

Prior research has consistently shown that the greater the cumulative exposure to traumatic experiences the greater the risk of trauma-related disorders, including PTSD, depression, or substance abuse (29, 30). The brain adapts to frequent stressors and danger, such as those posed by a violent environment, by prioritizing a stress-responsive pathway. This pathway helps the individual not only to react to danger with aggression or flight but it is also related to a higher risk of mental illness (31). As exposure to different types of traumatic stressors increases, the prevalence of PTSD and other manifestations of mental illness increase. This “building-block-effect” of cumulative trauma has been found throughout many crisis regions (32, 33). Previous research indicates that life-threatening situations create an associative memory, a fear network that links highly arousing emotional-sensory and somatic memories of the traumatic experience such that a cue increases the likelihood to reactivate any recall of earlier alarm responses. With each additional traumatizing experience, the survivor increasingly perceives threats to life and integrity as being omnipresent. While the connections between reminders for traumatic stress are strengthened, the context enveloping each cue slowly disappears (Figure 1A): the “*when* and *where*” of each experience is not integrated into the network, its elements are no longer perceived as memories from a different time and place, the individual is left to experience the threat without understanding from where it is coming: this is the gateway to PTSD symptoms.

Exposure to Violence and Aggressive Behavior

Curtis (36) first expressed concern that abused or neglected children may become perpetrators of violence in adolescence or adulthood. While the validity of this concept cannot be assessed by direct experimental manipulation, substantial and converging evidence confirms that experiencing violence is related to expressing violence; for instance, parents who were abused as

children are more likely to abuse their own children. Rates of abuse is double for parents who themselves grew up in violent environments compared to parents who did not (31). Prospective and retrospective studies on children who were abused or neglected disclosed a high incidence of later delinquency. For example, children clinically referred to residential treatment with a history of abuse scored significantly higher on measures of aggression than non-abused control children (37). Violence exposure occurring specifically in the home or community has been associated with the development of conduct problems in children. Likewise, being a victim of violence was found to be the single best predictor of juvenile violent behaviors for children in a sample of adolescents (38, 39). Finally, a large proportion of homicide offenders come from unfavorable home environments and up to 80% of subjects within delinquent samples reported witnessing violence in their childhood or adolescence.

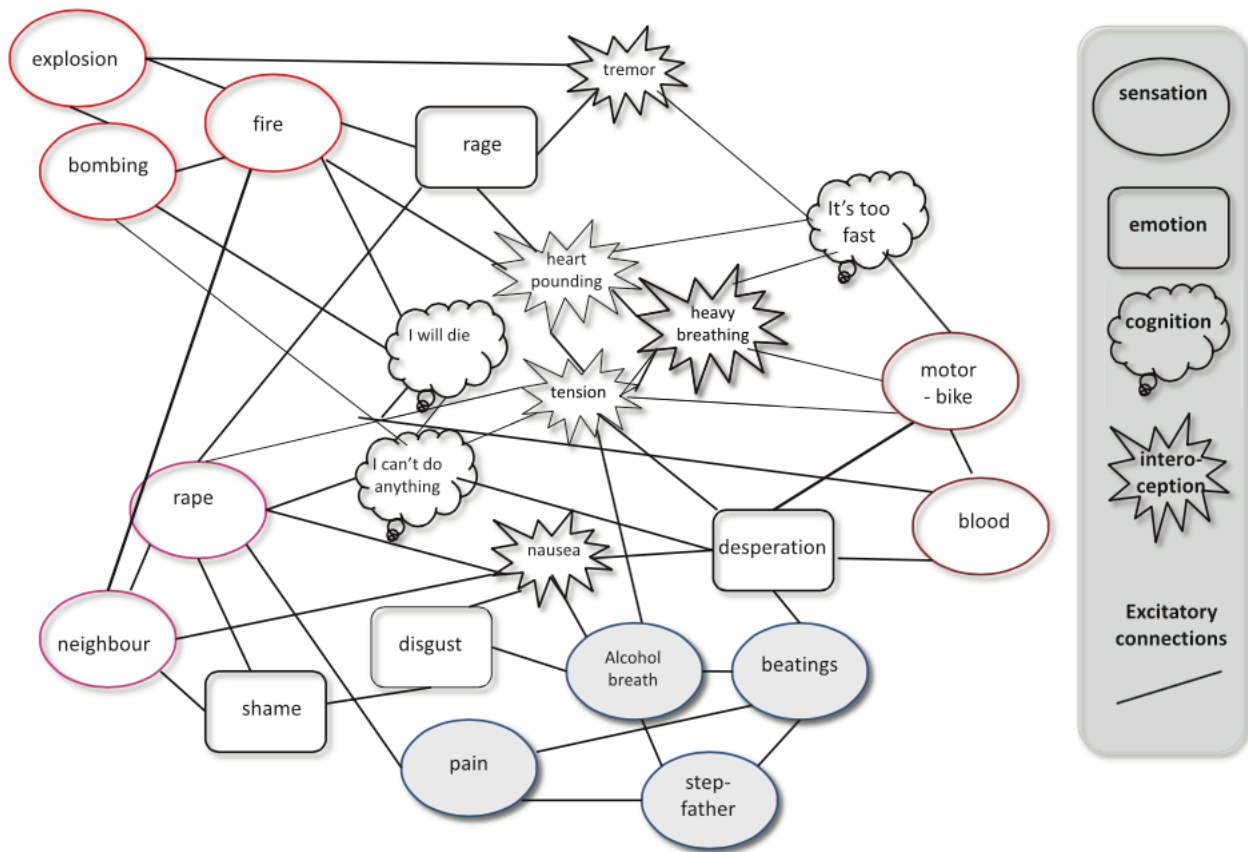
Thus, effects of exposure to violence are exerted from early childhood onward, when plasticity for brain and mind is greatest. Developmental studies indicate that abuse and neglect are related to aggressive behavior in children from infancy onward (40). Although relatively short-term, these developmental studies provided serious ground for concern, given the literature that suggested that aggressiveness is a fairly stable personality trait and that early aggressiveness was predictive of later antisocial behavior (40). Hence violent childhood experiences may leave their mark on the brain and mind of the affected individuals, a vulnerability that interacts with future stressful experiences. Extreme or continuous stress may drive the individual into an increasingly maladaptive state with the potential for mental disorders (31). In the past few years, research has provided substantial evidence that traumarelated mental disorders are associated with reactive aggression (41, 42). Studies addressing consequences of traumatic experiences found increased impulsive aggression toward intimate partners and own children (43). Family violence is associated with a number of emotional and behavioral problems in childhood, adolescence, and adulthood (44, 45). Genetic and epigenetic studies suggested the impact of gene–environment interactions (46). For example, MOA polymorphisms seem to be related to childhood adversities and aggression (47, 48). Thus, previous research provides evidence of a cycle of violence perpetuating itself through families, and communities in interactive and complex patterns. Violent environments promote not only reactive but also future appetitively driven violent behavior.

Adapting to Perpetrating Violence

Usually, control mechanisms in the frontal lobe are thought to inhibit intraspecific violence (49). Some of these inhibition mechanisms are learnt during moral development and may depend on the moral standards in a given society or culture. In gangs or militia groups, the dehumanization of the enemy and initiation rites can, however, break these moral standards (50, 51). Once the inhibition has been overcome, committing violence can become appealing fascinating and exciting (26, 52). The origins of this desire for aggression, characterized by a fascination with and an enjoyment of cruelty may lie in the development of hunting behavior (52). Human hunting behavior has evolved as a profitable strategy, and perpetrating violence against one's own species has brought manifold evolutionary advantages (53). Nell (54) suggested an affectively positive, dopamine mediated and therefore rewarding perception of violence, is responsible for the enjoyment of violent behaviors. In line with this idea, Weierstall and Elbert (21) replicated several studies describing rewarding feelings related to the perpetration of violence in a large sample of more than 1600 former combatants and child soldiers from different conflict zones in the world. In a number of studies, appetitive aggression was associated with perpetrating violent acts (27, 52), and adapting well to violent environments (55). “*Mutilating another person*” and “*attacking a village/settlement*” emerged as items with the greatest impact for enhanced levels of appetitive aggression, the intrinsically motivated

form of violence that accounts for reports of *combat high* (56). When civil socialization is replaced by socialization in a violent environment early in life, self-regulation of appetitive aggression may become deficient, leading to a higher propensity toward cruelty (57). As appetitive aggression has shown to be a major risk factor for future violent behavior (58), it may also hinder successful rehabilitation of violent offenders (59). Thus, appetitive aggression, guilt, and shame need to be addressed before ex-combatants may begin the reintegration process into society.

A



B

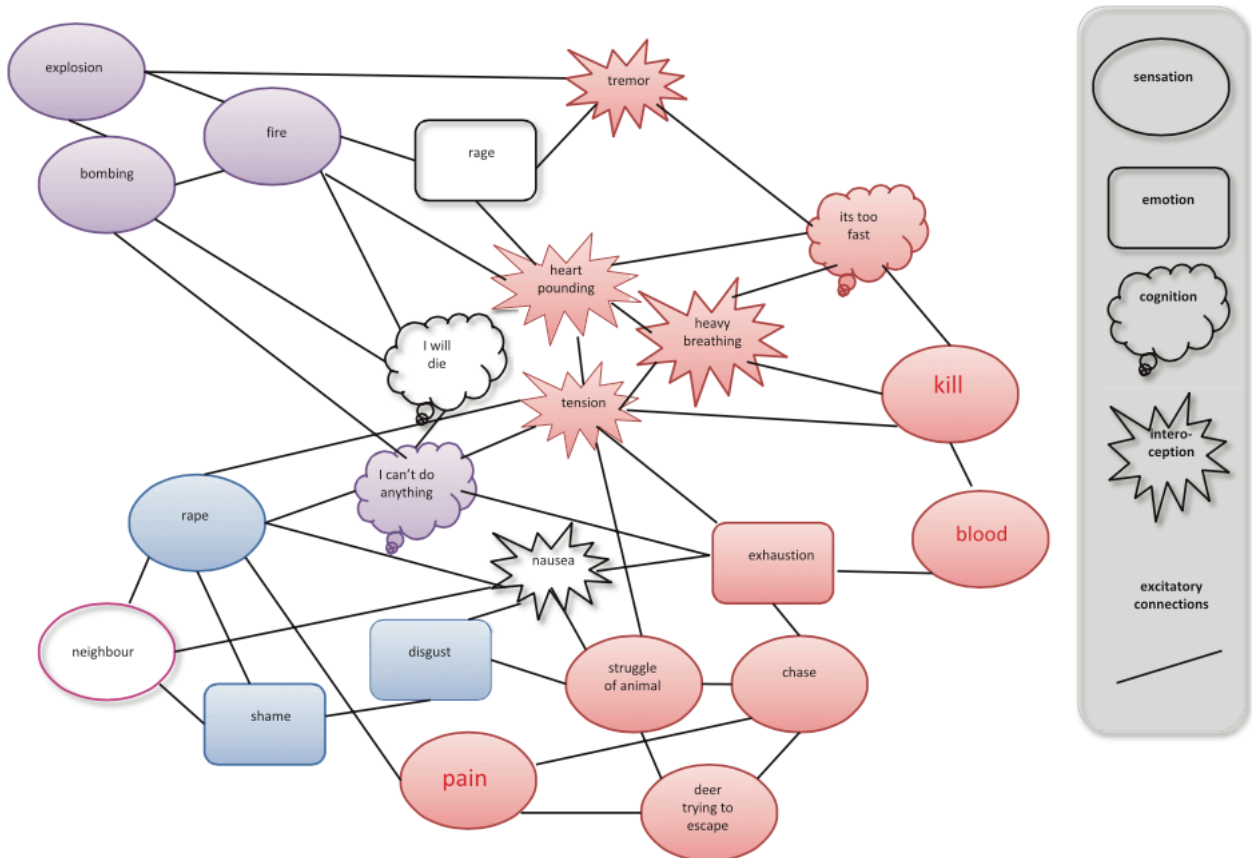


FIGURE 1 | Competition between the (A) fear network and (B) the hunting network: (A) repeated experience of traumatic stress forms a fear network of related sensory, cognitive, emotional, and physiological memories that are detached from contextual cues such as time and location of the danger. This network is held to explain the development of most of the symptoms from the spectrum of trauma-related disorders. Thus, one of the main consequences of untreated traumatic experiences is that the emotional- sensory (“hot”) past continuously pushes into the present. The memories remain largely implicit, making it impossible for the traumatized person to talk about them, a phenomenon, which has been called “speechless terror” (34, 35). (B) Hunting experiences also form a network of related sensory, cognitive, emotional, and physiological memories, which may be very similar to the contents of the fear network. However, the affective valence of much of the emotional experiences and memories is exactly opposite: the fear network links the memories of the event only to negative affect, while the valence of the disposition to hunt is intrinsically positive [from Elbert et al. (26)].

Perpetration of Violence and Trauma-Related Disorders

Perpetrating violence may have a direct impact on the mental health of offenders. In a number of studies with veterans and in historical cases, MacNair (60) explored the impact of perpetrating violence on the mental health of offenders. In a study with Vietnam veterans, she found that those veterans who reported that they have killed showed higher PTSD scores than those who did not. The effect size of the group difference was large and remained significant after controlling for battle intensity (9). She concluded that perpetrating violence, particularly killing, leads to enhanced risk for PTSD. Consistent with this, in historical studies of war, Grossman (4) showed that there seems to be a great resistance in human beings to kill. Even professional torturers reported trauma-associated symptoms (61). Thus, in a number of recent studies, researchers rated perpetrating violent acts *per se* as traumatic experiences (62, 63). Following DSM-IV (64), a life event is classified as traumatic if it produces feelings of helplessness, horror, or massive fear.

However, perpetrating violence does not necessarily result in a fearful or horrified response (65). Recent studies with former combatants and child soldiers reported only low rates of traumarelated suffering (62, 66). Concurrently, the literature from several conflicts provides

anecdotal evidence that under certain circumstances normal people can become extremely violent and seem not to suffer under their atrocities but rather enjoy their cruelty (4). Thus, in male offenders, exposure to and exertion of violence may not necessarily increase the likelihood of trauma-related disorders.

Traumatic Stress and Appetitive Aggression

Elbert and colleagues (26) suggested that, in analogy to the fear network (31, 34), perpetrators form a “*hunting network*,” linking cues related to attack and marked by approach of, rather than avoidance of violent cues. Whereas exposure to violent acts leads to an extension of the fear network, arousing or appetitive elements that arise during the perpetration of violence are integrated into the hunting network (Figure 1). The massive exposure to violence as a victim leads to an extension of a fear network, which can be triggered by re-exposure to a violent cue. This in turn then evokes a massive alarm response. By contrast, exposure to the same violent cues from the perpetrator’s perspective would form connections that are integrated with the appetitive elements of the hunting network. Thus, perpetrators may perceive violent cues as appetitive instead of aversive. This “*hunting network*” seems to stimulate appetitive arousal when a sufficient number of its memory elements have been activated by respective exteroceptive and interoceptive stimuli. However, as violence cues share many sensations, cognitions, and physiological responses with those that may also form part of the fear network, the exposure to violence can also cause severe distress to violent offenders, if the integration into the hunting network fails and memories are integrated into the fear network (Figure 1).

According to Elbert et al. (26) becoming a perpetrator could result in appetitive behavior disconnecting many of the cues, like, for instance, “blood” from the neural fear network. Instead, they become associated with the fascination for violence. This pruning of the fear network may result in a decreased vulnerability for PTSD. Due to the fact that the appetitive, fascinating element of violence seems to prevent the incorporation of the cruel, genuinely traumatizing experiences into the fear network, appetitive aggressive individuals may have a higher chance of survival in the bush (26). This idea may also explain the initially surprising findings that many violent offenders did not fall ill within the trauma spectrum (PTSD, depression, substance abuse) although they went through tremendously distressing experiences and ongoing threats of torture and death. Thus, the possibility that appetitive aggression, including planning, perception, and experience of violent acts, may promote resilience for PTSD can be explained on the basis of the competition between the networks representing the generalized fear and hunting experiences.

Consistently with this, a number of studies have found a negative relation between PTSD symptom severity and appetitive aggression. For example, in a study with genocide perpetrators in Rwanda, appetitive aggression was negatively related to PTSD symptom severity (52). The results indicated that appetitive aggression might indeed reduce the vulnerability of violent offenders for trauma-related disorders and prevent them from getting traumatized by their own atrocities. These findings were replicated in several studies with violent offenders and veterans, e.g., with child soldiers (67), demobilized militias (68, 69), World War II veterans (70), and violent youth (58). Concordantly, Elbert et al. (26) stated that appetitive aggression may buffer the risk of PTSD, as the integration of violent cues into the hunting network (and not into the fear network) may reduce the likelihood of a triggerrelated activation of the fear network. On the other hand, they argue that this protective effect may wane if the offender exceeds a certain level of traumatization due to an overlap of the hunting and the fear networks. With a greater number of items linked to the fear network, comes a higher likelihood

of the fear network being triggered. Consequently, the offender may experience trauma-related symptoms. Although perceiving the perpetration of violence as fascinating and arousing can lead to a substantial risk-reduction, cumulative trauma exposure will eventually trigger a trauma-related disorder (68, 69).

In conclusion, the success of offender rehabilitation can be hindered by trauma-related problems and aggressive behavior alike (71). PTSD symptoms like concentration problems, flashbacks, sleeping problems, and hyperarousal can lead to impaired functionality and a greater risk of dropping out of rehabilitation programs (72). Violent offenders who have been traumatized by their own offense present with avoidant behavior that may endanger the success of offender rehabilitation programs (15). Furthermore, trauma-related mental disorders and attraction to violence are associated with aggressive behavior. The traumatized perpetrators who are at the same time highly appetitive aggressive have an elevated risk of engaging in violent acts: impulsive violent reactions to perceived threats might then trigger the hunting network causing the perpetration of severe atrocities. Such behavior leads to interpersonal problems and can cause discontinuation of rehabilitation programs (73). However, if offenders drop out of rehabilitation programs they are at high risk of perpetrating further violent and delinquent behaviors. Therefore, we present a new approach for treating traumatized offenders and veterans that aims to overcome the dichotomy of victim and perpetrator in order to address the complexity of the persons' feelings and experiences.

Narrative Exposure Therapy

Narrative exposure therapy (NET) is an evidence-based short-term culturally universal intervention for trauma victims and has proven to be successful in different settings (74–76). In essence, during NET, the therapist helps the client to construct a chronological narrative of his/her whole life focusing on exposure of traumatic experiences. Hot memory (sensations, feelings, thoughts, and bodily sensations) becomes connected to the corresponding sequences in the autobiography by putting all memories into words and placing them into the narration of the event. NET focuses on the exposure of the most traumatic events. Clients who were actively involved in perpetrating violent acts also profited from NET treatment: in a study with child soldiers in Northern Uganda, NET proved superior to waiting list and an academic catch-up intervention in reducing PTSD symptoms (74). Perpetrated violence can thus be addressed if the violent act is perceived as traumatic by the perpetrator. Child soldiers are often forced to act violently, which may be perceived as traumatic. However, combatants who volunteered to join militia groups often did not perceive their own involvement in violent acts as traumatic (65). With these clients, the perpetration of violence is not explicitly addressed in NET. Consequently, veterans and former child soldiers are treated as victims of violence, neglecting that they also report positive feelings during the perpetration of violent acts (5, 26). A study comparing responders and non-responders to NET treatment in a sample of refugees in Norway showed that male refugees who reported that they had perpetrated violent acts were less likely to respond to NET treatment (16). Thus, a special focus on offender issues is necessary to reduce posttraumatic symptoms in veterans and violent offenders. For successful rehabilitation and recovery,

it is, therefore, crucial to address the complexity of all feelings and experiences in therapy (19). Consequently, we have developed an adapted version of NET that addresses both traumatic experiences and perpetrated violent acts.

Rationale of FORNET

Narrative exposure therapy for forensic offender rehabilitation [FORNET; (77, 78)] not only aims to reduce PTSD symptoms but also to address aggressive behaviors by recalling the experiences through narrative exposure. Although offenders are not necessarily traumatized, many offenders have experienced traumatic events in their past. FORNET broadly follows the logic of the evidence-based trauma-focused NET (79–81). It helps the client to anchor not only fearful and traumatic experiences but also positive feelings that might have been linked to various forms of aggressive behavior in the past. FORNET aims also to deconstruct the hunting network by associating the positive emotions related to violent behavior with a specific context and time period. After working chronologically through the client's past up until the present, the last session focuses on dealing with the past and with aggressive behavior. For former members of violent groups, e.g., militia groups, armies, or gangs, FORNET ends with a group session focusing on the role change from a violent offender to a citizen, who is capable of living a socially adjusted life. Additionally, visions for the future are developed to foster successful integration into society. Alternatively, an individual session completes the therapy focusing on reinforcing an associative network of positive emotions linking appetitive emotions to socially acceptable activities. **Figure 2** represents schematically the process of transforming the hunting network into a non-violent positive association network.

Several studies have shown that NET can be effective within four to six sessions of 90–120 min (79–81). The effectiveness as a short-term intervention is essential for implementing NET and FORNET in unstable and resource-poor environments like a refugee camp or a region of ongoing conflict (83). FORNET can be successfully completed in six sessions (not including diagnostics and psycho-education). One session lasts on average 90 min.

FORNET: Step by Step

Lifeline

After psycho-education the therapy begins with the “lifeline” exercise. Following the logic of NET (76), the client lays out his path of life along a rope or string, which symbolizes the person's life up until now. One end of the string stays coiled up and symbolizes the future. The client places flowers on the string for major happy events and good times in life and stones for fearful and traumatic events. In addition, we introduced sticks to symbolize active involvement in violent acts. In this way, combat, fight, and other such events were not colored by a priori moral judgment. Using the stick as a symbol also avoids imposing any particular emotional valence on the violent acts. This is important, as these are frequently emotionally ambivalent situations. For the violent acts, in particular, the therapist focuses on the first time they perpetrated violence (e.g., first fight, first killing, first rape). Additionally, the therapist asks about violent acts involving strong emotions, which are therefore easily cued by reminders (e.g., fight in which he felt most powerful, he felt most fear). If applicable, the entry into and the exit out of an armed group or gang both mark important moments in the life of the client. Thus, the entry and the exit of a violent group should be marked or at least mentioned during the lifeline exercise.

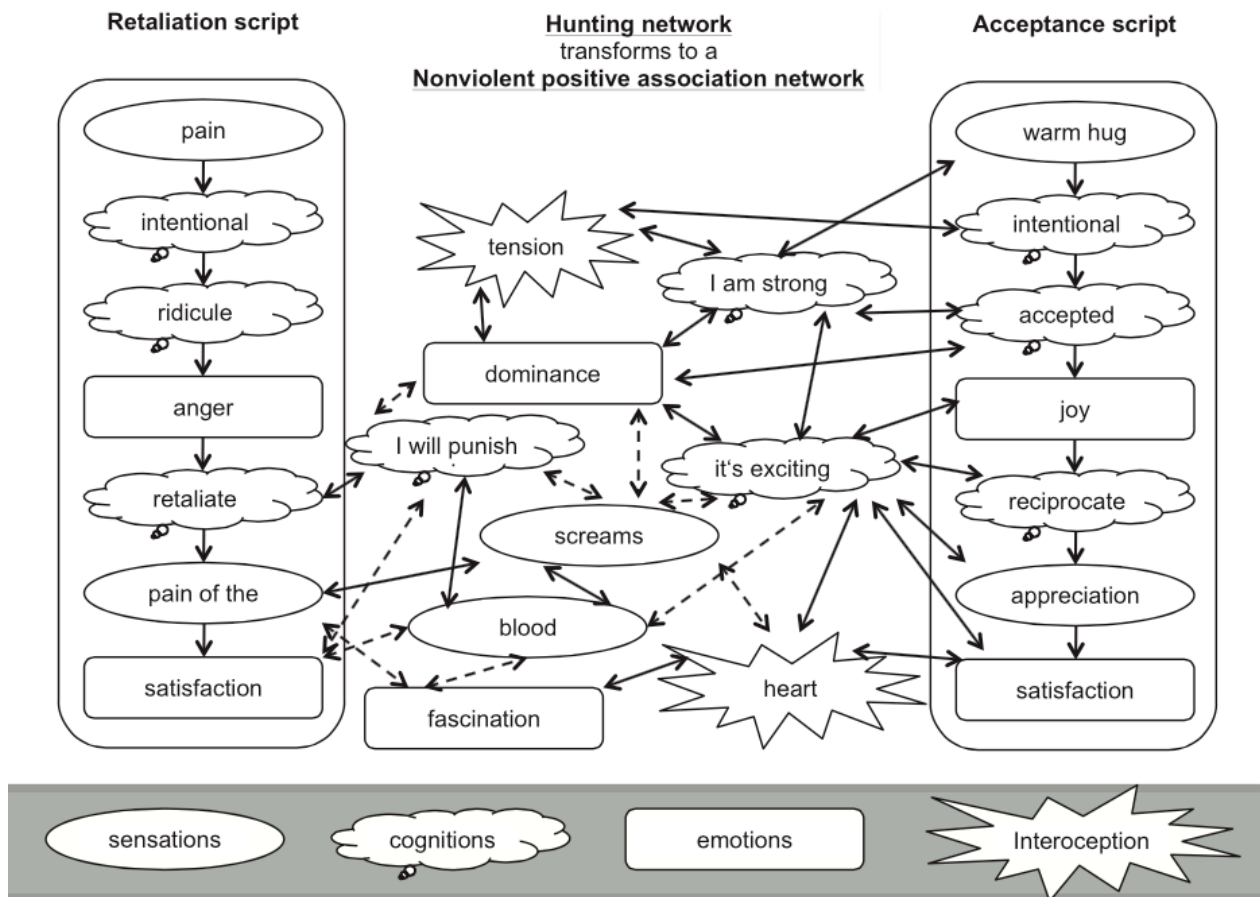


FIGURE 2 | Schematic representation, using the example of a retaliation script and a feeling accepted script, of the intended transformation of the hunting network into a positive association network. Exposing to and contextualizing violent events is supposed to reduce the strength of associations between positive emotions and aggressive cues. Dotted lines indicate dissolving associations; solid lines represent persisting or reinforced associations. The figure has been developed based on the schematic representation of the interaction between fear network and hunting network that triggers aggressive behavior [from Crombach and Elbert (82)].

The client is free to choose symbols and also to combine them. Hence, sticks can also be combined with stones or flowers to emphasize the complex emotions felt during the active involvement in violent acts. It is, however, important that they symbolize the emotions at the time of the event and not at the time of the therapy. The therapist encourages the client to give each symbol a heading or name and to clearly determine time and space of the event. It is important to place the symbols as much as possible in chronological order along the line. During the whole lifeline exercise, the therapist helps the client to stay on the cold memory side. The therapist needs to focus on facts and dates rather than on emotions and bodily sensations. The in-depth recall of every event will follow later on. The lifeline exercise serves only as an overview of important life events and as an orientation for the following sessions. If the client is very emotional while placing one symbol, the therapist acknowledges the client's feelings and explains to the client that in the next sessions there will be enough time to deeply focus on this event. Then, the therapist should summarize the cold facts of this event and help the client to continue with identifying the next event. The lifeline exercise should be completed in one session. Figure 3 displays a lifeline of a former child soldier from the DRC.

Starting the Narration

The following sessions are closely based on the approach of NET. The therapist supports the client in following his lifeline chronologically from his birth to the present time. When the

client is approaching a traumatic or violent event, the narration slows down and the therapist will begin to guide the client through the event in fine detail. Before talking about the event in detail, the context of the event must be clarified. Not only time and place are important but also the point that marks the beginning of the event. The in-depth recall of the event starts with the client imagining and narrating the beginning of the event. From this point, the event is recalled in very detail and slow motion. The narrative exposure of an event should never be interrupted and must always be completed in one session.

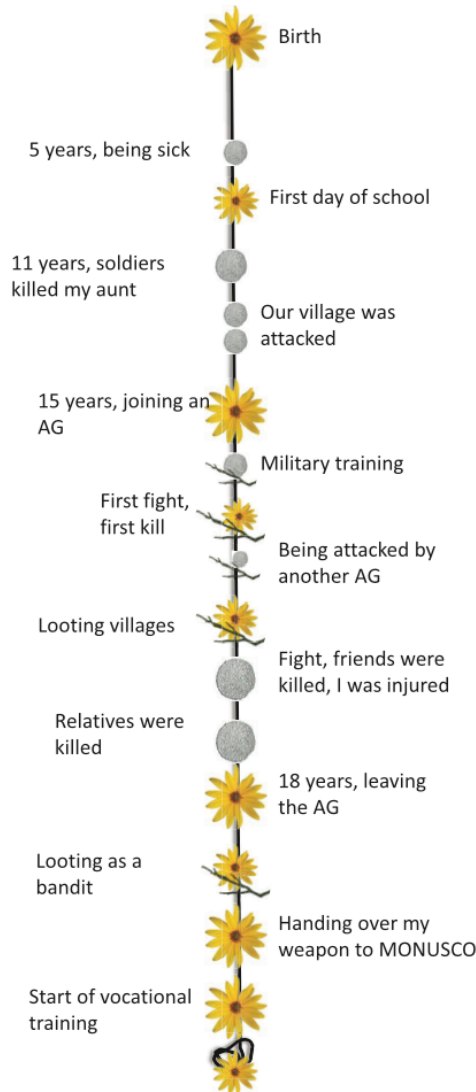


FIGURE 3 | Lifeline of a former child soldier (20 years) from the DR Congo. AG, armed group; MONUSCO, United Nations Mission in the DRC.

As in NET, the therapist has an active role and helps the client to relive the emotions, cognitions, and bodily sensations experienced during his most traumatic events (*stones*) and while perpetrating violent acts (*sticks*). These features of the hot memory

are connected to the autobiographic memory by putting all of the memory fragments into words. The therapist also guides the client to contrast between now and then. Besides the feelings and cognitions of the past, the client's current view of the event, including his thoughts, feelings, and bodily sensations, is taken into account. The memorized feelings (e.g., *then I was shocked and afraid*) are contrasted with the feelings that arise in the here and now when the memories are recalled (e.g., *when I think back, I get angry*). In this way, the therapist

helps the client to anchor the cognitions and emotions that are recalled with the event in the past. Retelling an experience in such a way leads to a new and enhanced memory consolidation and ultimately causes associative networks to dissolve as both, traumatic experiences and perpetrated violent acts, become integrated into the memory.

Example: extract of a narration of a stick

Using the infrared camera I could see someone lying in a bush. I shot several grenades in this direction. Five to six people were standing behind the antenna installation. I shot a grenade in their direction. Directly after I volleyed several grenades. Via radio I could hear that the special unit complained about the mortar fire. The last one I could see tried to circle our car at a distance of 600 meters. He was wearing brownish typical Afghan clothing. I shot a grenade in his direction. Just before the grenade banged into him, I could see the perplexed face of this motherfucker. I was very happy and laughing. On the screen I could check that there was no one still moving. In the car there was an upbeat atmosphere and we felt in a superior position. It took a while to come back to reality. [.]. The situation was calm again and I drank a coke (Soldier, after deployment in Afghanistan).

Example: punishment of a thief

In the beginning I was very angry and I wanted to punish him (the thief), but then I started to enjoy beating him. I felt the need to harm him. I took a hammer and a dull nail and started to torture him. I have beaten the nail again and again in his feet. I do not even know how often I did this. Every time he was screaming. I continued all night to beat him with a stick and to torture him with the hammer and the nail. He was bleeding everywhere and cried that we would kill him. I felt joy everywhere in my body and was very satisfied. I was pleased to hurt him. I felt powerful. The feeling was like winning a football game against a very strong team. I did not want to stop [...] [juvenile offender, 21 years old, from Burundi; (58)].

The continuous process of re-experiencing the emotions, cognitions, and bodily sensations, while putting everything into words and into a coherent narration, will lead to reduced arousal when being confronted with triggers. Emotional impact and bodily arousal will decrease over time. The therapist should never end a session before some reduction of arousal has taken place. The highest level of emotional arousal must have been reached and a considerable reduction of fear and excitement is necessary before a session may be ended. However, a full reduction of arousal cannot be expected after one session. Further reduction of fear and excitement takes place in the following sessions, when the events are reviewed again. A reduction of emotional and bodily arousal will also take place between sessions because the client will continue to think about the events.

The therapist transcribes the narrative using the past tense and the client's own expressions. In the beginning of the following sessions, the therapist reads the narrative to the client who is asked to relive the event again and to correct and add details. If the client lives in an insecure setting or instable security situation, FORNET can also be performed without a written narrative. In this case, an oral narration replaces the reading of the written narrative in the beginning of the following sessions. In each case, it is crucial to follow the chronological order of the events. The client might tend to make judgments about the emotions that arise. The therapist encourages the client to perceive the emotions during exposition without judgment, and acts as a role model for this. The unconditional acceptance of every emotion by the therapist is essential for the exposure of violent events. Both the recall of positive and negative affect-

tive responses is encouraged even when the worst offenses are recalled. The therapist encourages the client to verbalize and relive all of the feelings connected to perpetrated violent acts. It is absolutely essential that the therapist adopts an accepting and supporting rather than judgmental position. After the exposition of a violent act, an attribution of meaning from the client's current point of view can be elaborated. The unconditional acceptance of every emotion can be very challenging for therapists while working with violent offenders. This requires a solid therapeutic training and regular peer-supervision and external supervision. Not every therapist feels confident and able to work with violent offenders. FORNET should only be started when the therapist is confident that this therapeutic approach and the emotional challenges it poses is compatible with the therapist's values, ethics, and competence.

Choosing Events

Given the limited number of sessions, it is often essential to select, the events that are most important to the client. The lifeline exercise can assist the therapist and client in making these decisions. The therapist focuses on the most traumatic events and specific perpetrated violent acts that are connected to strong emotions and positive (sensation of being powerful) or negative arousal (fear). Additionally, the first time the client acted aggressively and committed a certain type of offense are often important events and should therefore be selected. For example, the first time the client attacked someone marks an important turning point in his life in which he may have overcome the learned inhibition to kill or severely injure another human. Therefore, it is important to go through the first attack or killing in great detail, to emphasize subsequent changes in the case of repeated violent acts. Again, the therapist supports the client to recall the event in fine detail and in chronological order. The therapist fully explores all emotions, both negative and positive, which are linked to the specific event (e.g., primary emotions: disgust, fear, or joy; self-conscious emotions: guilt or pride). During the first attack or killing, it often happens that the client becomes keenly aware of his own vulnerability. This cognition should be verbalized during therapy along with any sensations, including the description of the victim (*What did the victim look like? Did he scream? Did he bleed?*).

Example: first killing

We were hidden between trees. We were only two, my friend and I. We lay down. It was dark. I felt the wet grass under me. Suddenly a soldier approached us. He did not see us. It was an enemy. He was a grown-up soldier. I was a bit afraid. My heart was bumping a bit faster. We watched him as he came closer. I thought: "This must be a spy of the enemy. We have to kill him." I took my knife and targeted at the enemy. I was excited. It felt like a game, but I also felt a bit of fear. I threw the knife and hit the enemy in the neck. It was a big knife and I really hit him. I was feeling proud. The enemy fell down. I felt happy that I was able to hit him. [...]
My friend jumped out of the bush, took the spy's gun and shot him. [...] Then we rushed back to the camp. We were afraid to be punished because we were supposed to capture but not to kill the spy of the enemy. When we arrived we were praised and I felt very powerful and proud. [child soldier, 12 years, from the DR Congo; (78)]

Finally, the therapist and client focus on how the client overcame the inhibition threshold to kill or injure another person. The therapist concentrates on cognitions (e.g., outgroup, enemy) and emotions (e.g., fear, anger, feelings of hatred, or revenge) that made the client overcome this threshold. Subsequently, the client is encouraged to mention his current thoughts, feelings about the event, and the meaning for him and his life. However, in some cases, the meaning of the event may not have changed and it may still activate positive emotions. If this is the

case, the therapist should continue being non-judgmental. In FORNET, the integration of the experiences into the autobiographical memory is most important.

Ending the Narration

During the last exposure session, the autobiography finally reaches the present and the narration of the most emotionally arousing events in chronological order is thus completed. With the help of the therapist, it is now possible for the client to understand his development across his whole life. This provides a strong basis for discussing future developments. At the end of the therapy, the therapist and the client also elaborate hopes and wishes for the future.

The written narrative is read one last time. A final corrected version of the written narrative is signed by the therapist and the client and handed over to the client. In case FORNET was performed without a written narrative, the lifeline exercise can be repeated as a closing ritual. Flowers representing wishes for the future can be placed on the end of the rope that remains curled up, representing the future.

Final Session

Forensic offender rehabilitation is completed by one or more sessions that focus on the client's current situation, supports rehabilitation and prevents further violent offenses. Depending on the client's needs and life, a group or an individual setting may be chosen. Dismantling studies would be needed to see the relevance of this NET-supplementing and future-oriented treatment module. However, in order to prevent relapse of criminal offenses, it seems plausible that emphasis on this element should be put in future studies whenever sufficient resources are available.

Group sessions for rehabilitation of former members of violent groups

The group session focuses on the challenges that go along with a change of role and identity. Groups, such as gangs, armies, or other armed groups, often present a very important part of the identity of the members. When they cease to be a part of such a group, former members need to adjust to that change and orient to their new role. In the group session, this role change is addressed and reinforced. A group consists of three to four clients and one therapist. The therapist structures and guides the discussion, encouraging the clients to hold and discuss different views and to be open to the experiences of others. Furthermore, the therapist encourages them to take responsibility for their own lives and to develop aims to foster successful rehabilitation.

At first, the clients review their own lives within the former group and discuss the positive and negative aspects of being part of this group. At this point, the old role as a group member is discussed in a broader sense, as clients might not wish to disclose specific experiences, which were addressed during the individual sessions. Subsequently, the therapists focus on the role change and on the connected feelings and emotions of the clients (e.g., *How difficult was it to hand over your weapon? How did you feel when you actually did it? How do you feel about it right now?*). In the following part, the therapists direct the discussion to the current situation. The clients discuss positive and difficult aspects of their current life and identify advantages of the current life in comparison to being a former group member. The therapists encourage them to develop strategies together to overcome their difficulties. The group session ends with future plans and wishes of each client and thoughts on the realization of

these plans.

Examples of questions structuring the group session

What was positive in the old role (e.g., as a soldier)? How did you feel? Was it the same for the others?

What was negative in the old role (e.g., as a soldier)? How did you feel? Was it the same for the others?

What changed when you left your group? (e.g., Was it difficult to hand over the weapon?) How did you feel? Was it the same for the others?

What is good/better in the new role (e.g., as a civilian)? Is it the same for the others?

What are the difficulties in the new role (e.g., as a civilian)? What can you yourself do about it? How can you help each other?

What are your plans for the future? How can you get there?

Individual ending session:

Reinforcing a positive associative network As an alternative or an addition to the group format, the individual ending session aims to develop perspectives for the future and to reinforce an associative network of positive emotions with socially acceptable activities. This approach aims to strengthen the client's self-esteem and sense of self-efficacy (82). The therapist assists the client to structure his/her perspective of the future by guiding him/her with the following questions: (a) *What aims and wishes do you have for your future?* (b) *What difficulties and obstacles do you see?* and (c) *What are your personal strengths that will help you to overcome the obstacles and achieve your goals?* During the last session, the client experiences that his/her plans and hopes matter and that there is a person who cares about his/her future, which helps the client to develop a more positive outlook.

Additionally, the therapist encourages the client to recall a recent exciting moment that was associated with feelings of power, enjoyment, pride, and control – emotions that may have been experienced previously during aggressive acts. The therapist helps the client to identify a socially appropriate situation (e.g., being welcomed by family or peers, scoring a goal during a soccer game or succeeding in a school exam). The therapist guides the client to experience the associated positive emotions as strongly as possible. When the client is most enthusiastic, feeling exhilarated, strong, and powerful – during the positive equivalent of the “hot spot” – the therapist stops the narration. While the client still experiences these positive emotions, the therapist summarizes his/her personal strengths and provides positive feedback aiming to provide support and increase his/her self-esteem. The emotionally aroused state of the participant at the end of the session may facilitate the integration of environmental cues of past and present in an associative network representation. Ending the narration during the most exciting moment in a socially appropriate situation aims to integrate positive feelings that might previously have been part of the hunting/appetitive network into a non-violent positive association network (see Figure 2). In consequence, these positive emotions may be more easily triggered by socially accepted cues because a generalization in non-violent surroundings may take place. Hence, client might be able to access the positive emotions easier.

Feasibility, Effectiveness, and the Potential to Disseminate

In a first randomized controlled clinical trial, with the aim of reducing traumatic stress and appetitive aggression 15 ex-combatants received FORNET and were compared to a matched control group who received “treatment as usual” in a reintegration center of war-affected youth in the eastern DRC. The treatment group reported reduced PTSD symptoms and less contact with active and former combatants 6 months after the treatment. Appetitive aggression decreased substantially in both groups (78). In a randomized controlled clinical trial with violent youth at a Burundian residential center for former street children, 16 youths who received FORNET reported having committed significantly fewer offenses and presented with fewer physical-health complaints than did their matched control participants 4–7 months after treatment (82). These pilot studies proved the feasibility of FORNET, found first evidence of a positive outcome, and highlighted the importance of addressing the whole range of experiences while treating former combatants or juvenile offenders.

In a very recent semi-randomized trial in the eastern DRC, FORNET was conducted by local counselors trained by experts (phase 1) and by experienced counselors (phase 2). In total, 98 demobilizing combatants were treated using FORNET; treatment-as-usual served as the control condition. Six months post-intervention, FORNET significantly reduced PTSD symptoms. Beneficial effects were also found for depression severity and drug dependence. Effects for reintegration indices were moderate to small. All treatment gains were retained at 12 months. Thus, individuals without previous training in psychotherapy (but with expertise related to combat and armed groups or gangs) can learn to effectively apply FORNET and support the rehabilitation process of soldiers and violent offenders (Köbach et al., under review).

treating trauma-related mental health issues in violent offenders seems to be crucial. At the same time, recent studies have shown that dealing with rewarding emotions that are related to aggressive behavior is equally important (58, 59). Most common risk factors, such as childhood maltreatment, exposure to violence, and committing aggressive acts, are, however, not only limited to populations in war and conflict settings, such as demobilized combatants or children and adolescents living in the streets of post-conflict countries but they also apply to soldiers, veterans, and violent offenders all over the world. The existing evidence for FORNET suggests that addressing violent behavior by means of NET is a promising approach to treat traumatized soldiers, veterans, and violent offenders and to support them to regulate their desire for aggressively acting out. Hence, FORNET might be

Perspectives and Possible Applications of FORNET

Currently, our team is completing studies in South Africa and Burundi to further test the effectiveness and the practical relevance of FORNET. In South Africa, a randomized controlled trial is investigating the effectiveness of FORNET in a sample of adolescent criminal offenders in the townships of Cape Town, which is conducted under conditions where clients remain continuously exposed to ongoing stressors, including the continuous threat of traumatic stressors. As dissemination is key to community-based care, a train-the-trainers model is also being evaluated to establish whether the psychotherapeutic techniques have been successfully implemented.

In order to assess gender effects as well as implications of attachment issues and childhood maltreatment in greater detail, we have been offering FORNET to male and female ex-combatants in Burundi. In this study, we also aim to investigate how contextualizing appetitive aggressive cues and reconnecting rewarding emotions with socially acceptable activities

may interact to diminish involvement in violent behavior. The results of these studies will further deepen our understanding of mechanisms that contribute to a cycle of violence and help implement specific interventions to interrupt potential trans-generational effects.

Over the past 50 years, research has shown that experiencing violence particularly during childhood is strongly associated with subsequent delinquency and aggressive behavior (36, 39). Hence, a beneficial addition to treatment programs for soldiers or veterans after war deployment. Furthermore, it may be implemented in forensic settings, such as forensic psychiatry and prisons, fostering the rehabilitation of violent offenders.

Ethical Statement

All persons that we have quoted in the section on FORNET have received treatment. The child soldiers and the juvenile offender were treated in one of our randomized controlled clinical trials. They signed an informed consent and the intervention procedure was approved by the local authorities and the Institutional Review Board of the University of Konstanz, Germany. Moreover, juvenile offender and the soldier gave their informed and explicit consent that we are allowed to publish these quotes. Finally, the chair of the Institutional Review Board of the University of Konstanz approved the publication of the quotes in the presented form.

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Thinking for a Change

Integrated Cognitive Behavior Change Program

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**NATIONAL INSTITUTE OF CORRECTIONS
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THINKING FOR A CHANGE

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Preface

Introduction and Notes to Trainers

PROJECT BACKGROUND:

Cognitive Behavior Programs have evolved over the last thirty years, impacted by a variety of theoreticians and practitioners. Much of the seminal work in cognitive interventions began with the efforts of Aron Beck (1970's), Ross and Fabiano (1980's), Albert Ellis (1970's), and Bush (1990's). Almost at the same time, and parallel to the development of the Cognitive Restructuring modalities, a number of social scientists were also exploring Cognitive Skills training, as a form of psycho-social-emotional interventions. Such individuals as Bandura (1970's), Meichenbaum (1980's), Goldstein and Glick (1980's), and Taymans (1990's) developed strategies and curricula to teach skills to skill deficit individuals. These early pioneers set the foundation and benchmarks for many of the programs and cognitive behavioral curricula currently developed and implemented, including those used throughout the criminal and juvenile justice systems.

The National Institute of Corrections has offered a training seminar, *Cognitive Approaches to Changing Offender Behavior*, for the last six years at their Academy in Longmont, Colorado, and more recently as cooperative training programs in various locations throughout the country. Essentially, the curriculum which was developed by a panel of experts in cognitive behavioral interventions presented many of the cognitive restructuring and cognitive skills concepts in a generic, yet practical manner. As a result of this ongoing experience, it became apparent that criminal behavior was more susceptible to pro-social change when offenders were able to intermingle and use the tools from both cognitive

restructuring and cognitive skills programs. As a result of this learning, the authors of *Thinking for a Change*, took on an ambitious task to synthesize the concepts and tools from both cognitive restructuring and cognitive skills paradigms, into one completely integrated, seamless intervention.

THE CURRICULUM:

The *Thinking for a Change* curriculum uses as its core, a problem solving program embellished by both cognitive restructuring and social skills interventions. While each of the concepts are presented systemically, the participant quickly learns and appreciates that cognitive restructuring does require some cognitive skills methods, as does cognitive skills require an objective, systematic approach to identifying thinking, beliefs, attitudes, and values. As depicted in the *Program Outline*, the cognitive restructuring concepts are introduced and emphasized during the initial eleven lessons of the program, interspersed with targeted critical social skills which support the cognitive restructuring process. This is followed by the problem solving techniques (lessons 16-21), again supported by appropriate social skills to embellish that concept. Simultaneously, the problem solving portion of the curriculum relies heavily upon the restructuring concepts and techniques already introduced to the participants, thereby integrating all three approaches. By the time participants reach the 12th lesson of the program, the cognitive restructuring techniques are so ingrained in their repertoire of competencies, that it is no longer required to be emphasized as a separate entity, becoming "second nature" to the offender participant. By the 22nd lesson, participants are ready to evaluate themselves using a skills checklist, in order to develop their own cognitive skills (advanced) curriculum.

CURRICULUM FORMAT:

Thinking for a Change is comprised of 22 lessons with a capacity to extend the program indefinitely, depending upon how many cognitive skills are taught. It is recommended that the group meet for an additional ten sessions which is based upon the self evaluations each participant completes in the 22nd lesson. These additional skills are the result of further assessment of the skill deficits for each participant, and then aggregated across the group. In this way, each group member is invested and empowered to participate in their own learning and self development, providing a forum for continued skill and cognitive development.

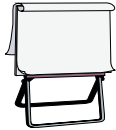
Each lesson is formatted similarly. It begins with a summary and rationale section in which the scope, breadth, and reason for teaching the lesson are provided. This is followed by concepts and definitions, which outline the key points of the lesson and any definitions necessary for the trainer to facilitate the lesson. The lesson objectives are then outlined, followed by major activities in the lesson. Any supplemental material, equipment and materials are listed. The content of the lesson is then detailed.

Within each lesson, there are both suggested trainer scripts in which at least the fundamental and required information is provided. There are also specific trainer notes given in parallel columns which further embellish the training script.

The following icons are used to highlight key areas of each lesson:



Indicates trainer statements, and suggested script



Indicates material which should be transferred to chart paper.



Indicates overhead transparencies for group viewing.



Indicates Homework section of the lesson.

While each lesson has been planned to be completed within a weekly group session (about one to two hours in duration), the curriculum is designed to be flexible and meet individualized program needs. As such, should a lesson need to be extended beyond one week or a two hour time period, such accommodations can be made with little operational concerns.

DELIVERY:

The curriculum has been designed so that any staff person may facilitate groups and teach its content. No special credential or level of education is required. Trainers should be caring, like to teach, understand group processes and interpersonal interactions, and be able to control an offender group. It is strongly recommended that group facilitators be trained in the content and process of

Thinking for a Change. As such, training for group facilitators should be included in any management implementation plan for this program. Training should be accomplished within three to five days with two master trainers.

The participants (offenders) should be pre-screened and selected after a brief individual interview. Such a meeting which need take no more than fifteen minutes, should set the tone of the learning sessions, direct and focus the participant to their need for the program, and an expectation that positive participation would greatly enhance their options, even if they are in a prison or jail setting.

The program should also have established group norms and expectations. While these may be based upon the individual institutional or agency policy, the group norms should consider the learning environment and insure the safety and security for all involved. As such, the group facilitator should consider the following as minimal group norms:

- ▶ Physical Plant — insure the room is well lit, ventilated, and chairs arranged in a comfortable discussion type format (circle; u-shaped tables with chairs; or something similar.)
- ▶ Confidentiality — All information shared in the group setting should be kept within the group, **unless such information is illegal, harms the individual or others.**
- ▶ Respect what is shared — All statements should be accepted as information for learning purposes. As such, individuals should insure that opinions and statements shared are constructive for the purpose of meeting the objectives of the lesson and content of the curriculum.

- ▶ Take turns speaking and sharing — individuals need to speak one at a time, listening to what is being said, remaining focused on the topic and subject matter.
- ▶ No aggression or violence — Physical or verbal aggression and violence is not permitted.

Minimally, as a trainer you must be familiar with the contents of this manual. While trainers have different styles and approaches to content delivery, all must know the content which must be imparted. Trainers should review each lesson and prepare its contents **before** each session. Be sure to have all materials duplicated, handouts ordered, overheads and equipment in good operational peak performance, modeling displays well rehearsed, and physical plant set. As you begin *Thinking for a Change*, the goal is clear: **to effect change in thinking so that behavior is positively impacted**. Good luck as you embark on this most challenging journey.

Barry Glick

Jack Bush

Juliana Taymans

Steve Swisher

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Introduction -- Thinking for a Change

SUMMARY AND RATIONALE:

The lesson begins by introducing each member of the group to everyone else. Then the main idea behind *Thinking for A Change* is presented: We can take charge of our lives by learning more effective ways of thinking. Then 3 brief skits present the three cognitive perspectives represented in the program: cognitive restructuring, problem solving, and social skills. Finally, a course outline is provided as a handout and the rules and expectations governing participation are presented and briefly explained.

A major objective is to begin *Thinking for a Change* in a way that is fun and engaging for participants. The rules and expectations must be defined clearly, but without threat or intimidation.

CONCEPTS AND DEFINITIONS:

Thinking is what we say to ourselves inside our head.

Internal control is control of our thinking and feelings.

Social skills are skills we use to deal with situations involving other people.

Problem solving is a skill for dealing with difficult situations.

OBJECTIVES:

As a result of this session participants will:

1. establish a positive attitude, interest and enthusiasm for the course, its content, and its process.
2. introduce the 3 key elements of the course in a way that is clear and interesting to participants.
3. present rules and expectations and establish the authority of staff facilitators unequivocally but with a positive and supportive attitude.

MAJOR ACTIVITIES:

1. Introductions: Staff introduce themselves and each member of the group by name, with a small bit of personal information
2. Explanation: Staff present the idea that this is a course in learning how to live more effectively by learning more effective ways of thinking
3. Skits: 3 dramatic presentations of scenarios illustrating: 1) thinking behind a destructive behavior, 2) a social skill, and 3) a positive way of solving a problem. Each skit is followed by a discussion.
4. Presentation of the course "Organizer" and the conditions (rules and expectations) of participation
5. Wrap up

SUPPLEMENTS:

- Overhead Transparency:
Course Organizer
- Handouts:
Course schedule and outline (*To be made by you*)
Rules and expectations
Course Organizer

EQUIPMENT:

- Easel with Chart Paper
- Markers

LESSON

CORE CONTENT

NOTES

Activity 1: Introductions



This program is called
"Thinking for a Change".

We'll talk about what this means in a minute. First I want to introduce myself and my co-trainer and each of you.

Activity 2: Course Overview

The idea behind the course is that we can learn to take charge of our lives—and lead more productive and more effective lives—by taking control over the thoughts and feeling that go on inside us.

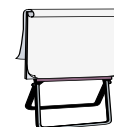
This idea—that thinking is behind the way we feel and the way we act and everything that we do—is the basic idea of the program. And because our thinking controls so much about us, we can learn to control our own lives by learning how to take control of our thinking.



"Thinking for a Change"

Introduce yourself with a very short piece of personal information (such as your job or where you come from). Then introduce your co-trainer. Then introduce each member by name to the rest of the group. This requires that you take the time before this first group to know each group member's name and something about them. Introduce each person by saying their name and where they come from (town or State, not institution).

Then proceed to the content of the lesson:



Our thinking controls our behavior.

By taking charge of our thinking we can take control of our lives.

Activity 3: Skits that Illustrate the Process

Let us show you some examples.

Keep it brief and light. Let it be fun.

Skit 1: Two staff facilitators act out a scenario in which there is a personal conflict, both get angry, one walks away mad and the other throws or breaks something (something small, like a pencil) in anger. Make it realistic in the sense of being consistent with your actual roles. For example: One staff could present being angry at the other for not preparing the handouts for today's class. The other staff could be defensive, claiming that he or she had clearly asked the other staff to prepare the handouts.

This kind of conflict can really happen, can't it? We see what each person was saying and doing, right? And from what they said and did we could tell something about what they were feeling and thinking, couldn't we?

Now let's look at the same scene, and look just at these thoughts and feelings.

Our scene has an inside part as well as an outside part. The outside part is what everyone can see and hear. The inside part is the private thoughts and feelings that other people might guess at but are only really experienced by each person inside their own head.

Do the scenario over again, but this time instead of just acting the scene speak your private thoughts and describe your private feelings as an "aside" from the main action. Both actors should in this way reveal their inner thoughts and feelings as the drama unfolds.

In *“Thinking For a Change”* we give special attention to these private thoughts and feelings. By paying attention to what goes on inside of us we can learn to have better control of what we goes on outside of us.

“Thinking For a Change” has 3 main parts.



Cognitive Self Change
Social Skills
Problem Solving

The skit we just did shows an important part of Cognitive Self Change. By paying attention to our thoughts and feelings we can discover which ways of thinking and feeling cause trouble for us and for others. And by paying attention to our thoughts and feelings we can practice new ways of thinking that steer us away from that trouble.

Now let's look at an example of a social skill. The idea of a social skill isn't complicated. A social skill is just a skill we use in situations that involve other people. Some people have better skills in dealing with other people than others, but everyone can learn these kinds of skills.

For example, we need one kind of social skill when we want to ask someone for help:

Create a new skit. This time ask one group member to help you by playing a part.

You play the part of a person that wants to ask another person for help. Example: you want help

preparing the handouts for this class. It's your job but you haven't enough time to get it done. And (to make matters worse) the person you want to ask for help is impatient and in a bad mood.

Role play the scene by demonstrating a lack of skill in asking for help. E.g., Be abrupt, insensitive, and bossy. Encourage the group member to act angry and refuse the help. (Plan this privately with him or her, outside of the group's hearing.)

Well, that's one way a person could ask for help, isn't it? Was it very skillful?...I don't think so either.

Do you think I was thinking very clearly in the way I went about asking for help? I wasn't thinking very carefully at all, was I? How could I have gone about it better?

In "*Thinking for a Change*" we are going to learn a whole lot of social skills by practicing skillful ways of thinking and skillful ways of communicating.

Let's try that last scene again.

Encourage suggestions. Don't write them down, but reinforce every appropriate idea.

Do the skit over, but this time ask for help effectively and appropriately. Set it up with your helper that they respond more positively this time.

Be brief. Do not identify steps of the skill. This is not a skill training lesson, but an introduction to the kinds of things the program covers.

The 3rd part of “*Thinking for a Change*” is called Problem Solving. Problem solving isn’t complicated either, but it’s something that lot’s of us are not very good at. Practically everybody faces situations sooner or later that they are not prepared to deal with. You need problem solving when you fae a difficult situation and you don’t know what to do.

Here’s an example:

Do a 3rd skit, again asking for a group member to play a part.

Make this fun.

Example: Have your helper play the part of your boss. He or she comes into your work area and demands that you get a project finished in one hour. (Example: prepare the handouts for this class.) You explain that you don’t have enough time, but the boss says he/she can’t help it. The project needs to be done in 1 hour. Then they leave.

You then turn to the group and say, “I have a problem, don’t I?”

Then speak your thoughts out loud: “I feel like just quitting and saying the heck with it. But I’m going to try the problem solving steps I learned in *Thinking for a Change*. Let’s see...”

Go through in your head —speaking your thoughts—the first 5 steps of Problem Solving outlined in Lesson 16. End by deciding to ask your co-worker for help.

Remember: make this fun!

Problem Solving is one of the main thinking skills we'll learn in *"Thinking for a Change"*.

We're also going to be learning a bunch of social skills. *Asking for help* is one example of a social skill.

And we're also going to learn how to pay attention to the thoughts and feelings that go on inside of us, and to avoid the kinds of thoughts and feelings that lead us to trouble. This kind of thinking skill is called Cognitive Self Change.

We'll be doing lots of skits and role plays, a lot like we did today.

Activity 4: Presentation of Organizer and Rules

Here's an overview of the whole program.

Then the co-trainer continues with the lesson:

Refer back to the flip chart:

Pass out the ORGANIZER. Explain the details as necessary.

Then pass out a list of Rules and Conditions.

1. Attend, be on time, and participate in all the group meetings.
2. Do assigned tasks.
3. Be respectful.
4. Maintain an open and honest channel of communication.

The program doesn't have a lot of rules and regulations. But we need

Explain the Conditions, but don't make them complicated. Do make

to respect some basic rules in order to do the program at all.

it clear that the conditions are necessary: we can't do the program without them, and therefore they are not negotiable. Make it clear that it is your responsibility to enforce them. But be non-threatening and totally supportive in the way you communicate your authority.

Activity 5: Wrap Up

At our next meeting we'll start with a social skill we use every day in programs like this one. It's the social skill of Active Listening.

or

At our next meeting we will start learning the steps of Cognitive Self Change. We'll begin by learning how our thoughts, feelings and attitudes control how we act.

Ask for questions and explain as necessary.

Then introduce the next lesson.

NOTE: *You Will Need to Decide Whether to Do The Optional Social Skill Lessons (Active Listening, Asking Questions, And Giving Feedback). Or Proceed Directly to the First Lesson in Cognitive Restructuring (Listed in this Manual as Lesson 5: Our Thinking Controls Our Behavior).*

2

Active Listening (An Optional Lesson)

Note: This is the first of a series of three *optional* social skills lessons. Facilitators should choose to begin with these lessons if they believe their class needs to learn and practice the basic skills of group participation: i.e. *Active Listening; Asking Questions; and Giving Feedback*.

SUMMARY AND RATIONALE:

Listening is a skill which is required for almost all social interactions. It is also a prerequisite skill to participate in a group process such as ***The Thinking for a Change Program***. It also helps establish norms and expectation about group participation.

CONCEPTS AND DEFINITIONS:

Active Listening is the deliberate effort to hear and understand what others are saying.

OBJECTIVES:

As a result of this session participants will:

1. understand the importance of *Active Listening* in this group and in other social situations.
2. learn and be able to perform the four steps of *Active Listening*.
3. perform the steps of *Active Listening* in real life situation.

MAJOR ACTIVITIES:

1. Homework Review (None for this lesson)
2. Overview of Lesson: a) the importance of social skills (generally);
b) the importance of *Active Listening*
3. Model the social skill, *Active Listening*
4. Discuss the Modeling Display
5. Participants role play the skill, *Active Listening*
6. Feedback (discussion) of the Role Play
7. Plan and assign homework (practice) of the skill
8. Repeat Steps 5, 6, and 7 for each participant in the group
9. Wrap up

SUPPLEMENTS:

- Pocket Cards:
Active Listening Skill duplicated on pocket cards for group members.
- Overhead Transparencies:
Social Skills Definition
Social Skills Lesson Format
Listening
- Handouts:
Homework Report

EQUIPMENT:

- Overhead Projector
- Easel with Chart Paper
- Markers
- Masking Tape

REFERENCES:

Aggression Replacement Training. Goldstein, AP and Glick, B.. 1987.
Champaign, IL: Research Press.

The Prepare Curriculum. Goldstein, AP. 1988. Champaign, IL:
Research Press.

LESSON

CORE CONTENT

NOTES

Activity 1: No Homework for this Lesson



Beginning with this session, we are going to identify and practice a way to learn and use techniques to better get along with others, both individually and in small groups.

We will use these techniques to learn specific skills. What are skills anyway?

Since this is the first in a series of social skills lessons, take the time to introduce the importance of skill development.



Solicit group responses and write all of them on chart paper. Insure that you reinforce those that support the definition of social skills.

Activity 2: a) Overview of Social Skills (General)

Here is a definition of social skills that we will use throughout this program. Note the similarities between some of the comments you made and our working definition. That is not surprising since we all know and use social skills on a daily basis. As such, this group should provide you with an opportunity to practice those skills you need to know and use.

Here is another way to think about the importance of this group. We all know how to do something very well, don't we, one skill we have acquired as a result of having to survive on the streets. What is that?



Social Skills are the skills we use when we deal with other people. Good Social Skills get us what we want and maximize the positive response and minimize the negative response from other people.

Lesson 2

OH#1
Active Listening

Introduce Glick's pocket analogy as empowerment for the participants. Be sure you have empty pockets which you can turn out as you complete this demonstration.

That is right, fight. Well let's pretend that you have the ability to pull out your fist, or knife, or gun from this pocket, *anytime you want to...*

But, what do you have in this pocket? NOTHING! And what do you have in this pocket? NOTHING! And this? NOTHING! And this? NOTHING!

Well, what this program, and these groups in particular will do is fill up your pockets, so now you can pull out your fist **anytime** you want to, for sure, but also now you have choices.

And what happens when you have more choices? And how do you feel when you have choices?

Here is what you can expect in each Social Skill Lesson presented in this program. We will start with a thinking check-in, in which we will review last week's homework which was done outside of class using the skill you learned the week before. We will then introduce the new skill to be learned, this week is active listening. Mr/Ms. ____ and I will demonstrate how to use the skill showing you the exact steps to follow, you will then have an opportunity to try the skill by role-playing a situation you identify. We will then discuss how you did in

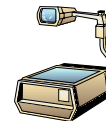
Solicit responses which insure that more choices lead to greater flexibility and feelings of empowerment

As you state this, make a fist and pull it out of one of your pockets.

Be sure that you turn out one of your pockets each time you ask the question and give a response.

Turn your pockets back in as you state this.

Solicit responses which insure that more choices lead to greater flexibility and feelings of empowerment.



1. Homework Review.
2. Overview of new skill.
3. Trainer Models the new skill.
4. Discussion of the Modeling Display.
5. All participants practice the skill (Role Play).
6. Feedback (Discussion) of the Role Play (practice).
7. Prepare the Homework assignment of the skill.

Lesson 2

OH#2
Active Listening

following the steps of the skill, and you will then contract to practice the skill outside the group sometime in the week in between groups. OK? Any questions?

Entertain any questions and respond by reinforcing the group procedures just introduced.

Activity 2: b) Overview of Active Listening

For today, we are going to learn a skill that we all take for granted, and that is *listening*. What does listening mean to you?

Solicit some responses to the group that reflect listening an active way of hearing what the other person is saying to you

We will have an opportunity to talk about what listening means to you in a little bit, but right now Mr/Ms_____ would like to show you some examples of the skill and the specific steps of the skill, *listening*. After you have had a chance to watch us model this for you, we will talk about times when you may have to or want to use the skill in the near future.

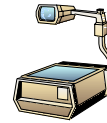
Activity 3: Model the skill: Active Listening

Would _____ (choose a participant) read the first step of the skill. Would _____ read the second step....

Hand out the skill cards with the skill, *listening*, on it and show it on an overhead. Ask a different participant to read one of the steps of the skill in order. Be sure to thank each individual and provide positive feedback for reading.

Does everyone understand the steps of the skill, listening?

Are there any questions you have. Good! Now Mr./Ms. _____ will model the skill for you. Here is the situation.



Listening

1. Look at the person who is talking.
2. Remember to sit quietly.
3. Think about what is being said.
4. Say "yes" or nod your head.
5. Ask a question about the topic to find out more.

Lesson 2

OH#3
Active Listening

I am a member of a group, and Mr./Ms. _____ is telling a story about a situation that happened in the mess hall where he saw a trustee drop a serving spoon and pick it up and put it back in the food.

Activity 4: Discuss the Modeling Display

Now that you have seen a model of the skill, what situations can you think of where you could use this skill? Have you ever had difficulty in situations where you had to listen to some one else very carefully?

The two trainers act out the vignette, following the steps of the skill exactly. Be sure to point to your head and talk aloud when performing a "thinking" step (e.g. step # 2).

Solicit responses and have **each** participant describe a *real, current* situation where the skill must be used.

Then once everyone has had the opportunity to describe the situation where they would use the skill, have one participant volunteer to do a role play. Remind the group that **everyone in the group** will have an opportunity to practice the skill.

Designate the volunteer trainee as the *main actor*, and ask the trainee

to choose a co-actor (someone who reminds the main actor of the person with whom the skill will be used in the real life situation”.

Activity 5: Participant Role Play of the Skill

Where would you be listening to ____? OK, how is the room furnished, where are you, are you standing or sitting?

To the main actor: Try to follow the steps of the skill as best you can.

To the co-actor: Try to play the part of ____ as best you can. Say and do what you think ____ would do when ____ follows the steps of the skill.

To the other group participants: Watch carefully how well _____ performs the skill, because afterwards, we will discuss it. In fact, _____, you watch step #1 and see how well _____ looks at the person who is talking. _____, you watch for step 2 and see if _____ thinks about what is being said. Be sure to note if he points to his head since this is a “thinking” step. _____ you look for step 3, and _____, you look to see if _____ does step 4.

Set the stage for the role playing, including props, arrangements, and set description. Then rehearse the main actor what he will say and do during the role play, finally provide final instructions to the group.

Assign each of four group participants a step in the skill to observe.

Begin the role play, insuring that the main actor follows the steps of the skill exactly. If he/she doesn't, stop the role play, reinstruct, and begin again.

Activity 6: Feedback (Discussion) of the Role Play

To the co-actor: How did you feel about playing the role saying some things for _____ to listen to?

Who was looking for step 1? How well did _____ do that?

Who had step 2? Can you tell us how well _____ did that?

Did he/she point to their head as they were thinking about what was being said?

Who had step 3? Did _____ wait his/her own turn to talk?

And step 4?

Activity 7: Plan and Assign the Homework for the Skill



Well, now that you have had an opportunity to try the skill, when, during the next week do you think you can practice it?

Here is a homework sheet. All of us will complete the first part of it, here in class, and you will individually complete the second part after you practice your skill, given the situation you have described.

After the role play is completed (no more than three to five minutes), invite feedback from the group.

Be sure you solicit positive comments as appropriate. The purpose here is to state, objectively, whether the role player followed the steps of the skill, and not how well he/she acted.

Trainer helps role player plan homework.

Distribute the homework reports, and have everyone complete the first part as they complete their role play. **Activity 8: Repeat activities 5, 6, and 7 with each participant**

Now, who would like to go next.

OK, _____ as I recall, your situation was....

Activity 9: Wrap Up

Now, who would like to go next.
OK, _____ as I recall, your situation was...

Continue with role playing, using the same procedures as outlined in the above sections, until everyone has had an opportunity to complete the skill

Next time we meet, we will have an opportunity to review your homework and see how well you did practicing this week's skill, *listening*. Next time we will learn a new skill. See you then, and take care.

As a trainer, you should become familiar and comfortable with the steps and sequence of the skill lesson, since the format is the same throughout the curriculum. Only the content changes.

3

Asking Questions (An Optional Lesson)

SUMMARY AND RATIONALE:

This is the second of a series of optional social skills which provide a foundation for group interactions and group norms. Learning to ask questions so as to receive information critical for one's own needs is an important skill for participants to master in all cognitive behavioral programs.

CONCEPTS AND DEFINITIONS:

Asking Questions is a basic social skill that helps us meet our needs while encouraging others to help us.

OBJECTIVES:

As a result of this session participants will:

1. understand the importance of the social skill: *Asking Questions*.
2. learn and be able to perform the five steps of *Asking Questions*.
3. perform the steps of *Asking Questions* in real life situations.

MAJOR ACTIVITIES:

1. Homework Review (None for this lesson)
2. Overview of Lesson: a) the importance of social skills (generally);
b) the importance of *Active Listening*
3. Model the social skill, *Asking Questions*
4. Discuss the Modeling Display
5. Participants role play the skill, *Asking Questions*
6. Feedback (discussion) of the Role Play
7. Plan and assign homework (practice) of the skill
8. Repeat Steps 5, 6, and 7 for each participant in the group
9. Wrap up

SUPPLEMENTS:

- Pocket Cards:
Asking Questions skill duplicated on pocket cards for group participants.
- Overhead Transparencies:
Asking Questions
- Handouts:
Homework Report (see Lesson 2)

EQUIPMENT:

- Overhead Projector
- Easel with Chart Paper
- Markers
- Masking Tape

REFERENCES:

Aggression Replacement Training. Goldstein, AP and Glick, B. 1987.
Champaign, IL: Research Press.

The Prepare Curriculum. Goldstein, AP. 1988. Champaign, IL:
Research Press.

LESSON

CORE CONTENT

NOTES

Activity 1: Homework Review



Last time, we learned a little about social skills, and how skills are taught. We also introduced the first, of three skills, you will need to have in order to successfully get along with others, either individually, or in groups.

That first skill was *Listening*. Who remembers the five steps of that skill?

You also had some out of class practice to do using the listening skill. Would you take out your homework reports and let us quickly review those.

Solicit responses and show the overhead with the Listening Skill on it.

Choose a volunteer participant and take but 1-2 minutes to review the homework. Do this with each participant in the class, insuring they answer questions 3-6 on the Homework Report (i.e. describe the what happened when they did the homework assignment; the steps they actually followed; a self rating; and what the next homework assignment should be.....

Activity 2: Overview of Social Skill: Asking Questions

Today, we will learn another important basic skill you will use when getting along with others, either individually, or in a group.

Solicit some responses to the group that reflect asking questions as a way for individuals to seek and gain information that is important for them to have.

This week's skill is: *Asking Questions*.

Who can define what asking questions means to you?

We will have an opportunity to talk about what *Asking Questions* means to you in a little bit, but right now Mr/Ms_____ and I would like to show you some examples of the skill and the specific steps of the skill, *Asking Questions*. After you have had a chance to watch us model this for you, we will talk about times when you may have to or want to use the skill in the near future.

Activity 3: Modeling the Skill: Asking Questions

Would _____ (choose a participant) read the first step of the skill? Would _____ read the second step?

Hand out the skill cards with the skill, *Asking Questions*, on it and show it on an overhead. Ask a different participant to read one of the steps of the skill in order. Be sure to thank each individual and provide positive feedback for reading.

Does everyone understand the steps of the skill, *Asking Questions*? Are there any questions you have? Good! Now Mr./Ms. _____ will model the skill for you. Here is the situation. I am about to be released from doing 12 years for drug possession and need to find out about an NA group in my neighborhood and need to ask the counselor where I can get the information.



Asking Questions

1. Decide what you would like to know more about.
2. Decide whom to ask.
3. Think about different ways to ask your question and pick one way.
4. Pick the right time and place to ask your question.
5. Ask your question.

Lesson 3

OH#1
Asking Questions

The two trainers act out the vignette, following the steps of the skill exactly. Be sure to point to your head and talk aloud when performing a “thinking” step (e.g. steps #'s 1,2,3, & 4).

As you enact this vignette, be sure to also be clear about identifying the different ways to ask your question and clearly pick the best alternative. Identify 2 or three choices such as: *I can raise my hand in the group and ask; I could stop the counselor in the hallway when I see her; I can make an appointment with the counselor.*

Activity 4: Discuss the Modeling Display

Now that you have seen a model of the skill, what situations can you think of where you could use this skill?

Have you ever had difficulty in situations where you had to ask questions to better understand something?

Solicit responses and have **each** participant describe a *real, current* situation where the skill must be used.

Then once everyone has had the opportunity to describe the situation where they would use the skill, have one participant volunteer to do a role play.

Remind the group that **everyone in the group** will have an opportunity to practice the skill.

Activity 5: Participants Role Play the Skill Asking Questions

Where would you be asking questions? OK, how is the room furnished, where are you, are you standing or sitting?

Designate the volunteer trainee as the *main actor*, and ask the trainee to choose a co-actor (someone who reminds the main actor of the person with whom the skill will be used in the real life situation) or just another member of the group willing to help them.

To the main actor: Try to follow the steps of the skill as best you can.

To the co-actor: Try to play the part of ____ as best you can. Say and do what you think ____ would do when ____ follows the steps of the skill.

Set the stage for the role playing, including props, arrangements, and set description. Then rehearse the main actor what he will say and do during the role play, finally provide final instructions to the group.

To the other group participants: Watch carefully how well _____ performs the skill, because afterwards, we will discuss it. In fact, _____, you watch step #1 and see how well _____ looks at the person who is talking. _____, you watch for step 2 and see if _____ thinks about what is being said. Be sure to note if he points to his head since this is a “thinking” step. _____ you look for step 3, and _____, you look to see if _____ does step 4, and _____, see if _____ does step 5.

Assign each of five group participants a step in the skill to observe.

Activity 6: Feedback (discussion) of the Role Play

Begin the role play, insuring that the main actor follow the steps of the skill exactly. If he/she doesn't

stop the role play, reinstruct, and begin again.

To the co-actor: How did you feel about playing the role saying some things for ____ to ask questions?

After the role play is completed (no more than three to five minutes), invite feedback from the group.

Who was looking for step 1? How well did _____ do that?

Who had step 2? Can you tell us how well _____ did that? Did he/she point to their head as they were deciding whom they would ask the question?

Be sure you solicit positive comments as appropriate. The purpose here is to state, objectively, whether the role player followed the steps of the skill, and not how well he/she acted.

Who had step 3? Did _____ think about different ways to ask a question and pick one way to do it?

And step 4, did _____ pick the right time and place to ask the question?

And step 5?

Activity 7: Plan and assign Homework (practice) of the skill



Well, now that you have had an opportunity to try the skill, when, during the next week do you think you can practice it? Here is a homework sheet. All of us will complete the first part of it, here in class, and you will individually complete the second part after you practice your skill, given the situation you have described.

Trainer helps role player plan homework.

Activity 8: Repeat activities 5, 6, and 7 with each participant

Distribute the homework reports, and have everyone complete the first part as they complete their role play.

Now, who would like to go next.
OK, _____ as I recall, your situation was....

Activity 9: Wrap Up

Next time we meet, we will have an opportunity to review your homework and see how well you did practicing this week's skill, *Asking Questions*.

Next time we will learn a new skill.
See you then, and be well.

Continue with role playing, using the same procedures as outlined in the above sections, until everyone has had an opportunity to complete the skill.

As a trainer, you should become familiar and comfortable with the steps and sequence of the skill lesson, since the format is the same throughout the curriculum. Only the content changes.

4

Giving Feedback (An Optional Lesson)

SUMMARY AND RATIONALE:

This is the third of a series of three optional social skills which provide a foundation for group interactions and group norms. Learning to *Give Feedback* objectively to others to inform them of their behavior and performance is an important skill for participants to master in all cognitive behavioral programs. Building upon the previous two social skills, *Active Listening* and *Asking Questions*, this skill teaches participants to provide objective information to others about their thoughts, attitudes, and feelings.

CONCEPTS AND DEFINITIONS:

Giving Feedback is a basic social skill required to interact with other individuals or in groups.

OBJECTIVES:

As a result of this session participants will:

1. understand the importance of the social skill, *Giving Feedback*.
2. learn and be able to perform the five steps of *Giving Feedback*.
3. perform the steps of *Giving Feedback* in real life situations.

MAJOR ACTIVITIES:

1. Homework Review (None for this lesson)
2. Overview of Lesson: a) the importance of social skills (generally);
b) the importance of *Giving Feedback*
3. Model the social skill, *Giving Feedback*
4. Discuss the Modeling Display
5. Participants role play the skill, *Giving Feedback*
6. Feedback (discussion) of the Role Play.
7. Plan and assign homework (practice) of the skill
8. Repeat Steps 5, 6, and 7 for each participant in the group
9. Wrap up

SUPPLEMENTS:

- Pocket Cards:
Giving Feedback skill duplicated on pocket cards for group members.
- Overhead Transparencies:
Giving Feedback
- Handouts:
Homework Report (see Lesson 2)

EQUIPMENT:

- Overhead Projector
- Easel with Chart Paper
- Markers
- Masking Tape

REFERENCES:

Aggression Replacement Training. Goldstein, AP and Glick, B. 1987.
Champaign, IL: Research Press.

The Prepare Curriculum. Goldstein, AP. 1988. Champaign, IL:
Research Press.

LESSON

CORE CONTENT

NOTES

Activity 1: Homework Review



Hello! Good to see you all again. Last session, we introduced the second, of three skills

you will need to have in order to successfully get along with others, either individually, or in groups. That first two skills were *Listening* and *Asking Questions*.

Who remembers the five steps of the skill we learned last week?

You also had some out of class practice to do using the *Asking Questions* skill. Would you take out your homework reports and let us quickly review them.

Solicit responses and show the overhead with the *Asking Questions* skill on it.

Choose a volunteer participant and take but 1-2 minutes to review the homework. Do this with each participant in the class, insuring they answer questions 3-6 on the Homework Report (i.e. describe the what happened when they did the homework assignment; the steps they actually followed; a self rating; and what the next homework assignment should be.....

Activity 2: Overview of Giving Feedback

Today, we will learn the third of three important basic skills you will use when getting along with others, either individually, or in a group. This week's skill is: *Giving Feedback*.

What does *Giving Feedback* mean to you?

Solicit some responses from the group that reflect giving feedback is a way for individuals to provide objective information to others about their behavior, thoughts, or feelings.

We will have an opportunity to talk about what *Giving Feedback* means to you in a little bit, but right now Mr./Ms _____ and I would like to show you some examples of the skill and the specific steps of the skill, *Giving Feedback*. After you have had a chance to watch us model this for you, we will talk about times when you may have to or want to use the skill in the near future.

Activity 3: Model the Skill *Giving Feedback*

Would _____ (choose a participant) read the first step of the skill? Would _____ read the second step? Would _____ read the third step? Would _____ read the fourth step? Would _____ read the fifth step?

Hand out the skill cards with the skill, *Giving Feedback*, on it and show it on an overhead. Ask a different participant to read one of the steps of the skill in order. Be sure to thank each individual and provide positive feedback for reading.

Does everyone understand the steps of the skill, *Giving Feedback*? Are there any questions you have? Good! Now Mr./Ms. _____ and I will model the skill for you.

Here is the situation. One of the group members keeps on interrupting when others are talking and he doesn't realize that he is doing it. I need to provide him feedback about his behavior, and how inconsiderate it is to others.



Giving Feedback

1. Decide if you want to provide objective information to someone about their behavior, thoughts, or feelings.
2. Decide what kind of information you wish to provide.
3. Think about different ways to give the information and pick one way.
4. Pick the right time and place to give feedback.
5. Give the other person the information in an objective manner.

Lesson 4

OH #1
Giving Feedback

The two trainers act out the vignette, following the steps of the skill exactly. Be sure to point to your head and talk aloud when performing a “thinking” step (e.g. steps #'s 1,2,3,& 4).

As you enact this vignette, be sure to also be clear about the kind of information you wish to provide, the different ways to give it, and clearly pick the best alternative. Identify 2 or three choices such as: *I need to tell John he annoys people when he interrupts them. I can interrupt him whenever he speaks and then tell him why I did that; I can just tell him what I observe and tell him how many times he has interrupted others; I can ask him to stop interrupting whenever he does that behavior.*

Activity 4: Discuss the Modeling Display

Now that you have seen a model of the skill, what situations can you think of where you could use this skill? Have you ever had difficulty in situations where you had to give feedback to some one else?

Solicit responses and have **each** participant describe a *real, current* situation where the skill must be used.

Then once everyone has had the opportunity to describe the situation where they would use the skill, have one participant volunteer to do a role play. Remind the group that **everyone in the group** will have an opportunity to practice the skill.

Activity 5: Participant Role Play of the Skill

Where would you be giving feedback? OK, how is the room furnished, where are you, are you standing or sitting?

Designate the volunteer trainee as the *main actor*, and ask the trainee to choose a co-actor (someone who reminds the main actor of the person with whom the skill will be used in the real life situation”.

To the main actor: Try to follow the steps of the skill as best you can.

Set the stage for the role playing, including props, arrangements, and set description. Then rehearse the main actor what he will say and do during the role play, finally provide final instructions to the group.

To the co-actor: Try to play the part of ____ as best you can. Say and do what you think ____ would do when ____ follows the steps of the skill.

To the other group participants: Watch carefully how well _____

Assign each of five group

performs the skill, because afterwards, we will discuss it. In fact, _____, you watch step #1 and see if _____ decides if he/she wants to provide objective information. _____, you watch for step 2 and see if _____ decides what kind of information to give. Be sure to note if he points to his head since this is a “thinking” step. _____ you look for step 3, and _____, you look to see if _____ does step 4, and _____, see if _____ does step 5.

Activity 6: Feedback (discussion) of the Role Play

To the co-actor: How did you feel about playing the role saying some things for _____ to give feedback?

Who was looking for step 1? How well did _____ do that?

Who had step 2? Can you tell us how well _____ did that? Did he/she point to their head as they were deciding what kind of information to provide?

Who had step 3? Did _____ think about different ways to give the information and pick one way to do it?

participants a step in the skill to observe.

Begin the role play, insuring that the main actor follows the steps of the skill exactly. If he/she doesn't, stop the role play, re-instruct, and begin again.

After the role play is completed (no more than three to five minutes), invite feedback from the group.

Be sure you solicit positive comments as appropriate. The purpose here is to state, objectively, whether the role player followed the steps of the skill, and not how well he/she acted.

And step 4, did _____ pick the right time and place to give the information?

And step 5?

Activity 7: Plan and assign Homework (practice) of the skill



Well, now that you have had an opportunity to try the skill, when, during the next week do you think you can practice it?

Here is a homework sheet. All of us will complete the first part of it, here in class, and you will individually complete the second part after you practice your skill, given the situation you have described.

Activity 8: Repeat Activities 5, 6, and 7 with each participant

Now, who would like to go next. OK, _____ as I recall, your situation was....

Activity 9: Wrap Up

Next time we meet, we will have an opportunity to review your homework and see how well you did practicing this week's skill, *Giving Feedback*. Next time we will begin our work with Cognitive Self Change. This is a part of the program that helps us examine our thoughts and feelings.

Trainer helps role player plan homework.

Distribute the homework reports, and have everyone complete the first part as they complete their role play.

Continue with role playing, using the same procedures as outlined in the above sections, until everyone has had an opportunity to complete the skill.

As a trainer, you should become familiar and comfortable with the steps and sequence of the skill lesson, since the format is the same throughout the curriculum. Only the content changes.

Supplemental Materials

Lesson 1

Introduction and Overview

Supplemental Materials:

- Overhead Transparencies:
Course Organizer
- Handouts:
Course Schedule and Outline (TO BE
MADE BY YOU)
Rules and Expectations
Course Organizer

RULES

- 1. Attend, be on time, and participate in all the group meetings.**
- 2. Do assigned tasks.**
- 3. Be respectful.**
- 4. Maintain an open and honest channel of communication.**

Lesson 2

Active Listening

Supplemental Materials:

- Pocket Cards:
Active Listening Skill Steps duplicated
for group members
- Overhead Transparencies:
Social Skills Definition
Social Skills Lesson Format
Listening
- Handouts:
Homework Report

Active Listening

1. Look at the person who is talking.
2. Remember to sit quietly.
3. Think about what is being said.
4. Say yes or nod your head.
5. Ask a question about the topic to find out more.

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Social Skills Definition

Social skills are the skills we use when we deal with other people. Good social skills get us what we want and maximize the positive response and minimize the negative response from other people.

Social Skills Lesson Format

1. Homework Review.
2. Overview of new skill.
3. Trainer models the new skill.
4. Discussion of the modeling display.
5. All participants practice the skills (Role Play).
6. Feedback (Discussion) of the role play (practice).
7. Prepare the homework assignment of the skill.

Listening

1. Look at the person who is talking.
2. Remember to sit quietly.
3. Think about what is being said.
4. Say “yes” or nod your head.
5. Ask a question about the topic to find out more.

HOMework REPORT

Name: _____ Date: _____

Group Leaders: _____

Fill in during this class:

1. Homework assignment:

a) Skill:

b) With whom:

c) Use when:

d) Use where:

2. Steps to be followed:

Fill in before next class:

3. Describe what happened when you did the homework assignment:

4. Steps you actually followed:

5. Rate yourself on how well you used the skill (check one):

Excellent _____ Good _____ Fair _____ Poor _____

6. Describe what you feel should be your next homework assignment:

Lesson 3

Asking a Question

Supplemental Materials:

- Pocket Cards:
Asking a Question Skill Steps duplicated for group members
- Overhead Transparencies:
Asking Questions
- Handouts:
Homework Report (see Lesson 2)

Asking Questions

1. Decide what you would like to know more about.
2. Decide whom to ask.
3. Think about different ways to ask your question and pick one way.
4. Pick the right time and place to ask your question.
5. Ask your question.

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5. Ask your question.

Lesson 4

Giving Feedback

Supplemental Materials:

- Pocket Cards:
Giving Feedback Skill Steps duplicated for group members
- Overhead Transparencies:
Giving Feedback
- Handouts:
Homework Report (see Lesson 2)

Giving Feedback

1. Decide if you want to provide objective information to someone about their behavior, thoughts, or feelings.
2. Decide what kind of information you wish to provide.
3. Think about the different ways to give the information and pick one way.
4. Pick the right time and place to give feedback.
5. Give the other person the information in an objective manner.

Giving Feedback

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5

Our Thinking Controls Our Behavior

SUMMARY AND RATIONALE:

This lesson demonstrates how thoughts, feelings, and attitudes control the way people act. A conflict between an “authority” and an “offender” is presented in a role play, and the class is asked to guess what thoughts and feelings each person is having. Students see in a realistic situation how thoughts, feelings, and attitudes lead to predictable patterns of acting. They also practice the process of “objective detachment” in looking at the thoughts, feelings, and attitudes behind our actions. The lesson ends with an explanation of the 3 steps of Cognitive Self Change: 1) observe our thinking and feelings, 2) recognize the risk of our thinking and feelings leading to trouble, 3) use new thinking to reduce that risk.

CONCEPTS AND DEFINITIONS:

Thoughts: ideas or words in our mind.

Feelings: emotions that go along with our thoughts

Attitudes: the thinking that goes on behind our particular thoughts and feelings.

OBJECTIVES:

As a result of this session, participants will:

1. recognize how thoughts, feelings and attitudes lead to predictable patterns of behavior.
2. practice “objective detachment” in observing and describing thoughts, feelings and attitudes.
3. understand the three steps of Cognitive Self Change.

MAJOR ACTIVITIES:

1. Homework Review
2. Overview of Lesson (Brief)
3. Present a scenario demonstrating a conflict between an offender and someone in authority
4. Identify the thoughts and feelings of each player in the scenario
5. Identify the underlying attitudes of each player in the scenario
6. Predict the future behavior of each player based on their thoughts feelings, and attitudes
7. Present the “Cognitive Principle”
8. Present the three steps of Cognitive Self Change
9. Apply the three steps of Cognitive Self Change to the demonstration scenario
10. Wrap up
11. Assign Homework

SUPPLEMENTS:

- Overhead Transparencies:
Our thoughts, feelings and attitudes
Cognitive Self Change
- Handouts:
Homework

EQUIPMENT:

- Easels (2) with Chart Paper
- Markers
- Masking Tape

LESSON

CORE CONTENT

NOTES

Activity 1: Homework Review

If the optional social skills lessons (2,3,4) were omitted, there is no homework for this lesson.

If optional social skills lessons were covered review the homework from lesson 4.

Choose a volunteer participant and take but 1-2 minutes to review the homework. Do this with each participant in the class, insuring they answer questions 3-6 on the Homework Report (i.e. describe the what happened when they did the homework assignment; the steps they actually followed; a self rating; and what the next homework assignment should be.....

Activity 2: Overview of the Lesson

We're going to look at how people's thoughts and feelings control the way they act. This is an important idea, because it points to a way we can control our own ways of acting by controlling our ways of thinking.

Create excitement. This is new, this is exciting. We can look at the thoughts and feelings underneath a conflict.

Activity 3: Present a scenario illustrating conflict

Let's start by imagining a scene between two people.

Set up a role play that displays a conflict between an offender and someone in authority. (E.g., a probation officer, a correctional officer, or a police officer.) The

role play will show an escalating conflict in which the offender feels unfairly treated and bullied by the officer, and the officer feels that the offender is rude, defiant and criminal.

Make the conflict dramatic. Make sure both role players express deep-seated attitudes that will ensure future conflicts. However, be sure to keep the roleplay to less than 1 minute.

Example: a police officer suspects a young man of dealing drugs and tells him to move away from a public telephone. The officer ignores several other young people who happen to be standing near the telephone.

Example: a probation officer knows that this particular client is defiant of authority and wants to set especially clear limits. The client is ten minutes late for an appointment, and the officer lectures the client on the importance of responsibility and threatens to violate his probation.

Example: a correctional officer keeps an inmate waiting at the door of his living unit while the officer finishes a conversation with another officer about the duty schedule for the next work shift. The inmate expresses irritation with sarcasm ("Take your own sweet time.") The officer expresses irritation at this by asserting his authority in a gruff tone. ("Jones, you stand behind that line until this door is open and you're cleared to pass." He points to a line on the floor some feet behind where the inmate is standing.)

The role play will consist of an escalating conflict, with each side getting more and more angry. It will stop safely short of violence, but will show the possibility of violence or other serious consequences.

It's also important that neither side be completely in the wrong or completely in the right. The point is to demonstrate two conflicting points of view in a familiar kind of conflict situation.

Facilitators may recruit group members to play parts in the role play. Or two staff can play both parts. Staff should play the authorities.

You can let the class watch and listen as you set up the role play with the players.

Keep the preparation brief and low key. Keep it simple. Introduce the role play to the class with very little explanation:

We're going to show a scenario between an officer and an offender.

Activity 4: Identify the thoughts and feelings of each player

How would you describe the way these two people are acting toward each other?

Let's look at the players one at a time. How would you describe the way the officer is acting?

How would you describe the way the offender is acting?

How do you think each of these people is thinking and feeling? Let's look at them one at a time. Assuming this is a typical kind of conflict—a kind of conflict you have seen before—what do you think is going on in the mind of the inmate? What are his thoughts while this is happening?

Do the role play. When the conflict is clearly represented, stop the role play and ask the class:

Get a few responses.
Point out this was an escalating scene.

Get a few responses.

Get a few responses.

Don't be critical of the answers (assuming they are within the bounds of reason). Practice and display a completely objective point of view toward the scenario itself and the answers offered by the class.

Encourage lots of answers. Write down on chart paper each thought suggested by any member of the class. (Or have your co-trainer write while you speak.)

Construct your charts so they will be in a thinking report form. Leave some space at the top for the Situation (to be introduced in Lesson 6). Leave space below feelings for Attitudes and Beliefs.

Label the list "**Thoughts:**".



After you get several reasonable guesses, ask:

Add the feelings the group suggests to the thoughts already written on the flip chart.

Label these
“**Feelings:**”.



What do you think he is feeling?

Put this sheet on the wall so that the group can see it while they answer the next question

OK. That looks like a reasonable guess about what might be going on inside this inmate's mind. Now let's look at the officer

On a new sheet, write every thought suggested.

What do you think the officer is thinking?

Label this list “**Thoughts:**”.

What you think he is feeling?

Add the feelings to the sheet.
Label this list “**Feelings:**”.

Step back and look at both sheets together.

It looks like we have a pretty good picture of what's going on—or what might be going on—inside the minds of each of these people.

Encourage a brief discussion. You want to be sure everyone is giving full attention to the thinking and feelings displayed.

Ask, for instance, “Do the thoughts and feelings we have written down seem realistic to you? Is their thinking the same or different? Do they have the same kind of feelings?”

But the point is not to find a lesson in the content of the thoughts and feelings. The point is to practice

objectively observing thoughts and feelings.

Activity 5: Identify the underlying attitudes and beliefs of each player

There are differences between attitudes and beliefs. Both refer to underlying ways of thinking and feeling about certain types of situations. In this program we do not teach a technical distinction between attitudes.

Attitudes and beliefs are rules or principles or habits of thinking we live by. They can be stated in a sentence. For example:

- Dogs are better than cats.
- You have to stand up for yourself.
- If someone disrespects, you have to take care of it.
- It is impossible to communicate with teenage kids.
- The posted speed limit is for little old ladies.

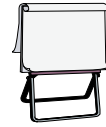
Do you think these people are expressing a definite attitude or belief? What attitudes and beliefs might the officer have?

Get the class to agree on one or two fairly obvious attitudes, and add them to the officer's sheet. Label them "Attitudes."

Ask if they think the officer might have certain beliefs that influence the way he acted in the situation. Write these down and label them "beliefs." (Prompt the group by asking what kinds of beliefs about inmates he might have.)

Encourage the class to guess. Of course, we cannot know for sure. But we can make reasonable guesses based on what we observed of his behavior.

What kind of attitudes and beliefs might the offender have?



Write the offender's **Attitudes and Beliefs** on the chart paper, and label them.

Remember: You must clearly demonstrate a totally objective attitude to all of this information.

Activity 6: Predict the players' future behavior

Based on these thoughts, feelings, attitudes and beliefs, do you think we can predict how these people will act toward each other in the future?

For instance, if nothing happens to interrupt the scenario in our role play, what might eventually happen?

Suppose this situation doesn't get as far as violence. Suppose the officer continues to threaten the inmate and because there are lots of other officers around and the inmate doesn't want to get into really big trouble, he eventually shuts up and does what he is told to do.

Is that going to be the end of the story? Let's try to predict how they might act toward each other in the future.

Suppose this inmate holds on to these thoughts and feelings and attitudes. What might happen later on?

Group members should be able to predict violence or revenge on the part of the inmate, and some kind of punishment on the part of the officer. If they don't, suggest these consequences yourself.

Get responses that indicate it won't be.

Reinforce the idea that the inmate might look for chances to cause trouble for the officer or get revenge.

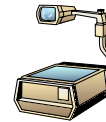
Suppose the officer holds on to these thoughts and feelings and attitudes. How do you think the officer is going to act toward the inmate?

It's pretty clear, isn't it? The thoughts and feelings and attitudes that these people have makes it pretty predictable that there will be more conflict in the future. We can't tell exactly what this conflict might be—that will depend on circumstances that come up. But as long as they have these thoughts and feelings and attitudes, the trouble isn't going to go away.

Activity 7: Present the Cognitive Principle

This is one example of the main idea behind this program.

Remind the class to look at the particular thoughts and feelings and attitudes that the officer is experiencing.



Our thoughts, feelings and attitudes...

...control how we act.

Lesson 5

OH #1

Our Thinking Controls Our Behavior

Most of the time our thoughts and feelings are pretty automatic. We think and feel pretty much out of habit. But we can learn to take control of the way we think. And if we do that, we take control over our feelings too.

This is what this course will teach.

We are going to learn how to control our feelings and our actions by controlling our thinking.

Activity 8: Present the three steps of Cognitive Self Change

We call this process, “Cognitive Self Change.” Cognitive Self Change is a simple skill for controlling our lives by controlling our thinking. It has 3 steps:



Cognitive Self Change

1. Pay attention to our thoughts and feelings.
2. Recognize when there is risk of our thoughts and feelings leading us into trouble.
3. Use new thinking that reduces that risk.

Lesson 5

OH #2
Our Thinking Controls Our Behavior

For the next few group meetings we'll practice these steps, starting with step 1.

Activity 9: Apply the three steps of Cognitive Self Change to the scenario

For now, let's see how these 3 steps might fit the scenario we just looked at.

By listing these thoughts and feelings we have done Step 1 for these two people. In real life, Step 1 means that we observe our own thoughts and feelings while we are actually having them.

We all agreed that these thoughts and feelings were likely to lead to future conflict between these people. This is what it means to see the “risk” in thoughts and feelings. Risk means the risk of leading to trouble. This is Step 2.

Point out the flip chart sheets listing each person's thoughts and feelings

Now, Let's try Step 3: What new ways of thinking might these people use if they were going to avoid trouble in the future?

Encourage suggestions. The idea is to get the class to recognize that there are alternative ways of thinking that might avoid the trouble that seems inevitable. The practical ability to imagine new ways of thinking will be developed in future lessons.

Activity 10: Wrap Up

1. We can pay attention to thoughts and feelings just as we can pay attention to actions.
2. We can recognize how some thoughts and feelings result in very predictable ways of acting.
3. People can change their actions by changing their thoughts, feelings, and attitudes.

Review the class content. Be sure to mention the following points.

Challenge participants to be sure they grasp these ideas and appreciate their suggestions.

Activity 11: Assign Homework



Think about 2 situations when you had a conflict with another person.

What were your thoughts and feelings at the beginning of the situation?

What were your thoughts and feelings as the situation developed?

Write down the thoughts and feelings you can remember.

We'll review these situations and your thoughts and feelings at our next meeting.

Note: Keep easel chart papers describing offender and authority thoughts, feelings, and attitudes to use in Lesson 6.

6

Paying Attention to our Thinking

SUMMARY AND RATIONALE:

This lesson teaches the technique of “thinking reports.” Thinking reports are the main technique for objectively observing our own thoughts and feelings and attitudes.

CONCEPTS AND DEFINITIONS:

Thinking report: a structured objective report of our thoughts and feelings, with 4 parts: 1) a brief description of the situation, 2) a list of the thoughts we had, 3) a list of the feelings we had, 4) a list of the attitudes or beliefs we had.

Objective Process: without blame, without excuses, and without argument. An objective thinking report is like a tape recording of what was happening in our mind.

OBJECTIVES:

As a result of this session participants will:

1. learn how to use thinking reports to observe and report their thoughts, feelings, attitudes, and beliefs.
2. begin to recognize the thoughts, feelings, attitudes, and beliefs that lead them into conflict with other people.
3. begin to establish as a group norm an objective, non-argumentative frame of reference to examine thoughts, feelings and behaviors.

MAJOR ACTIVITIES:

1. Homework Review
2. Overview of lesson (brief)
3. Present the four parts of a thinking report and illustrate them by the scenario from Lesson 5
4. Present a sample thinking report
5. Explain the meaning and importance of objectivity in thinking reports
6. Each participant presents a thinking report
7. Wrap up
8. Assign Homework

SUPPLEMENTS:

- Overhead Transparencies:
 - Cognitive Self Change (see Lesson 5)
 - Thinking Reports - Definition
 - Thinking Report Form
 - Objective Means
 - Attitudes and Beliefs
 - We are our own authority
- Handouts:
 - Homework - Thinking Report

EQUIPMENT:

- Easel with Chart Paper
- Markers
- Masking Tape

Lesson

CORE CONTENT

NOTES

Activity 1: Homework Review

Ask each participant in turn to report briefly on one example of conflict. (They prepared two examples as their homework assignment from their last lesson.) Encourage each participant to identify at least one thought and one feeling they experienced at the time.

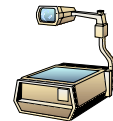
Keep it very simple. As a norm, take no more than thirty seconds for each to describe their situation, and no more than one minute to report their thoughts and feelings.

The goal is to make this a very objective and matter - of - fact exercise.

Activity 2: Overview



In our last class we looked at the kinds of thoughts and feelings and attitudes people can have when they are in conflict with each other. We also learned the 3 steps of Cognitive Self Change.



Cognitive Self Change

- 1. Pay attention to our thoughts and feelings.**
- 2. Recognize when there is risk of our thoughts and feelings leading us into trouble.**
- 3. Use new thinking that reduces that risk.**

Lesson 5

OH #2
Our Thinking Controls Our Behavior

Display the overhead listing the three steps.

Today we're going to practice the first step. We do this step by doing what we call "thinking reports."

Activity 3: Present the four steps of a Thinking Report (TR)

A thinking report is a way of reporting the thoughts and feelings we have in a particular situation. Let's review the steps in order.

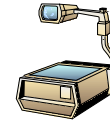
For Step 1, we stick with the facts, tell what happened, who was involved and what was said and done.

For Step 2, we try to list every thought we can remember, exactly as we thought them at the time.

For Step 3, we list all the feelings we remember having and use the words that seem right to us.

For Step 4, remember that attitudes and beliefs are rules, principles and habits of mind that we carry with us in lots of different situations.

What do we need to add to make these complete thinking reports, according to the definition on the chart?



Thinking Reports

- 1. A brief, factual description of the situation.**
- 2. A list of all the thoughts you had in that situation.**
- 3. A list of all the feelings you had in that situation.**
- 4. Attitudes or beliefs behind your thoughts and feelings.**

Lesson 6

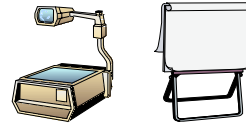
OH#1

Paying Attention to Our Thinking

Review the two lists of thoughts and feelings from lesson 5. Point out how each report listed the thoughts and feelings that each person had in the scenario, and also listed some attitudes and beliefs each person had.

We need to add a brief, factual description of the situation.

Let's do that. What can we write for a brief, objective description of the situation from the point of view of the offender?



Thinking Report	
Situation:	_____
Thoughts:	_____
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
Feelings:	_____
Attitudes and Beliefs:	_____
Lesson 6 Paying Attention to Our Thinking	OH #2

Any description is OK as long as it is brief, accurate, and objective. Insist that these criteria be met.

If a suggestion is long, ask how that description could be made shorter. Point out that we're not interested in the story of what was going on. We're interested in the thoughts and feelings that the people had inside their heads.

If a suggestion is subjective and includes emotional language or judgments of what is right or wrong as part of the description, point out where the description is not objective.

Point out that feelings and thoughts about right and wrong are a very important part of the report, but that they belong below the situation, in the thoughts and feelings section.

The ability to write a brief, objective description of a situation is a basic

skill that will be used throughout the program. It is a key step in Problem Solving (Module 2).

Add a brief, objective description of the situation to the offender's report.

Point out that the description is different from the two different points of view, but both can be completely objective and accurate.

Have the class agree on wording, then add a brief, objective description of the situation to the officer's report.

Now let's do the same thing for the officer's report.

Activity 4: Explain the nature and importance of objectivity in Thinking Reports

A thinking report is like a microscope that lets us look inside our heads and see the thoughts and feelings that are going on there.

A thinking report is a clear and exact picture of what goes on in a person's head. That's the goal. We don't make judgements about each other's thinking. We don't look at thoughts as right or wrong, good or bad.

Explain clearly that when we look at each other's TR that we don't make judgements that a person's thoughts are good or bad, right or wrong.

The objectivity of a thinking report is the key to making Cognitive Self Change work. Reinforce this objectivity at every opportunity. Make your own objectivity very clear, especially when class members give reports of their own. It helps to repeat some of the report being given, using a purely objective tone of voice. Write down the reports, numbering the thoughts and being absolutely neutral about the content reported, no matter what it is.

Why do you think this is important?



Being objective about our thinking means:

We don't:

- ...give excuses for our thinking
- ...blame each other for our thinking
- ...argue about the right or wrong about our thinking
- ...embellish our thinking or tell stories about it

Lesson 6

OH#3

Paying Attention to Our Thinking

This is important because we first have to be aware of exactly what our thinking is before we can learn to control it. Objectivity opens up the channel of communication. There is no need to be defensive or embarrassed.

Trainers should also understand (but not necessarily share with the class: 1.) If people honestly present their thoughts and they are labeled as “bad” thoughts, then we shut this process down. 2.) In the end an individual’s objective awareness of their thinking becomes a powerful motivator for change because it promotes an honest, self-reflective process without defensiveness or distortion.

Activity 5: Present a sample Thinking Report

Here’s an example of a thinking report done by a member of another group.

Explain the situation: A young man was on supervised release from jail. Because he was on intensive supervision, the authorities

checked on him several times a week. He was often caught doing small violations, like being late coming home from work, or talking to people he was not supposed to talk to, or being in places he was not supposed to be.

He was asked to do a thinking report on a time he went to visit friends when he wasn't supposed to.

Present the TR on a flip chart.
(Have it written before group.)



Situation: I was in trouble for being out of the area.

Thoughts:

- 1) I know that if I do these things I will be going back to jail.
- 2) It's really starting to get to me.
- 3) I feel locked up in my own apartment.
- 4) I really resent this
- 5) I shouldn't have to follow these rules.
- 6) Maybe it would be better to just go back to jail and get my sentence over with.
- 7) I feel like I'm not in charge of my life anymore.
- 8) I can't stand it.

Feelings:

Uncomfortable, angry, controlled,
threatened

Attitudes and Beliefs:

Nobody has the right to control my life.
If I let them do this to me I'm a nobody.

It's important that class members see how a thinking report lets us look inside our thoughts and feelings. Encourage discussion by asking questions like: "Do you understand how he felt?" "Have you ever had thoughts and feelings like these?" "What other thoughts and feelings do you think this person might be having, in addition to the ones he listed?"

Class members may identify with the person in the report and defend his way of thinking. That's OK, but take care as the teacher not to imply any personal judgment at all as to whether the thoughts and feelings are good or bad, justified or unjustified.

Activity 6: Each participant does a Thinking Report

Now I want to ask you to do thinking reports of your own.

Call on a group member by name and ask him or her if they will be willing to do a thinking report based on a conflict situation they thought about as part of their homework assignment

Be casual. Make the task as non-threatening as possible. Assure them, if necessary, that this will be a simple task.

OK. You tell us about the conflict situation you were involved in and I'll ask you and other members of the class for advice in how to write it down in the form of a thinking report.

Then I'll write it on the flip chart.
OK?

Start by just telling us about the situation in your own words. After you talk about it a little bit, we'll write your thinking report.

OK. Now let's put this down in the form of a thinking report. First, how shall I describe the situation, briefly and objectively?

Now let's get the thoughts you were having during this situation. What was the very first thought in your mind when this situation started to happen? Can you remember?

Have the person describe the situation they are reporting on. Let them take their time and let them tell as much detail as they want to. Ask questions if you need to in order to get a clear and complete picture of what was going on. This is all preliminary to the thinking report itself. Don't write yet.

When the situation is clear and you have an idea of how the person was thinking and feeling about it, turn to the thinking report proper.

Ask the person who is giving the report. Then ask the group if they can describe the situation even more accurately, more briefly, or more objectively. Then ask the person giving the report how he or she wants to define the situation.

Make a point of making the individual client the final authority in this and all other aspects of their own thinking report.

Label the top of a flip chart sheet "**SIT**" (for situation). Then write down the brief, objective description the client has settled upon.

Label the next section of the report "**TH**." Then write down each thought the client remembers having.

Ask a few simple, probing questions if they get stuck.

Examples: “Do you remember the very next thought after this one?” “When you had this thought, did you have more thoughts about the person?” The person may have expressed some thoughts while they were describing the situation that they aren’t remembering now. Remind him or her of these. If they get stuck remembering thoughts, ask for their feelings, then go back and see if remembering these feelings helped them remember any more thoughts.

But keep the process brief and simple. The major point is to demonstrate how easy it is to do a thinking report

OK. Good job. Now let’s look at your feelings. Can you remember what feelings you had?

List the feelings as they name them or describe them. Use their words. Don’t translate their words into other terms. You want to emphasize that they are the authority on their own thinking report. Feelings that seem to be more like thoughts than feelings are OK. List them as feelings if that’s how the client presents them.

Ask a few simple probing questions to help them remember more details of their feelings. Example: “When you had this thought about the other person, do you remember what you were feeling then?”

When you have written a few feelings and the client doesn’t remember anything else to add to their report, stop. Reinforce their effort.

Good job. This is exactly what a thinking report is supposed to be.

1. You gave a brief, objective description of the situation.
2. You listed a number of thoughts that you had, just as you remember having them.
3. And you listed your feelings that went along with those thoughts.

Now let's try to go one step further and find any attitudes or beliefs you were having during this situation.

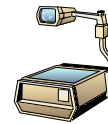
Attitudes or beliefs are the kind of thinking that goes on behind our thinking.

It may be hard to put our attitudes and beliefs into exact words.

Do you think there was an underlying attitude or belief that you were expressing with these thoughts and feelings?

Very good. Your report is a clear, complete picture of what you were thinking and feeling.

Review the parts of the report so far.



Attitudes and Beliefs:

The Thinking Behind Our Thinking

Lesson 6

OH#4
Paying Attention to our Thinking

Ask the client.

Reinforce any plausible suggestions.

Then ask the group for suggestions. Do they think they see signs of a general attitude or belief in the report? Encourage them to guess. Then turn back to the person to have the final word.

Try to pull out at least one underlying attitude or belief that may not have been expressed as a specific thought.

Remember, you are reinforcing their performance in giving a thinking report. You are not reinforcing (or condemning) the content of their thinking or their behavior in the situation.

This is how we do thinking reports.

We practice being completely objective. We don't make judgements. We don't blame. We don't make excuses for our thinking. We don't make suggestions about how we should have thought or how we could have thought. We just report our thoughts and feelings exactly as they were.

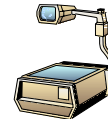
The rest of us try to help the person give their thinking report. We can ask questions and make suggestions about how they might have been thinking. We try to help them remember more thoughts and feelings and attitudes and beliefs.

But the person giving the report is always the final authority about how they were thinking.

That's one principle that holds true all the way through this program.

We don't make judgments and we don't tell people how they are supposed to act or how they are supposed to think.

Each individual is always the final authority about how they think and how they are going to think.



We are our own authority:

- How we think
- How we feel
- How we act

Lesson 6

OH#5
Paying Attention to Our Thinking

Ask for questions. Encourage enough discussion to assure that people are grasping the main ideas.

If the class truly accepts the principle that in this class "We are our own authority," the ground is set for a cooperative relationship, without the power struggle that goes on when offender feel they are being made to do something,

or are being told there is something wrong with how they are.

The program will teach you important skills to give you more options and more control over how you think and how you feel and how you act.

It's up to you to decide if and when to use them.

Let's do some more thinking reports.

These are all good thinking reports.

In the next few classes, we'll look more closely at the thinking that comes out in our thinking reports, and find the particular thinking that gets us to do things that get us into trouble.

Have each class member give a thinking report in turn, following the same steps as the first report, described above.

Be very supportive and encouraging. Give lots of praise for doing it right. Remember: you are reinforcing their report, not the thoughts they had or the actions that came out of them. Practice strict objectivity—no judgment, right or wrong—about their thinking and behavior.

Make sure each member gives a real thinking report. When they get off track (for instance, if they start "story telling" while they are reporting their feelings. Or if they start to justify their thinking) bring them back on track. Be a coach, not a policeman.

Brief reports are OK. It doesn't matter that they remember lots of thoughts and lots of feelings. What matters is that they stretch their memory to remember as much as they can, and that they give their report in the objective format of Situation, Thoughts, Feelings, and Attitudes/Beliefs.

When the whole class has successfully presented a thinking report, summarize what they have accomplished.

Activity 7: Wrap Up

The hardest thing about doing thinking reports is to let them be as simple as they really are. We need to remember to avoid judgement. Don't bother with excuses, explanations, or worrying about "better" thoughts we might have had. Later on, we will learn how to change out thinking and replace old habits of thinking with new ways of thinking. But the first step is to look at exactly what our thinking is now. To do that, we report our thoughts and feelings and attitudes and beliefs exactly as they are.

In the next class, we'll do thinking reports on some situations when we actually broke a rule or hurt someone. Then we will try to see how our thoughts and feelings led us to do what we did. This is step 2 of cognitive self change: recognizing the thoughts and feelings that lead to trouble. We'll be completely objective. We won't make judgements or cast blame. We will practice a non-judgmental, objective point of view.

Activity 8: Assign Homework



Pick 1 situation when you broke a rule or hurt someone and review in your mind the thoughts and feelings you had at the time. Then write a thinking report on that

The situation can be a time when they hurt someone emotionally, hurt someone while breaking a societal norm or physically hurt someone.

situation. Follow the four parts of a thinking report.

7

Recognizing the Thinking that Leads to Trouble

SUMMARY AND RATIONALE:

Step 2 of Cognitive Self Change is recognizing the thinking that leads to trouble. (It is based on Step 1: observing our thoughts and feelings.) This lesson explains and practices Step 2 with a sample thinking report and thinking reports of group members on situations when they broke rules or hurt someone in the past.

CONCEPTS AND DEFINITIONS:

Risk Thinking: Thoughts or attitudes that might lead to trouble. Note: risk thinking includes both high risk (when the likelihood of doing something to get in trouble is very great) and low risk (when there is only slight risk of doing something to get in trouble). It is important that participants learn to pay attention to both.

OBJECTIVES:

As a result of this session, participants will:

1. be able to identify thoughts and feelings that have led them to trouble in the past.

2. adopt an objective point of view in describing the risk in their thoughts and feelings.

MAJOR ACTIVITIES:

1. Homework Review
2. Overview of Lesson (brief)
3. The group practices step 1 (observing thoughts and feelings) and step 2 (recognizing the risk in these thoughts and feelings) based on the sample thinking report presented in Lesson 6
4. Individual group members practice step 1 and step 2 based on thinking reports of their own when they broke a rule or hurt someone
5. Wrap up
6. Assign Homework

SUPPLEMENTS:

- Overhead Transparencies:
Cognitive Self Change (see Lesson 5)
- Handout:
Thinking Report Form (from Lesson 6)

EQUIPMENT:

- Easel with Chart Paper
- Markers
- Masking tape
- Overhead Projector

LESSON

CORE CONTENT

NOTES

Activity 1: Thinking Check In and Homework Review

Have each participant present their Thinking Report on a situation when they broke a rule or hurt someone. Ask them to begin by describing the situation informally, but briefly. Then ask them to read their Thinking Report, without further comment or explanation. This is an oral report. **Do Not** write check in reports on chart paper.

Ask for clarification only when necessary for understanding. Keep the exercise as simple as possible.

Coach individuals as necessary to get them to report the four parts of a Thinking Report objectively.

Activity 2: Overview



In the last class we learned how to do thinking reports. By doing objective thinking reports we were practicing Step 1 of Cognitive Self Change. Step 1 is to observe our thoughts and feelings.

Today we are going to practice Step 2.

Ask someone in the class to define Step 2. Make sure they get it right.

Now display the overhead of the 3 steps.



Cognitive Self Change

- 1. Pay attention to our thoughts and feelings.**
- 2. Recognize when there is risk of our thoughts and feelings leading us into trouble.**
- 3. Use new thinking that reduces that risk.**

Lesson 5

OH #2
Our Thinking Controls Our Behavior

When we do Step 2, we always start by doing step 1. We look at what our thoughts and feelings were before we try to identify which of these thoughts and feelings have risk of leading to trouble.

We're going to work with situations when we actually broke a rule or hurt someone in the past. By looking at these situations we can see what parts of our thinking led us to do the things that we did.

Activity 3: Practice Steps 1 and 2 with sample Thinking Reports

But we'll start with the sample thinking report we worked with last time.

Good. We've done Step 1: We've observed the content of this person's thinking and feeling.

Now let's do Step 2.

What thoughts do you think helped lead this person to break the rule about being out of area?

Display the sample thinking report from the last class: "I was in trouble for being out of area."

Review the content of the report briefly, just until everyone remember it clearly and "thinks their way back into" the mind-set of this sample offender.

Encourage suggestions and speculation. In this report all the thoughts and feelings helped lead the person to break the rule. But

get the group members to identify particular thoughts. Have them explain how this thought led to that behavior.

As you go through the process of identifying risk thoughts, feelings, attitudes and beliefs, circle those that participants identify as the most risky. You will need to save this chart for the next lesson.

After a few successful suggestions

Encourage the same kinds of suggestions as above. Be sure to have each suggestion backed up with an explanation of how the feeling led to the behavior. If no one in the class notices it, point out that breaking the rules might be the only way this person thought of for escaping the feeling of being controlled by the rules

Repeat the process as above, focusing on the attitudes and beliefs. These are attitudes or beliefs that pretty clearly lead to defiance of rules and authority.

The class should be able to see the obvious connections. Some members might be able to recognize similar attitudes or beliefs in themselves.

Good. Now what about the feelings? Did this person's feelings have anything to do with them deciding to break the rule?

Good. Now how about the attitudes and beliefs? Did they have anything to do with this person deciding to break the rules?

Do you think these attitudes or beliefs are likely to lead this person into other kinds of trouble?

Activity 4: Participants practice Steps 1 and 2 using their own Thinking Reports



Now let's work with our own thinking reports.

Have each participant put their TR on chart paper all at once. Be sure to keep these to use in the next lessons.

Pick a member to begin and post their TR in the front of the group. Ask them to read their thinking report on a time they broke a rule or hurt someone.

Help guide him or her through the thinking report process: Get him/her to describe the situation informally, but briefly and objectively. Then ask them for the thoughts they can remember having.

Ask them if they can remember any more thoughts. Ask the group if they think they can see where the person may have left out a thought. Check with the person giving the TR.

Then ask them for the feelings. Then ask for the attitudes or beliefs. Follow the same process of asking the participant if he/she can identify other feelings and attitudes and beliefs they may have had. Get the group to contribute as well.

Take notes during this process and have the participant amend the TR, if other thoughts, feelings, attitudes or beliefs are identified and agree to by the author of the TR.

Take time to do Step 1 clearly and completely.

Then go through Step 2 as you did did with the sample thinking report.

Good. Now let's do Step 2. Let's try to find 1 thought, 1 feeling, and 1 attitude or belief that had a lot to do with leading [this person's name] to do their behavior.

- Start by asking the person if they see any particular thoughts that led them to do what they did do.

- Then ask the class if they see any other thoughts or feelings that might have played a part. Encourage speculation, but make it clear that they are just guessing. The person him/her self is the only person who really knows how their thinking worked.

- Then go back to the person and ask them to pick out the thought or thoughts that they think had most to do with leading them to do what they did. Have them explain how it worked, but don't make them defend their choice. They are the final authority. Circle the thought or thoughts they pick out.

Then do the same with the feelings:

- Ask the person to identify feelings that led to their behavior.

- Then ask the class. Have them explain how they think it worked.

- Then ask the person again. They are the final authority. Circle the feeling or feelings they pick out.

Then do the same with the attitudes or beliefs.

- Ask the person.

- Ask the class.

- Ask the person again. They are the final authority. Circle the attitudes or beliefs they pick out.

Remember to reinforce the strict objectivity of the process. There is no blame, and no excuses.

When the first member has done a satisfactory job, go on to another member. Continue until every member has practiced step 1 and step 2 with a thinking report on a time they broke a rule or hurt someone.

Activity 5: Wrap Up

You have learned how to do Step 2 of Cognitive Self Change. You have each picked out 1 key thought, 1 key feeling, and 1 key attitude or belief that led you to break a rule or hurt someone in the past. By practicing with new situations and new thinking reports you will be able to recognize the thoughts, feelings, and attitudes that have most often led you to break rules or hurt people. These are the thoughts, feelings, and attitudes that are “high risk” for you.

Next time we’ll practice doing Step 1, Step 2 and Step 3 together. We’ll use the same thinking reports we used today. And we’ll take a little time to go back over Step 1 and Step 2. But then we’ll go on to imagine new ways of thinking that might have helped us avoid doing the behavior that got us in trouble.

We’ll be completely objective about Step 3, just as we have with Steps

1 and 2. No one will make judgments of good or bad or what we should or shouldn't do. And no one will tell you how you should think. We'll just practice thinking of new ways of thinking that would lead to doing different behaviors.

Activity 6: Assign Homework



Write a thinking report about a recent or past time when you broke a rule or hurt someone.

Note: Keep the “Out of Area” chart with circled risk thoughts, feelings and beliefs to use in the next lesson. Keep each person’s T.R. on chart paper to use in Lesson 8 as well.

8

Finding New Thinking

SUMMARY AND RATIONALE:

Step three of Cognitive Self Change consists of finding new thinking that reduces the risk in our old thinking. This lesson teaches the first part of Step three: *identifying new thinking we could use*. Note that Step three is not complete until this new thinking is actually practiced. Comprehensive practice of new thinking will come with the application of Problem Solving and Social Skills.

CONCEPTS AND DEFINITIONS:

Intervention: New thinking that reduces the risk of doing something hurtful or criminal.

OBJECTIVES:

As a result of this session, participants will:

1. be able to identify new thoughts and feelings that will avoid the risk in their old thinking.
2. continue to develop skill in observing their thoughts and feelings (step 1) and recognizing the risk in their thoughts and feelings (step 2).

MAJOR ACTIVITIES:

1. Homework review
2. Overview of Lesson
3. The participants practice steps 1, 2, and 3 based on the sample thinking report presented in Lesson 6
4. Individual group members practice steps 1, 2, and 3 based on Thinking Reports of their own when they broke a rule or hurt someone
5. Participants role play their new ways of thinking
6. Wrap up
7. Assign Homework

SUPPLEMENTS:

- Overhead Transparencies:
Cognitive Self Change (see Lesson 5)
New Thinking
- Handouts:
Homework - Thinking Report Form (from Lesson 6)

EQUIPMENT:

- Easel with Chart Paper
- Markers
- Masking Tape
- Overhead Projector

Lesson

CORE CONTENT

NOTES

Activity 1: Homework Review

Have each participant read their Thinking Report from homework from Lesson 7 and then identify the particular risk thoughts, feelings, attitudes and beliefs that led them to do what they did. Have each person explain the risk.

Keep it objective and simple. Allow discussion only to clarify and make sure the group grasps the “logic” of the risk. As a norm, each person should complete their report within one minute.

Activity 2: Overview



We have practiced the first two steps of Cognitive Self Change.

Today we're going to practice doing Step three. We're going to think of new thinking to use in place of the thinking that got us into trouble. We'll practice the situations and thinking reports we did in the last group. It's too late to change what we did or what we thought in these situations. But we can imagine what thinking we could have used that might have helped us avoid getting into trouble.

Remember, we're completely *objective, without judging right and wrong*. We're just looking for new

Ask a volunteer to define what these steps are. Then ask another volunteer to define Step three.

Now display the overhead of the 3 steps.



Cognitive Self Change

1. Pay attention to our thoughts and feelings.
2. Recognize when there is risk of our thoughts and feelings leading us into trouble.
3. Use new thinking that reduces that risk.

Lesson 5

OH #2
Our Thinking Controls Our Behavior

ways of thinking that would have led to different consequences.

Activity 3: The participants practice steps 1, 2, and 3 based on the sample thinking report

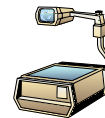
First, let's start with the example we used before.

We have identified some "key thinking" that put this person at risk of breaking the rules.

We see the thinking and feeling that led this person to break the rule. Now we need to find some new thinking that would have reduced his risk of breaking the rule.

Present this thinking report and review the particular thinking and feelings the class identified as leading this person to break the rules. ("I was in trouble for being out of area.")

List one key thought, one key attitudes, and one key feeling that the class identified as risky in the previous lesson.



New Thinking	
risk thought	
risk feeling	
risk attitude	
Lesson 8	OH #1 Finding New Thinking



Lead a "brainstorm" session. Get members to think of as many new thoughts and beliefs and attitudes as they can. Explain that a brainstorm is to practice creative thinking. Even unrealistic ideas count in a brainstorm.

List new thoughts beside the identified risk thought. Do the same

with the risk feeling and the risk attitude.

After an extensive list has been made, ask the group to go back and evaluate which of the suggestions are the most realistic and the most practical.

Ask them which new thoughts, etc. would be most realistic and most practical for themselves, personally.

When they have done this and understood it:

OK, Good job. It's not real hard to think of new thoughts that would have changed what we did in a given situation. Whether we would really want to think these new thoughts is a different question. Maybe we would and maybe we wouldn't. But that's not the point of what we are learning right now. Right now we're just practicing the mechanics of Cognitive Self Change. We're doing the 3 steps.

Activity 4: Members practice steps 1, 2, and 3 based on their own Thinking Reports

Now let's practice with ourselves.

One at a time, display each person's TR chart from the previous lesson. Ask a member of the group to present their thinking report.

Review the report and point out the particular thinking that was already identified as leading the person to do the behavior that they did. Make

a point of clearly performing Step 1 (reviewing the content of the report) and Step 2 (identifying the risk thinking) before you proceed to Step 3.

Do Step 3 by using the following process:

1) Ask the person if they can think of new thoughts, attitudes or beliefs they could have used that would probably not have led them to do what they did. Write down these new thoughts, attitudes or beliefs on a flip chart.

2) Then ask the class members if they can think of any other thoughts, beliefs, or attitudes that might have avoided the behavior. Write these down on the same flip chart.

Then ask each group member to identify which of these possible new thoughts, attitudes or beliefs would be most realistic and most practical for themselves personally.

3) Finally, ask the person who gave the report which new thoughts, attitudes or beliefs would be most realistic and most practical for him/her.

Good job. This is exactly how we can find new thinking to change the ways we act. It's not hard to find new ways of thinking that work for us, but it takes practice. Our old ways of thinking can be so much a habit that—at first—we find it hard to think of any new ways of thinking.

When the process has been done satisfactorily:

Activity 5: Members Role Play their new Thinking

But to finish Step 3 we need to put our new thinking into practice. We can start that by doing practice scenarios in group. Then we can take our new thinking into the world and find places to practice using it there.

Let's do a practice scenario of [student's name]'s new thinking.

Set up a brief scenario. Use the original scene in which this student actually performed a hurtful or rule-breaking behavior. Use other students. Take a part yourself.

Explain that the scenario will consist of the person re-enacting the scene, up to the point that his risk thinking begins to appear in his mind. At that point he is to deliberately force himself to think the new "intervention thoughts" identified in the exercise above.

Then he is to continue the scenario based on this new thinking.

Have the student speak his old and new thinking out loud so everyone can hear his thoughts. He can touch his hand to his head to indicate that he is speaking his thoughts.

Make it simple.

Then review the process. Ask: How did it feel to do the scenario this way? Do you think you could really use your new thinking in a situation like this one? Do you think you should change your intervention

thoughts a little bit to make them more practical?

Be on the watch for role plays that don't seem to work for the participant. Try to observe if someone is role playing thoughts and actions that they would not realistically do. Ask the participant if their thoughts and actions in the scene really work for them. They may answer "no". They may have tried something that they would not realistically do. That's okay. Discuss what didn't work about the role play and then try something else that is more realistic.

Emphasize that it takes practice to get good at using new "intervention" thinking. The purpose of the first practice scenarios is not to master the new thinking, but just to try it on for size.

This is just practice for now. Eventually we will learn to do the 3 steps in real life, in the middle of real life situations. But right now we're just learning how to do the steps.

Go on to another member of the group, repeating the process as with the first member.

As members get more practice it's possible to spend less time with each particular example. But be sure in every example that each member clearly understands the process.

Continue until every member has practiced step 3 with their own thinking report, including the

scenario practice of their new thinking.

Ask a volunteer to define the 3 Steps of Cognitive Self Change. Be sure they get it right.

Activity 6: Wrap Up

Next time we are going to continue practicing the 3 steps. Only we are going to be looking at new situations, not situations from the past. After we do that for another meeting or two, we'll go on to the next section of the program, which is Social Skills. We'll find that Social Skills gives us additional tools/skills to use in situations with others.

But for now, we'll practice the 3 steps of Cognitive Self Change on real life situations that happen now.

Activity 7: Assign Homework



Watch for situations between now and the next class where you feel some degree of tension or stress or conflict. Do a Thinking Report on the situation. Identify key thoughts, feelings and beliefs that put you at-risk for getting in trouble.

We'll practice working with these situations in our next class.

9

Using Thinking Check Ins

SUMMARY AND RATIONALE:

The three Steps of Cognitive Self Change can be practiced in a brief form. This Lesson introduces the brief process of “Thinking Check Ins.” A thinking check in is based on each student reporting a situation in which they experienced some degree of risk. The check in consists of a brief report of the situation, followed by a brief report of the thoughts and feelings they had, followed by identification of the risk in those thoughts and feelings, followed by a description of the new thinking they used (or could have used, depending on their level of competence) to reduce their risk of doing something hurtful or criminal.

In other words, a thinking check in is a performance of all 3 Steps of Cognitive Self Change. A complete thinking check in (when new thinking has actually been used) is the complete process of Cognitive Self Change in miniature.

We use thinking check ins to begin future lessons.

CONCEPTS AND DEFINITIONS:

Thinking Check In: A brief report of a risk situation and the application of the 3 Steps of Cognitive Self Change to that situation.

OBJECTIVES:

As a result of this session, students will:

1. learn the technique of doing brief self reports (thinking check ins) as a way of practicing and reinforcing the three steps of Cognitive Self Change in their every day life.
2. continue to develop skill in objective self observation.

MAJOR ACTIVITIES:

1. Go directly to the overview (Activity 2) Homework is reviewed as part of the body of this lesson in Activity three
2. Overview of lesson
3. Participants practice self report thinking check ins based on their homework assignment
4. Wrap up
5. Assign Homework

SUPPLEMENTS:

- Overhead Transparencies:
Thinking Check Ins
- Handouts:
Homework

EQUIPMENT:

- Easel with Chart Paper
- Markers
- Masking Tape

LESSON

CORE CONTENT

Activity 1: Thinking Check in and Homework Review

Activity 2: Lesson Overview



We've practiced all the steps of Cognitive Self Change doing one step at a time.

Now we're going to practice doing all 3 steps together. In groups from now on, we'll start our groups by reporting on a situation and then going through the 3 Steps based on that situation. We call this process a "check in".

With a little practice, a "check in" can be done in 2 or 3 minutes. At first we'll take more time to be sure we get the steps right.

Activity 3: Participants practice Thinking Check Ins based upon their homework assignment.

For homework, I asked you to watch for situations when you felt some degree of stress or conflict. These kinds of situations are risky for most

NOTES

Homework is reviewed as part of Activity 3. Proceed directly to Activity 2.

Ask a volunteer to define the 3 Steps of Cognitive Self Change.



Check Ins

- Present a short thinking report.
- Identify risk thoughts, feelings, attitudes/beliefs.
- Identify new thinking you used or could have used to reduce the risk.

Lesson 9

OH #1
Using Thinking Check Ins

Have members of the group review the parts of a "check in". Ask them to identify how a "check in" is like the 3 steps of self change.

Pick a group member to begin.

people. They tend to bring out thoughts and feelings that have the potential of leading to trouble.

So let's use these examples to practice doing check ins.

Start with step 1. Get a brief clear statement of the situation.

Then ask him/her to do step 2. Get a clear objective report of their thoughts and feelings. Don't elaborate the report into a full-fledged thinking report. This step of a check in is a sketch rather than a full portrait.

Then ask the person to identify and explain the risk in these thoughts and feelings. Remind them that risk means risk of leading them to do something hurtful or irresponsible. And make it clear that risk means any degree of risk at all, even very slight. Be prepared to point out that in a given situation there may be no chance that they would act hurtfully or break a rule because of particular circumstance (such as a policeman standing nearby watching you). But the risk might still be there in your thoughts and feelings. In different circumstances these same thoughts and feelings might lead to doing something hurtful. This is what risk means.

Ask the group to help identify risk in this person's thoughts and feelings. It is very important to actively engage the whole group in each member's check in. Every

member of the group should learn to be a “co-facilitator” of the process.

Then ask the person to identify new thinking that would have reduced this risk.

At this point, members need to start imagining new thinking. They need to recognize that there is always more than one way of thinking about a situation, and that different ways of thinking lead to different behaviors and different consequences. They are not expected at this point to be putting these new ways of thinking into practice. Right now, we’re just breaking the ground.

At this level of practice, the priority of attention should be on step 1: a clear and objective report of thoughts and feelings. The second priority is step 2: recognizing the risk in those thoughts and feelings. Step 3 (finding new thinking to reduce that risk) is the last priority. Step 3 will be developed fully only after the next two sections of the program: Problem Solving and Social Skills. These sections teach important new ways of thinking that clients can use in place of their old, destructive ways of thinking.

Continue until each member has presented their check in.

Activity 4: Wrap Up

Good job. You have learned how to do all 3 of the steps of Cognitive Self Change. With more practice you will be able to identify the risk in your thinking and make changes in that thinking right on the spot—while the situation is actually going on.

We'll practice doing check-ins at the beginning of our group meetings.

The next group will begin the next main section of the program: Social Skills. In Social Skills we will learn a series of simple steps for dealing with a whole lot of different kinds of social skills. These steps involve practicing new ways of using social skills.

As we learn and practice social skills, we'll keep doing check-ins based on the 3 steps of Cognitive Self Change.

Activity 5: Assign Homework



Between now and the next group I want you to watch for times where you have thoughts and feelings that have some risk for you. Remember that risk can be very high risk or very low risk. Look for risk in your thinking at every degree of risk. The ability to notice even very slight degrees of risk in our thinking is one of the most important skills in the program.

Do two short thinking reports on situations when you experience risk thinking.

Pay attention to your thoughts and feelings and notice every instance of risk in your thoughts and feelings.

Lesson 5

Our Thinking Controls How We Act

Supplemental Materials:

- Overhead Transparencies:
Our thoughts, feelings and attitudes...
Cognitive Self Change
- Handouts:
Homework

Our thoughts, feelings
and attitudes . . .

. . . control how we
act.

Cognitive Self Change

1. Pay attention to our thoughts and feelings.
2. Recognize when there is risk of our thoughts and feelings leading us into trouble.
3. Use new thinking that reduces that risk.



Homework

Think about two situations when you had a conflict with another person. What were your thoughts and feelings at the beginning of the situation? What were your thoughts and feelings as the situation developed? Write down all the thoughts and feelings you can remember.

Describe situation 1:

Thoughts:

Feelings:

Describe situation 2:

Thoughts:

Feelings:

Lesson 6

Paying Attention to Our Thinking

Supplemental Materials:

- Overhead Transparencies:
Thinking Reports
Thinking Report Form
Objective Means
Attitudes and Beliefs
We are our own authority
- Handouts:
Homework - Thinking Report

Thinking Reports

1. A brief, objective description of the situation.
2. A list of all the thoughts you had in that situation.
3. A list of all the feelings you had in that situation.
4. Attitudes or beliefs behind your thoughts and feelings.

Thinking Report

Situation: _____

Thoughts:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

Feelings: _____

Attitudes and Beliefs: _____

Objective means:

Without excuses:

Without blame.

Without argument

Without story-telling

Like a record or a tape recording

Attitudes and Beliefs:

The Thinking Behind Our Thinking

We are our own Authority:

- How we Think
- How we Feel
- How we Act

Thinking Report

Situation: _____

Thoughts:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

Feelings: _____

Attitudes and Beliefs: _____



Homework

Time and Place	Situation	What I Did	My Thoughts and Feelings

Lesson 8

Finding New Thinking

Supplemental Materials:

- Overhead Transparencies:
New Thinking
- Handouts:
Homework - Thinking Report Form

New Thinking

risk thought

risk feeling

risk attitude

Homework

Watch for situations between now and the next class where you feel some degree of tension or stress or conflict. Make a note of the situation and what about the situation caused you to feel the stress or conflict.

Lesson 9

Using Thinking Check Ins

Supplemental Materials:

- Overhead Transparencies:
Thinking Check Ins
- Handouts:
Homework - Thinking Check In Report

Check Ins

- Present a short thinking report.
- Identify risk thoughts, feelings, attitudes/ beliefs.
- Identify new thinking you used or could have used to reduce the risk.

Homework

Watch for times where you have thoughts and feelings that have some risk for you. Remember that risk can be very high risk or very low risk. Look for risk in your thinking at every degree of risk. Pay attention to your thoughts and feelings and notice every instance of risk in your thoughts and feelings.



Thinking Check In Report

Situation:

Thoughts:

Feelings:

Attitudes and Beliefs:

10

Knowing Your Feelings

SUMMARY AND RATIONALE:

This lesson expands and reinforces the self observation skills learned in the past five lessons on *Cognitive Self Change*. Many offenders need extra practice focusing on and identifying their feelings. This session also sets the stage for the next two social skill lessons: *Understanding the Feelings Others* and *Responding to the Feelings of Others*. These three lessons as a whole constitute a brief exploration in empathy training.

CONCEPTS AND DEFINITIONS:

Feelings are emotions and physical sensations. We have feelings almost all of the time but often don't pay attention to them.

OBJECTIVES:

As a result of this session participants will:

1. understand the importance of the social skill of *Knowing Your Feelings*.
2. learn and be able to perform the three steps of *Knowing Your Feelings*.
3. perform the three steps of *Knowing Your Feelings* in real life situations.

MAJOR ACTIVITIES:

1. Thinking Check In and Homework Review
2. Overview of Lesson
3. Model the social skill, *Knowing Your Feelings*
4. Discuss the Modeling Display
5. Participants role play the skill, *Knowing Your Feelings*
6. Feedback (discussion) of the Role Play
7. Plan and assign homework (practice) of the skill
8. Repeat Steps 5, 6, and 7 for each participant in the group
9. Wrap up

SUPPLEMENTS:

- Pocket Cards:
Knowing Your Feelings skill duplicated on pocket cards for group members
- Overhead Transparencies:
Knowing Your Feelings
- Handout:
Social Skills Homework Assignment Worksheet

EQUIPMENT:

- Overhead Projector
- Easel with Chart Paper
- Markers
- Masking Tape

REFERENCES:

Aggression Replacement Training. Goldstein, AP and Glick, B.. 1987.
Champaign, IL: Research Press.

The Prepare Curriculum. Goldstein, AP. 1988. Champaign, IL:
Research Press.

LESSON

CORE CONTENT

NOTES

Activity 1: Thinking Check In and Homework Review



Hello again! Since the last time we met to learn a social skill, you have had an opportunity to explore some ideas about how our thinking controls how we act and how to pay attention to our thinking by objectively writing reports about our thinking. In those reports, we also paid some attention to our beliefs and feelings.

Well today, we will specifically learn a specific social skill:
Knowing Your Feelings.

Let us briefly review the last social skill we learned which was Lesson 4, *Giving Feedback.*

Take out your homework for that skill and let's review how you did practicing this skill outside of the group.

Briefly review a thinking report using the check in process described in Lesson 9, emphasizing participants' thoughts and feelings and the risk in them.

Note: Only if skill lesson was taught.

Choose a volunteer participant and take but 1-2 minutes to review the homework. Do this with each participant in the class, insuring they answer questions 3-6 on the Homework Report (i.e. describe the what happened when they did the homework assignment; the steps they actually followed; a self rating; and what the next homework assignment should be.....

Activity 2: Overview of Social Skill: Knowing Your Feelings

Today, we will learn one of two important skills you will use which should help you better explore your thinking and that of others. This week's skill is: *Knowing Your Feelings*.

What does *Knowing Your Feelings* mean to you?

Solicit some responses to the group that reflect knowing your feelings is an important skill to know because it requires individuals to identify emotions, which are vague, as specific feelings. Once this is accomplished, they can then be empowered to understand others (feelings) better.

Activity 3: Modeling the Skill: Knowing Your Feelings

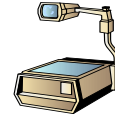
We will have an opportunity to talk about what *Knowing Your Feelings* means to you in a little bit, but right now Mr/Ms_____ and I would like to show you some examples of the skill and the specific steps of the skill, *Knowing Your Feelings*. After you have had a chance to watch us model this for you, we will talk about times when you may have to or want to use the skill in the near future.

Hand out the skill cards with the skill, *Knowing Your Feelings*, on it and show it on an overhead. Ask a different participant to read one of the steps of the skill in order. Be sure to thank each individual and

provide positive feedback for reading.

Would _____ (choose a participant) read the first step of the skill. Would _____ read the second step. Would _____ read the third step.

Does everyone understand the steps of the skill, Knowing Your Feelings? Are there any questions you have. Good!



Knowing Your Feelings

1. Tune in to what is going on in your body that helps you know what you are feeling.
2. Decide what happened to make you feel that way.
3. Decide what you could call the feeling.

Lesson 10

OH #1
Knowing Your Feelings

Now Mr./Ms. _____ and I will model the skill for you. Here is the situation. My Celly just accused me of taking his stash of candy and I want to punch him in the mouth. I have a vague, intense emotion, which I need to identify. It is probably anger. My face is flushed, and fists clenched, my stomach is all jittery.

The two trainers act out the vignette, following the steps of the skill exactly. Be sure to point to your head and talk aloud when performing “thinking” steps. (**Nb:** All the steps of this skill are thinking steps).

As you enact this vignette, be sure to identify the physical reactions you have such as flushed face, clenched fists, gritting teeth (any physical reaction that supports anger). Also be certain to repeat the reason for the emotion when

doing step # 2 (i.e. being accused falsely).

Activity 4: Discuss the Modeling Display

Now that you have seen a model of the skill, what situations can you think of where you could use this skill? Have you ever had difficulty in situations where you had to know your feelings in order to successfully deal with the situation?

Solicit responses and have **each** participant describe a *real, current* situation where the skill must be used.

Then once everyone has had the opportunity to describe the situation where they would use the skill, have one participant volunteer to do a role play. Remind the group that **everyone in the group** will have an opportunity to practice the skill.

Activity 5: Participant Role Play of the Skill

Where would you be when trying to know how you were feeling about this situation? OK, how is the room furnished? Where are you, are you standing or sitting?

Designate the volunteer trainee as the *main actor*, and ask the trainee to choose a co-actor (someone who reminds the main actor of the person with whom the skill will be used in the real life situation”).

To the main actor: Try to follow the steps of the skill as best you can.

Set the stage for the role playing, including props, arrangements, and set description. Then rehearse the main actor what he will say and do during the role play, finally provide final instructions to the group.

To the co-actor: Try to play the part of ____ as best you can. Say and do what you think ____ would do when ____ follows the steps of the skill.

To the other group participants:
Watch carefully how well _____ performs the skill, because afterwards, we will discuss it. In fact, _____, you watch step #1 and see how well _____ tunes into what is going on in their body that helped them know their feelings. _____, you watch for step 2 and see if _____ decides what happened to make them feel a particular way. Be sure to note if he points to his head since this is a “thinking” step. _____ you look for step 3, to see if _____ identified the feeling.

Activity 6: Feedback (Discussion) of the Role Play

To the co-actor: How did you feel about playing the role saying some things for _____ to ask questions?

Who was looking for step 1? How well did _____ do that?

Who had step 2? Can you tell us how well _____ did that? Did he/she point to their head as they were deciding what happened to make them feel that way?

Who had step 3? Did _____ decide what he/she could call their feeling?

Activity 7: Plan and Assign the Homework for the Skill



Well, now that you have had an opportunity to try the skill, when, during the

Assign each of three group participants a step in the skill to observe.

Begin the role play, insuring that the main actor follow the steps of the skill exactly. If he/she doesn't, stop the role play, re-instruct, and begin again.

After the role play is completed (no more than three to five minutes), invite feedback from the group.

Be sure you solicit positive comments as appropriate. The purpose here is to state, objectively, whether the role player followed the steps of the skill, and not how well he/she acted.

Trainer helps role player plan homework.

next week do you think you can practice it?

Here is a homework sheet. All of us will complete the first part of it, here in class, and you will individually complete the second part after you practice your skill, given the situation you have described.

Activity 8: Repeat activities 5, 6, and 7 with each participant

Now, who would like to go next. OK, _____ as I recall, your situation was....

Activity 9: Wrap Up

Next time we meet, we will have an opportunity to review your homework and see how well you did practicing this week's skill, *Knowing Your Feelings*. Next time we will learn a new skill. See you then, and have a good week.

Distribute the Social Skill Homework Assignment Sheet. Have the person complete the top part (1 & 2) now. Remind them to complete the lower part (1-7) after they practice the skill.

Continue with role playing, using the same procedures as outlined in the above sections, until everyone has had an opportunity to complete the skill.

As a trainer, you should become familiar and comfortable with the steps and sequence of the skill lesson, since the format is the same throughout the curriculum.

Only the content changes.

11

Understanding the Feelings of Others

SUMMARY AND RATIONALE:

This social skill lesson builds upon the previous lesson (*Knowing Your Feelings*) and anticipates the next lesson (*Responding to the Feelings of Others*). All three of these lessons teach empathy or the ability to consider other people's points of view. This is a key skill in *Problem Solving* (Lessons 16-21) and a basic skill to counteract self-centered thinking that leads to criminality.

CONCEPTS AND DEFINITIONS:

Others Feelings are emotions and physical sensations felt by others. The ability to recognize the feelings of others is a basic requirement for effective communication in nearly every situation.

OBJECTIVES:

As a result of this session participants will:

1. understand the importance of the social skill: *Understanding the Feelings of Others*.
2. learn and be able to perform the five steps of *Understanding the Feelings of Others*.
3. perform the five steps of *Understanding the Feelings of Others* in real life situations.

MAJOR ACTIVITIES:

1. Thinking Check In and Homework Review
2. Overview of Lesson
3. Model the social skill, *Understanding the Feelings of Others*
4. Discuss the Modeling Display
5. Participants role play the skill, *Understanding the Feelings of Others*
6. Feedback (discussion) of the Role Play
7. Plan and assign homework (practice) of the skill
8. Repeat Steps 5, 6, and 7 for each participant in the group
9. Wrap up

SUPPLEMENTS:

- Pocket Cards:
Understanding the Feelings of Others Skill Steps duplicated on pocket cards for group members
- Overhead Transparencies:
Understanding the Feelings of Others
- Handout:
Social Skills Homework Assignment Worksheet (see Lesson 10)

EQUIPMENT:

- Overhead Projector
- Easel with Chart Paper
- Masking Tape
- Markers (12, assorted colors)

REFERENCES:

Aggression Replacement Training: Goldstein, AP and Glick, B.. 1987.
Champaign, IL: Research Press.

The Prepare Curriculum. Goldstein, AP. 1988. Champaign, IL:
Research Press.

LESSON

CORE CONTENT

NOTES

Activity 1: Thinking Check In and Homework Review

Have each person report on their Social Skills homework including items 1-7.



Hi! It is good to see you here this week. Today we will continue our exploration of the topic of feelings so that we may better think about our own feelings, and others. Before we introduce a new skill, let us briefly review the last skill we learned which was *Knowing Your Feelings*. Take out your homework for that skill and let's review how you did practicing outside of the group.

Activity 2: Overview of Social Skill: Understanding the Feelings of Others

Today, we will learn a second important skill you will use which should help you better explore your thinking and that of others. This week's skill is: *Understanding the Feelings of Others*.

What does *Understanding the Feelings of Others* mean to you?

Solicit some responses to the group that reflect understanding others feelings is an important skill to know because it requires individuals to identify specific feelings of others, which is basic to getting them to empathize (that is put themselves in the other person's position) with others.

Activity 3: Modeling the Skill: Understanding the Feelings of Others

We will have an opportunity to talk about what *Understanding the Feelings of Others* means to you in a little bit, but right now Mr./Ms _____ and I would like to show you some examples of the skill and the specific steps of the skill, *Understanding the Feelings of Others*. After you have had a chance to watch us model this for you, we will talk about times when you may have to or want to use the skill in the near future.

Would _____ (choose a participant) read the first step of the skill. Would _____ read the second step. Would _____ read the third step. Would _____ read the fourth step. Would _____ read the fifth step.

Does everyone understand the steps of the skill, *Understanding Others Feelings*? Are there any questions you have. Good!

Now Mr./Ms. _____ and I will model the skill for you.

Hand out the skill cards with the skill, *Understanding the Feelings of Others*, on it and show it on an overhead. Ask a different participant to read one of the steps of the skill in order. Be sure to thank each individual and provide positive feedback for reading.

Here is the situation. A member of the group is agitated because they just got a phone call from their girlfriend who said she was no longer interested in seeing him.



Understanding the Feelings of Others

1. Watch the other person.
2. Listen to what the person is saying.
3. Figure out what the person might be feeling.
4. Think about ways to show you understand what he/she is feeling.
5. Decide on the best way.

Lesson 11

OH#1

Understanding the Feelings of Others

The two trainers act out the vignette, following the steps of the skill exactly. Be sure to point to your head and talk aloud when performing “thinking” steps. (Steps 3,4, & 5)

As you enact this vignette, make sure to model for the participants each of the steps by exaggerating the qualities of each. That is, in step 1, note the tone of voice and facial expression; step 2, understand the content of the message; step 3, identify alternative feelings such as anger, sadness, anxiety; step 4, think about ways to show you understand what he/she is feeling; step 5, decide on the best way and do it.

Activity 4: Discuss the Modeling Display

Now that you have seen a model of the skill, what situations can you

Solicit responses and have **each** participant describe a *real, current*

think of where you could use this skill?

Have you ever had difficulty in situations where you had to understand the feelings of others in order to successfully deal with the situation?

situation where the skill must be used.

Then once everyone has had the opportunity to describe the situation where they would use the skill, have one participant volunteer to do a role play. Remind the group that **everyone in the group** will have an opportunity to practice the skill.

Activity 5: Participant Role Play of the Skill

Where would you be when trying to know how you were feeling about this situation? OK, how is the room furnished? Where are you, are you standing or sitting?

Designate the volunteer trainee as the *main actor*, and ask the trainee to choose a co-actor (someone who reminds the main actor of the person with whom the skill will be used in the real life situation”.

To the main actor: Try to follow the steps of the skill as best you can.

Set the stage for the role playing, including props, arrangements, and set description. Then rehearse the main actor what he will say and do during the role play, finally provide final instructions to the group.

To the co-actor: Try to play the part of ____ as best you can. Say and do what you think ____ would do when ____ follows the steps of the skill.

To the other group participants: Watch carefully how well _____ performs the skill, because afterwards, we will discuss it. In fact, _____, you watch step #1 and see how well _____ watches the other person. _____, you look for step 2 and see if _____ listens to what the person is saying.

Assign each of the group participants a step in the skill to observe.

Begin the role play, insuring that the main actor follow the steps of

_____, you look for step 3, and
_____, you look to see if
_____ does step 4, and
_____, see if _____ does step 5.

the skill exactly. If he/she doesn't, stop the role play, re-instruct, and begin again.

Activity 6: Feedback (Discussion) of the Role Play

To the co-actor: How did you feel about playing the role saying some things for ____ to ask questions?

Who was looking for step 1? How well did _____ do that?

Who had step 2? Can you tell us how well _____ did that? Did he/she listen to what the person was saying?

Who had step 3? Did _____ figure out what the person might be feeling?

Who had step 4? Did _____ think about ways to show that he/she understood what he/she was feeling?

And step 5, did _____ decide on the best way?

After the role play is completed (no more than three to five minutes), invite feedback from the group.

Be sure you solicit positive comments as appropriate. The purpose here is to state, objectively, whether the role player followed the steps of the skill, and not how well he/she acted.

Activity 7: Plan and Assign the Homework for the Skill



Well, now that you have had an opportunity to try the skill, when, during the next week do you think you can practice it?

Trainer helps role player plan homework.

Here is a homework sheet. All of us will complete the first part of it, here in class, and you will individually complete the second part after you practice your skill, given the situation you have described.

Activity 8: Repeat activities 5, 6, and 7 with each participant

Now, who would like to go next. OK, _____ as I recall, your situation was....

Activity 9: Wrap Up

The next time we meet to learn another social skill, we will have an opportunity to review your homework and see how well you did practicing this week's skill, *Understanding Others Feelings*. Have a good week.

Distribute the homework reports, and have everyone complete the first part as they complete their role play.

Continue with role playing, using the same procedures as outlined in the above sections, until everyone has had an opportunity to complete the skill

As a trainer, you should become familiar and comfortable with the steps and sequence of the skill lesson, since the format is the same throughout the curriculum.

Only the content changes.

12

Responding to the Feelings of Others

SUMMARY AND RATIONALE:

This social skill lesson continues the empathy training begun with Lesson 10 (*Knowing Your Feelings*). It differs from the previous lesson in calling for more explicit skill performance toward the person whose feelings are being observed.

CONCEPTS AND DEFINITIONS:

Responding to the feelings of others is one of the most important skills to develop positive relationships with other people.

OBJECTIVES:

As a result of this session participants will:

1. understand the importance of the social skill: *Responding to the Feelings of Others*.
2. learn and be able to perform the four steps of *Responding to the Feelings of Others*.
3. perform the four steps of *Responding to the Feelings of Others* in real life situations.

MAJOR ACTIVITIES:

1. Thinking Check In and Homework Review
2. Overview of Lesson
3. Model the social skill, Responding to the Feelings of Others
4. Discuss the Modeling Display
5. Participants role play the skill, *Responding to the Feelings of Others*
6. Feedback (discussion) of the Role Play
7. Plan and assign homework (practice) of the skill
8. Repeat Steps 5, 6, and 7 for each participant in the group
9. Wrap up

SUPPLEMENTS:

- Pocket Cards:
Responding to the Feelings of Others Skill Steps duplicated on pocket cards for group members
- Overhead Transparencies:
Responding to the Feelings of Others
- Handout:
Social Skills Homework Assignment Worksheet (see Lesson 10)

EQUIPMENT:

- Overhead Projector
- Easel with Chart Paper
- Masking Tape
- Markers (12, assorted colors)

REFERENCES:

Aggression Replacement Training. Goldstein, AP and Glick, B.. 1987.
Champaign, IL: Research Press.

The Prepare Curriculum. Goldstein, AP. 1988. Champaign, IL:

Research Press.

LESSON

CORE CONTENT

NOTES

Have each person report on their Social Skills homework including items 1-7.

NOTE: The format and directions to deliver this social skill Lesson are identical to those in previous Social Skill Lessons, except for content changes reflecting the difference with this particular skill.

Directions:

Deliver this social skill lesson following the same process described in previous social skill lessons. Follow the *Major Activity* steps outlined above.

In **Activity 3**, present the following steps for the Social Skill *Responding to the Feelings of Others*:



Responding to the Feelings of Others

1. Observe the other person's words and actions.
2. Decide what the other person might be feeling and how strong the feelings are.
3. Decide whether it would be helpful to let the other person know you understand his/her feelings.
4. Tell the other person, in a warm and sincere manner, how you think he/she is feeling.

Lesson 12

OH#1

Responding to the Feelings of Others

Use examples that illustrate *Responding to the Feelings of Others*. In **Activity 3: Modeling the Skill**, use the following scenario:

My girlfriend (or boyfriend) is upset because s/he has been fired from his/her job for being late. S/he has been careless about getting to work on time and has been warned before about being late. S/he really needed the job in order to pay bills, a lot of which are past due. S/he came home very angry, but now s/he is just sitting at the T.V. S/he doesn't seem to be paying attention to the show.

His/Her fists are clenched and jaw is tight.

As you enact the vignette, be sure

to model for the participants, each of the steps by performing each step deliberately and exactly. This skill is similar to the last social skill, but requires more detail in its performance.

In **Activity 7: Prepare and assign Homework**, use the Homework sheet as used in previous social skill lessons.

13

Preparing for a Stressful Conversation

SUMMARY AND RATIONALE:

Stressful situations typically bring out automatic responses which, with criminal offenders, are likely to be irresponsible or hurtful if not blatantly criminal. This lesson develops the rational mind set toward problem situations begun in earlier lessons and developed extensively in the Problem Solving Lessons (16-21).

CONCEPTS AND DEFINITIONS:

Stressful conversations are verbal interactions with another person when we have strong feelings and are uncertain about the outcome.

OBJECTIVES:

As a result of this session participants will:

1. understand the importance of the social skill: *Preparing for a Stressful Conversation*.
2. learn and be able to perform the seven steps of *Preparing for a Stressful Conversation*.
3. perform the seven steps of *Preparing for a Stressful Conversation* in real life situations.

MAJOR ACTIVITIES:

1. Thinking Check In and Homework Review
2. Overview of Lesson
3. Model the social skill, Preparing for a Stressful Conversation.
4. Discuss the Modeling Display
5. Participants role play the skill, Preparing for a Stressful Conversation
6. Feedback (discussion) of the Role Play
7. Plan and assign homework (practice) of the skill
8. Repeat Steps 5, 6, and 7 for each participant in the group
9. Wrap up

SUPPLEMENTS:

- Pocket Cards:
Preparing for a Stressful Conversation Skill Steps duplicated on pocket cards for group members
- Overhead Transparencies:
Preparing for a Stressful Conversation
- Handout:
Social Skills Homework Assignment Sheet (see Lesson 10)

EQUIPMENT:

- Overhead Projector
- Easel with Chart Paper
- Masking Tape
- Markers

REFERENCES:

Aggression Replacement Training. Goldstein, AP and Glick, B.. 1987.
Champaign, IL: Research Press.

The Prepare Curriculum. Goldstein, AP. 1988. Champaign, IL:

Research Press.

LESSON

CORE CONTENT

NOTES

Have each person report on their Social Skills homework including items 1-7.

NOTE: The format and directions to deliver this social skill Lesson are identical to those in previous Social Skill Lessons, except for content changes reflecting the difference with this particular skill.

Directions:

Deliver this social skill lesson following the same process described in previous social skill lessons. Follow the *Major Activity* steps outlined on the previous page.

In **Activity 3**, present the following steps for the Social Skill *Preparing for a Stressful Conversation*:



Preparing for a Stressful Conversation

1. Imagine yourself in the stressful situation.
2. Think about how you will feel and why you will feel that way.
3. Imagine the other person in the stressful situation. Think about how that person will feel and why.
4. Imagine yourself telling the other person what you want to say.
5. Imagine what s/he will say.
6. Repeat the above steps using as many approaches as you can think of.
7. Pick the best approach.

Lesson 13

OH#1

Preparing for a Stressful Conversation

Use examples that illustrate *Preparing for a Stressful Conversation*. In **Activity 3: Modeling the Skill**, use the following scenario:

You have had a minor accident with the delivery truck that belongs to the company you work for. The accident was due to sliding on some oil that had been spilled in the parking lot of one of your customers. You're sure it was not your fault, but you need to tell him about the truck.

As you enact the vignette, be sure to model for the participants, each of the steps by pointing to your head as you think through each step, indicating to the participants

that you are thinking, even though in reality they would not “see” you thinking “aloud”. Take your time with this skill. It is quite an advanced social skill and involves many thinking steps.

In **Activity 7: Prepare and assign Homework**, use the Homework sheet as used in previous social skill lessons.

14

Responding to Anger

SUMMARY AND RATIONALE:

Anger is an element which is part of lots of criminal behavior. With many offenders, it is automatic to respond to anger in others with anger of their own. This leads to a cycle of escalating conflict that often results in violence or other destructive behaviors.

CONCEPTS AND DEFINITIONS:

Anger is one of the most common and most dangerous of our emotions. Dealing with anger, in others — especially when that anger is directed towards us — is an important skill to avoid violence and destructive conflict.

OBJECTIVES:

As a result of this session participants will:

1. understand the importance of the social skill: *Responding to Anger*.
2. learn and be able to perform the five steps of *Responding to Anger*.
3. perform the five steps of *Responding to Anger* in real life situations.

MAJOR ACTIVITIES:

1. Thinking Check In and Homework Review
2. Overview of Lesson
3. Model the social skill, Responding to Anger
4. Discuss the Modeling Display
5. Participants role play the skill, Responding to Anger
6. Feedback (discussion) of the Role Play
7. Plan and assign homework (practice) of the skill
8. Repeat Steps 5, 6, and 7 for each participant in the group
9. Wrap up

SUPPLEMENTS:

- Pocket Cards:
Responding to Anger Skill Steps duplicated on pocket cards for group members
- Overhead Transparencies
Responding to Anger
- Handouts:
Social Skills Homework Assignment Worksheet (see Lesson 10)

EQUIPMENT:

- Overhead Projector
- Easel with Chart Paper
- Masking Tape
- Markers (12, assorted colors)

REFERENCES:

Aggression Replacement Training. Goldstein, AP and Glick, B.. 1987.
Champaign, IL.: Research Press.

The Prepare Curriculum. Goldstein, AP. 1988. Champaign, IL.:
Research Press.

LESSON

CORE CONTENT

NOTES

Have each person report on their Social Skills homework including items 1-7.

NOTE: The format and directions to deliver this social skill Lesson are identical to those in previous Social Skill Lessons, except for content changes reflecting the difference with this particular skill.

Directions:

Deliver this social skill lesson following the same process described in previous social skill lessons. Follow the *Major Activity* steps outlined on the previous page.

In **Activity 3**, present the following steps for the Social Skill *Responding to Anger*.



Responding to Anger

1. Listen openly to what the other person has to say.
2. Show that you understand what the other person is feeling.
3. Ask the other person to explain anything you don't understand.
4. Show that you understand why the other person feels angry.
5. If it is appropriate, express your thoughts and feelings about the situation.

Lesson 14

OH #1
Responding to Anger

Use examples that illustrate *Responding to Anger*. In **Activity 3: Modeling the Skill**, use the following scenario:

The person who lives in the next apartment comes into your apartment and starts yelling about his wife. He is angry because she has taken the car, the kids and all his money. She left a note saying she has gone to visit her best friend in another state and won't be home for a week. You know this person only a little, but he has always been friendly to you. You are afraid that his yelling might bring the manager or might even escalate into violence.

As you enact the vignette, take extra care with steps 2 and 4.

Make it obvious how you are showing you understand.

In **Activity 7: Prepare and assign Homework**, use the Homework sheet as used in previous social skill lessons.

15

Dealing with an Accusation

SUMMARY AND RATIONALE:

Most offenders are very thin skinned about being accused of anything. This is true whether or not they have done what they are accused of. If they are innocent, they are likely to react with extremely righteous anger, which is often used to justify actual irresponsible behavior in the future.

CONCEPTS AND DEFINITIONS:

An Accusation is a claim that you did something wrong. Accusations are true if you did what you are accused of; and false if you did not do what you are accused of.

OBJECTIVES:

As a result of this session participants will:

1. understand the importance of the social skill: *Dealing with an Accusation*.
2. learn and be able to perform the four steps of *Dealing with an Accusation*.
3. perform the four steps of *Dealing with an Accusation* in real life situations.

MAJOR ACTIVITIES:

1. Thinking Check In and Homework Review
2. Overview of Lesson
3. Model the social skill, *Dealing with an Accusation*
4. Discuss the Modeling Display
5. Participants role play the skill, *Dealing with an Accusation*
6. Feedback (discussion) of the Role Play
7. Plan and assign homework (practice) of the skill
8. Repeat Steps 5, 6, and 7 for each participant in the group
9. Wrap up
10. Introduce 50 Skills and distribute lists

SUPPLEMENTS:

- Pocket Cards:
Dealing with an Accusation Skill Steps duplicated on pocket cards for group members
- Overhead Transparencies
Dealing with an Accusation
- Handout:
Social Skills Homework Assignment Worksheet (see Lesson 10)
List of 50+ Social Skills List (Titles only)

EQUIPMENT:

- Overhead Projector
- Easel with Chart Paper
- Masking Tape
- Markers (12, assorted colors)

REFERENCES:

Aggression Replacement Training. Goldstein, AP and Glick, B.. 1987.
Champaign, IL: Research Press.

The Prepare Curriculum. Goldstein, AP. 1988. Champaign, IL:
Research Press.

LESSON

CORE CONTENT

NOTES

Have each person report on their Social Skills homework including items 1-7.

NOTE: The format and directions to deliver this social skill Lesson are identical to those in previous Social Skill Lessons, except for content changes reflecting the difference with this particular skill.

Directions:

Deliver this social skill lesson following the same process described in previous social skill lessons. Follow the *Major Activity* steps outlined on the previous page.

In **Activity 3**, present the following steps for the Social Skill *Dealing with an Accusation*:



Dealing with an Accusation

1. Think about what the other person accused you of.
2. Think about why the person might have accused you.
3. Think about ways to answer the person's accusations.
4. Choose the best way and do it.

Lesson 15

OH #1
Dealing with an Accusation

Use examples that illustrate *Dealing with an Accusation*. In **Activity 3: Modeling the Skill**, use the following scenario:

Your girlfriend (boyfriend) accuses you of going out with another boy (girl). The person s/he accuses you of dating is someone you know from work, and in fact, you like that person and have had coffee with him (her) twice after work. You haven't asked him (her) on a date, but you have been thinking about it.

As you enact the vignette, think the first three steps out loud, pointing to your head as you do.

In **Activity 7: Prepare and assign Homework**, use the Homework sheet as used in previous social skill lessons.

In **Activity 10: Introduce 50 Skills and distribute list**, inform the participants that this is a list of some of the skills that they can learn, if they think they have a need to. Review each of the group of skills and lead a discussion with the participants about each group, using specific skills from each group as an example. Be sure to have participants identify the importance of the skills as enhancing their choices and empowering them to do more than just react negatively or anti-socially in any given situation.

Lesson 10

Knowing Your Feelings

Supplemental Materials:

- Pocket Cards:
Knowing Your Feelings Skill Steps
duplicated for group members
- Overhead Transparencies:
Knowing Your Feelings
- Handout:
Social Skill Homework Assignment
Worksheet

Knowing Your Feelings

1. Tune in to what is going on in your body that helps you know what you are feeling.
2. Decide what happened to make you feel that way.
3. Decide what you could call the feeling.

Knowing Your Feelings

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Knowing Your Feelings

1. Tune in to what is going on in your body that helps you know what you are feeling.
2. Decide what happened to make you feel that way.
3. Decide what you could call the feeling.

Social Skill Homework Assignment Worksheet

Name: _____ Date: _____

Group Leader: _____

Fill in during class:

1. Homework assignment:
 - a) Skill:
 - b) With whom:
 - c) Use when:
 - d) Use where:
2. Steps to be followed:

Thinking Check In: (to be filled in before next class):

1. Describe the situation in which you actually practiced the above Social Skill.
2. What were your risk thought and feeling?
3. Was there risk in these thoughts and feelings of leading you to do something hurtful? (Indicate what hurtful behavior you did or might have done, and show how your thinking could lead to doing it.)
4. What new thinking did you use (or could you have used) to reduce that risk?
5. Describe the skill steps you actually followed?
6. Rate yourself on how well you used the skill (check one):
Excellent _____ Good _____ Fair _____ Poor _____
7. Describe what you feel should be your next homework assignment:

Lesson 11

Understanding the Feelings of Others

Supplemental Materials:

- Pocket Cards:
Understanding the Feelings of Others
Skill Steps duplicated for group members
- Overhead Transparencies:
Understanding the Feelings of Others
- Handout:
Social Skill Homework Assignment
Worksheet (see Lesson 10)

Understanding Others' Feelings

1. Watch the other person.
2. Listen to what the person is saying
3. Figure out what the person might be feeling.
4. Think about ways to show you understand what the other person is feeling.
5. Decide on the best way to do it.

Understanding Others' Feelings

1. Watch the other person.
2. Listen to what the person is saying
3. Figure out what the person might be feeling.
4. Think about ways to show you understand what the other person is feeling.
5. Decide on the best way to do it.

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2. Listen to what the person is saying
3. Figure out what the person might be feeling.
4. Think about ways to show you understand what the other person is feeling.
5. Decide on the best way to do it.

Understanding the Feelings of Others

1. Watch the other person.
2. Listen to what the person is saying.
3. Figure out what the person might be feeling.
4. Think about ways to show you understand what he/she is feeling.
5. Decide on the best way to do it.

Lesson 12

Responding to the Feelings of Others

Supplemental Materials:

- Pocket Cards:
Responding to the Feelings of Others
Skill Steps duplicated for group members
- Overhead Transparencies:
Responding to the Feelings of Others
- Handout:
Social Skill Homework Assignment
Worksheet (see Lesson 10)

Responding to Others' Feelings

1. Observe the other person's words and actions.
2. Decide what the other person might be feeling and how strong the feelings are.
3. Decide whether it would be helpful to let the other person know you understand his/her feelings.
4. Tell the other person, in a warm and sincere manner, how you think s/he is feeling.

Responding to Others' Feelings

1. Observe the other person's words and actions.
2. Decide what the other person might be feeling and how strong the feelings are.
3. Decide whether it would be helpful to let the other person know you understand his/her feelings.
4. Tell the other person, in a warm and sincere manner, how you think s/he is feeling.

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Lesson 13

Preparing for a Stressful Conversation

Supplemental Materials:

- Pocket Cards:
Preparing for a Stressful Conversation
Skill Steps duplicated for group members
- Overhead Transparencies:
Preparing for a Stressful Conversation
- Handout:
Social Skill Homework Assignment
Worksheet (see Lesson 10)

Preparing for a Stressful Conversation

1. Imagine yourself in the stressful situation.
2. Think about how you will feel and why you will feel that way.
3. Imagine the other person in the stressful situation. Think about how that person will feel and why.
4. Imagine yourself telling the other person what you want to say.
5. Imagine what s/he will say.
6. Repeat the above steps using as many approaches as you can think of.
7. Pick the best approach.

Preparing for a Stressful Conversation

1. Imagine yourself in the stressful situation.
2. Think about how you will feel and why you will feel that way.
3. Imagine the other person in the stressful situation. Think about how that person will feel and why.
4. Imagine yourself telling the other person what you want to say.
5. Imagine what s/he will say.
6. Repeat the above steps using as many approaches as you can think of.
7. Pick the best approach.

Preparing for a Stressful Conversation

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2. Think about how you will feel and why you will feel that way.
3. Imagine the other person in the stressful situation. Think about how that person will feel and why.
4. Imagine yourself telling the other person what you want to say.
5. Imagine what s/he will say.
6. Repeat the above steps using as many approaches as you can think of.
7. Pick the best approach.

Preparing for a Stressful Conversation

1. Imagine yourself in the stressful situation.
2. Think about how you will feel and why you will feel that way.
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Preparing for a Stressful Conversation

1. Imagine yourself in the stressful situation.
2. Think about how you will feel and why you will feel that way.
3. Imagine the other person in the stressful situation. Think about how that person will feel and why.
4. Imagine yourself telling the other person what you want to say.
5. Imagine what s/he will say.
6. Repeat the above steps using as many approaches as you can think of.
7. Pick the best approach.

Lesson 14

Responding to Anger

Supplemental Materials:

- Pocket Cards:
Responding to Anger Skill Steps
duplicated for group members
- Overhead Transparencies:
Responding to Anger
- Handout:
Social Skill Homework Assignment
Worksheet (see Lesson 10)

Responding to Anger

1. Listen openly to what the other person has to say.
2. Show that you understand what the other person is feeling.
3. Ask the other person to explain anything you don't understand.
4. Show that you understand why the other person feels angry.
5. If it is appropriate, express your thoughts and feelings about the situation.

Responding to Anger

1. Listen openly to what the other person has to say.
2. Show that you understand what the other person is feeling.
3. Ask the other person to explain anything you don't understand.
4. Show that you understand why the other person feels angry.
5. If it is appropriate, express your thoughts and feelings about the situation.

Responding to Anger

1. Listen openly to what the other person has to say.
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Responding to Anger

1. Listen openly to what the other person has to say.
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Responding to Anger

1. Listen openly to what the other person has to say.
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Responding to Anger

1. Listen openly to what the other person has to say.
2. Show that you understand what the other person is feeling.
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Responding to Anger

1. Listen openly to what the other person has to say.
2. Show that you understand what the other person is feeling.
3. Ask the other person to explain anything you don't understand.
4. Show that you understand why the other person feels angry.
5. If it is appropriate, express your thoughts and feelings about the situation.

Lesson 15

Dealing with an Accusation

Supplemental Materials:

- Pocket Cards:
Dealing with an Accusation Steps
duplicated for group members
- Overhead Transparencies:
Dealing with an Accusation
- Handout:
Social Skill Homework Assignment
Worksheet (see Lesson 10)
List of 50± Social Skills (Titles only)

**Dealing with an Accusation**

1. Think about what the other person has accused you of.
2. Think about why the person might have accused you.
3. Think about ways to answer the person's accusations.
4. Choose the best way and do it.

Dealing with an Accusation

1. Think about what the other person has accused you of.
2. Think about why the person might have accused you.
3. Think about ways to answer the person's accusations.
4. Choose the best way and do it.

Dealing with an Accusation

1. Think about what the other person has accused you of.
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4. Choose the best way and do it.

THE STRUCTURED LEARNING SKILLS CURRICULUM

GROUP I: BEGINNING SOCIAL SKILLS

1. Listening
2. Starting a conversation
3. Having a conversation
4. Asking a question
5. Saying "thank you"
6. Introducing yourself
7. Introducing other people
8. Giving a complaint

GROUP II: ADVANCED SOCIAL SKILLS

9. Asking for help
10. Joining in
11. Giving instructions
12. Following instructions
13. Apologizing
14. Convincing others

GROUP III: SKILLS DEALING WITH FEELINGS

15. Knowing your feeling
16. Expressing your feelings
17. Understanding the feelings of others
18. Dealing with someone else's anger
19. Expressing affection
20. Dealing with fear
21. Rewarding yourself

GROUP IV: SKILL ALTERNATIVES TO AGGRESSION

22. Asking permission
23. Sharing something
24. Helping others
25. Negotiation
26. Using self-control
27. Standing up for your rights
28. Responding to testing
29. Avoiding trouble with others
30. Keeping out of fights

GROUP V: SKILLS FOR DEALING WITH STRESS

31. Making a complaint
32. Answering a complaint
33. Sportsmanship after the game
34. Dealing with embarrassment
35. Dealing with being left out
36. Standing up for a friend
37. Responding to persuasion
38. Responding to failure
39. Dealing with contradictory messages
40. Dealing with an accusation
41. Getting ready for a difficult conversation
42. Dealing with group pressure

GROUP VI: PLANNING SKILLS

43. Deciding on something to do
44. Deciding what caused a problem
45. Setting a goal
46. Deciding on your abilities
47. Gathering information
48. Arranging problems by importance
49. Making a decision
50. Concentrating on task

Dealing with an Accusation

1. Think about what the other person accused you of.
2. Think about why the person might have accused you.
3. Think about ways to answer the person's accusations.
4. Choose the best way and do it.

16

Introduction to Problem Solving

SUMMARY AND RATIONALE:

This is the introductory lesson to Problem Solving. The steps of problem solving are a tool participants can use to change their old ways of thinking and acting patterns that get them into trouble.

Problem Solving in this program is designed to integrate the skills of Cognitive Self Change (lesson 5-9) and Social Skills (lesson 10-15). By mastering the steps of Problem Solving participants will also be using Cognitive Self Change and Social Skills.

In this session we introduce the Conflict Cycle and the 6 steps of Problem Solving.

CONCEPTS AND DEFINITIONS:

The Conflict Cycle is a cycle of thoughts, feelings, beliefs, actions and reactions that increase and escalate problem situations (see Conflict Cycle supplement). The goal of problem solving is to escape the conflict cycle and perform constructive problem solutions.

Problem Solving is defined in this program by the following 6 steps:

1. Stop and think.
2. Describe the problem.
3. Get information to set a goal.
4. Consider choices and consequences.
5. Choose, plan, do
6. Evaluate

Time to think problems are problems where we have plenty of time to reflect and plan a solution.

In your face problems are problems where we are under pressure to respond right away.

OBJECTIVES:

As a result of this session participants will:

1. understand the Conflict Cycle and describe a conflict situation in terms of the Conflict Cycle.
2. understand the 6 steps of problem solving and apply these steps to a realistic problem situation.

MAJOR ACTIVITIES:

1. Thinking Check In and Homework Review
2. Overview of lesson
3. Show film clip from The Breakfast Club
4. Apply the Conflict Cycle to the film scenario
5. Apply the 6 steps of Problem Solving to the film scenario
6. Wrap up
7. Homework

SUPPLEMENTS:

- Overhead Transparencies:
 - Conflict Cycle
 - 6 Steps of Problem Solving (graphic)
- Handouts:
 - Conflict Cycle
 - Problem Solving Steps (graphic)
 - Problem Solving Steps (overview of steps)
 - Homework
- *The Breakfast Club* movie
(Rent it at your local video store)

EQUIPMENT:

- Overhead projector
- Easel with Chart Paper
- Markers
- VCR and monitor

LESSON

CORE CONTENT

NOTES

Activity 1: Thinking Check In and Homework Review

Have each person report on their Social Skill homework.

Collect the Homework Sheets to review their practice of the Social Skill (Dealing With An Accusation) later.

Activity 2. Overview of Lesson



Today we begin a new section of the program. It's called Problem Solving. Problem Solving is a skill we can use to deal with all kinds of problems. In this program we learn Problem Solving by doing 6 steps. To do these steps we will make use of the skills we've already learned in the Cognitive Self Change lessons and the Social Skills lessons.

Show course organizer. (See Lesson 1.)

To begin with we're going to look at how our ways of responding to problems can actually make things worse. This is called the Conflict Cycle.

Let's look at an example of a problem situation where the problem goes from bad to worse. This is a scene from the movie, *The Breakfast Club*.

In this scene you will see a small group of teenagers who are doing a Saturday detention in their high school library. In this scene there

Tell participants to focus on Bender as they watch the clip.

are two main characters - Bender, one of the students, and Verne, the principal in charge of the detention. The rules laid down by Verne for the students are no talking and stay in your seat. Watch Bender, we are going to discuss what happens to him.

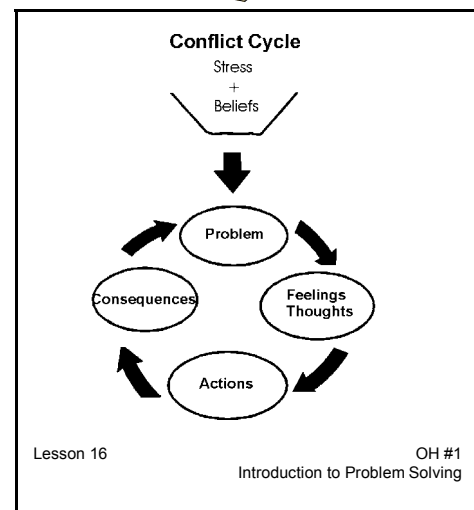
Activity 3: Show film clip from the Breakfast Club.

Activity 4: Apply the Conflict Cycle to the film scenario.

Let's use this scene to explore the Conflict Cycle. Let's start at the top. Stress can be both internal and external.

Show clip from Bender taking the screw to after Verne exits the library and takes a deep breath.

Display Lesson 16 OH #1. Pass out the Conflict Cycle handout.



Be clear that you are talking about the final stage of the conflict when Bender looks Verne in the face and says, "Eat my shorts."

Discussion is to follow step-by-step through the 5 stages of the Conflict Cycle.

Note the progress of the discussion on the Conflict Cycle chart.

What stress was Bender feeling?

Possible answers - he was spending Saturday in detention, this confrontation was taking place in front of other students, Verne is in his face.

What beliefs do you think Bender has that fueled this confrontation?

Possible answers - that he has to look tough in front of the other students, he has to have the last word, being quiet means being weak.

Based on Bender's stress and beliefs, how would Bender describe the problem?

Possible answers - Verne is trying to put me down in front of the others. Verne hates me. Verne is taking his anger out on me.

What do you think Bender was feeling when Verne was in his face, pointing a finger at him?

Possible answers - embarrassed, angry, challenged.

What thoughts do you think might have been going through Bender's head?

Possible answers - "He can't do this to me." "I'll show him."

What action did Bender take? Was it impulsive or well-thought out?

Possible answers - Looked Verne in the face and said, "Eat my shorts." It was not well-thought out.

What were the consequences?

Possible answer - More detentions.

Bender now has more problems than when he started. He lost the confrontation, he has more detentions, Verne is very angry. Bender's stress increases and he has more problems than when he started.

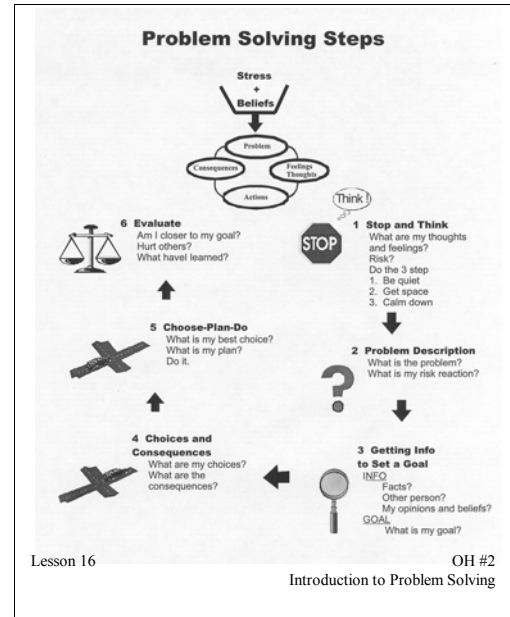
The key to solving problems is to be able to use your head rather than let your emotions take over. We all have habits and impulses that get us into trouble. It is possible to interrupt the conflict cycle between thoughts and feeling and actions that allow for choices to be made rather than impulses taking over or doing what we do by habit.

One of the keys to problem solving is to control our thinking. That gives us power and lets us decide what will happen. Bender gave up his power to Verne. The goal of problem solving is to interrupt the conflict cycle so the problem can be resolved in a way that creates less stress and tension for you.

We will explore what Bender could have done to make a better decision so he would not end up with lots of detentions.

Activity 5: Apply the 6 Steps of Problem Solving to the Film Scenario.

Display Problem Solving Steps (graphic) OH #2. Pass out the handout of the Problem Solving Steps.



Step 1: Stop and Think
In this program we use a simple formula to help us **stop** and **think**.

This is just an introduction to problem solving. Keep a brisk pace.

Make a chart prior to the lesson. During the lesson write in key information. You will use this later to help you model the Problem Solving Steps.



Step 6: Evaluate	Step 1: Stop & Think
Step 5: Choose, Plan, Do	Step 2: Problem Description
Step 4: Choices & Consequences	Step 3: Get Information to Set a Goal

Let's look at how we can apply the Stop and Think Step to Bender's situation.

Remember we are looking at the few seconds between Bender saying, "Eat my shorts." under his breath and Verne saying "What did you say?" and Bender's next move. This is the last chance Bender had to tone down the conflict.

We have already discussed the risk thoughts and feelings that Bender was having. What was a risk thought he was having? What was a risk feeling he was having? These thoughts and feelings can serve as risk signs that Bender is in a problem situation and about to lose control. Thoughts and feelings are risk signs; we also have physical signs that tell us we are upset, like a pounding heart, tense muscles, etc.

What physical signs do you think Bender was having? These signs can be used to trigger a thinking rather than an emotional response. They can tell us to **Stop and Think**.

Possible answers -

"Can't look bad."

"Let's have some fun."

Possible answers: anger, embarrassment

Possible answers - pounding heart, dry throat, tight stomach.

How did Bender's thoughts and feelings lead him to do something to make things worse?

Possible answer - His thoughts fueled his anger.

What could Bender have done to get himself to stop and think?

Possible answers - Take a deep breath, be quiet.

What could he have thought that would have helped him stop and think?

Possible answers - It's not worth it, stay cool, don't give your power away.

Not all problems are like the one between Verne and Bender. In some problem situations we have lots of time to think about them, like not having enough money to pay bills, issues in raising a child, etc. In those situations there is a lot of time to think them through. It is even easier to apply these steps in "time to think" problems.

We call the problems where we have plenty of time to think, "time to think" problems. We call problems that demand a response right now, "in your face" problems.



Step 2: Problem Description

The next step in problem solving is to describe the problem being sure you put yourself in the problem rather than describing the problem by blaming others. The best problem statements begin with I - even if you didn't start the problem. You want to describe the problem as objectively as possible - something like the situation description in a thinking report. You also want to note what your risk reaction is. This is a way to interfere with risk reactions that get you into trouble. We have a formula for problem descriptions.

Problem Description

- a) I feel/think _____.
- b) Because _____.
- c) My risk is to react by _____.

Let's try to figure out a problem statement for Bender.

What do you think he is feeling?

Sample answers: I feel angry because Verne is in my face with the others watching.

What is an objective description of the situation?

Verne is calling me names and pointing his finger at me.

What do you think Bender's risk reaction is? Now let's put this as a Problem Description using the formula.

My risk is to react by showing him that he can't put me down.

Step 3: Get Information to Set a Goal The next step is information gathering. Why do you want to gather information as part of problem solving?



In this step we look for 3 different kinds of information. See if you can tell why these 3 kinds of information are important. The 3 kinds of information are:

- 1) the facts
- 2) others thoughts and feelings
- 3) my own beliefs and opinions

Let's start with the facts. Facts are things that have happened and statements that are provable. For example, it is a fact that the conflict between Bender and Verne took place in the library. What are some other facts?

There are other students in the room. Bender took the screw.

OK, now what are some of the other peoples' thoughts and feelings?

Angry.
He's going to get us in more trouble.

What do you think Verne is thinking and feeling?

Feels put on the spot.
Bender is challenging my authority.

OK, now what do you think are Bender's opinions and beliefs in this situation?

Get attention.
Look tough in front of the others.

Good, we've looked at all 3 kinds of information for this particular problem. Now let's use this information to help us set a goal for Bender.

We want to write a goal statement to solve the problem we described in Step 2. A good goal statement should be realistic and positive, and should say what it is we want in the situation.

A goal statement can just say what it is we want, or it can say what we want and also what we want to avoid.

What would be a good goal statement for Bender?

Example goal statement: I want to save face without getting more detention.

Step 4: Choices and Consequences Choices and Consequences is a crucial step in the problem solving process. The more choices you can think of, the better chance you have of coming up with something that will get you to your goal.



- 1.
- 2.

Be sure to write ideas for each step.

Let's replay the confrontation between Bender and Verne. I will stop the clip at the last point Bender had to stay out of trouble.

Stop the clip after Bender says, "Eat my shorts." and Verne says, "What did you say?"

What actions can Bender take?

Emphasize that the purpose is to come up with lots of ideas, realistic or not.

Now let's look at the consequences for some choices.

Pick 3 to 4 choices and discuss possible consequences.

Step 5: Choose, Plan, Do

Go through and eliminate the most

Choose - Now that we have come up with a lot of choices for Bender we want to pick the best one. The one that gets him closest to his goal.

Plan - Now we need to come up with a plan, what will Bender say and do? How is he going to say and do it?

Do - Now I will play Bender and follow the problem solving steps. Watch me and see how I do.

obvious choices that won't get Bender to the goal.

Then have the group vote to determine the best choice.

Solicit ideas from participants. Put them on chart paper numbered in specific steps.

Model - 'think aloud' Starting with Step 1, model going through the Steps using think aloud. Give each participant a problem solving step to watch for.

One facilitator plays Bender and one plays Verne. Verne stays in front of Bender and says, "You aren't fooling anyone, Bender. The next screw that falls out is you." Bender, "Eat my shorts." Verne says, "What did you say?" Bender now does a think aloud up to Step 4. At Step 4 ask participants to feed you ideas from the chart. Then enact the plan.

Step 6: Evaluate Did the plan work?

Is Bender closer to his goal?

If we helped Bender think through this conflict, what might he learn?

Discuss how well they thought the plan worked.

Possible answers - That he doesn't have to mouth off. That he can control himself if he wants to.

Activity 6: Wrap Up

We have done all 6 of the problem solving steps. In the next 5 classes we will go back and practice them one step at a time.

But the steps we just did with Bender are all the steps of Problem Solving.

Which step do you think might be most helpful to you when you meet a problem?

Encourage discussion on the problem solving steps.

What is one idea from what we have done that you think you will remember?

Activity 7: Assign Homework



For the next class I want you to watch for situations where you could use the steps of Problem Solving.

Your assignment is to pick one problem situation, and do the first part of the Stop and Think step. Do you remember what that is? I want you to identify your thoughts and feelings and also how these thoughts and feelings might lead to making the problem worse.

Step 1 — Stop and Think

SUMMARY AND RATIONALE:

Offenders learn that paying attention to their thoughts, feelings and physical reactions can be used as warning signs that they are in a problem situation. To support offenders' investigation of their thinking and behavior patterns, we ask offenders to think about where the thoughts and feelings are leading them so they can identify the risks associated with their reactions. Their thoughts and feelings are warning signs telling them to **Stop and Think**. Offenders learn that they can use the **3-Step** - to be quiet, calm down, and get some space so they can **Stop and Think**. This process helps them remain in control of the situation rather than reacting emotionally to it.

Stop and Think and the **3-step** are explored in two generic types of problem situations: **in your face problems** which require immediate action and **time to think problems** in which there are hours or days to think through the problem.

Linking: In Cognitive Self Change participants learned how to recognize their thoughts and feelings in situations that lead to trouble. This lesson helps them translate those insights into a quick recognition of thoughts, emotions and physical reactions that can lead them to criminal or problem actions and prompts use of the problem solving steps.

CONCEPTS AND DEFINITIONS:

Stop and Think Formula

1. Recognize thoughts, emotions, and physical reactions as warning signs.
2. Do the **3-Step**. Get control by being quiet, getting some space, calming down.

OBJECTIVES:

As a result of this session participants will:

1. identify specific thoughts, emotions and physical reactions as warning signs that they are in a problem situation;
2. understand and practice doing the **3-Step**.

MAJOR ACTIVITIES:

1. Thinking Check In and Homework Review
2. Review previous lesson
3. Overview of lesson
4. Explain how to recognize our thoughts, feelings, and sensations as warning signs
5. Give examples of your own warning signs (Facilitator)
6. Participants give examples of their warning signs
7. Explain the 3-Step
8. Model identifying warning signs and doing the 3-Step
9. Debrief the model demonstration
10. Participants role play Step 1: Identifying warning signs and doing the 3-Step
11. Wrap up
12. Assign Homework

SUPPLEMENTS:

- Overhead:
 - Conflict Cycle (see Lesson 16)
 - Stop and Think
 - Directions (for role plays)
- Handouts:
 - Stop and Think
 - Example Problem Situations
 - Stop and Think Role Play Planning Sheet
 - Homework

EQUIPMENT:

- Overhead
- Easel with Chart Paper

LESSON

CORE CONTENT

NOTES

Activity 1: Thinking Check In and Homework Review

Review the homework assignment from lesson 16. (This was to pick out a problem situation and identify the thoughts and feelings they had that might lead to making the problem worse.) Use the check-in format: Ask each participant to 1) describe the problem situation very briefly, 2) report their thoughts and feelings, 3) indicate how those thoughts and feelings could lead them to do something destructive.

Activity 2: Review Previous Lesson

Make sure participants have the Problem Solving Steps handout from Lesson 16 to refer to.



What do you remember about the Bender - Verne film clip?

Many different answers apply.



Show Lesson 16-OH#1 Conflict Cycle

Would someone start us through the conflict cycle? How does a problem usually start?

Stress and our beliefs cause us to feel there is a problem. Proceed through each stage of the conflict cycle.



Show Lesson 16-OH#2 Problem Solving Steps.

How many problem solving steps will we be exploring?

Six (6)

What are the steps?

Activity 3: Overview of Lesson

Today we are going to explore the first step of problem solving - **Stop and Think**. We will be discussing what we can do in situations that can lead to problems. The goal is to keep control by thinking rather than acting based on our emotions.

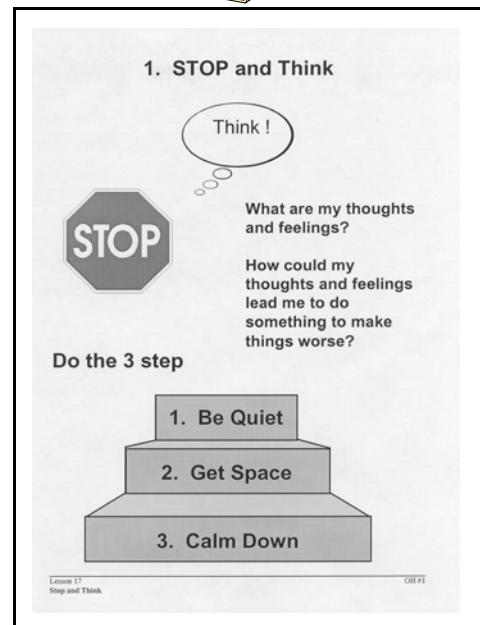
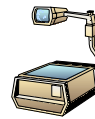
During this session we will:

identify specific thoughts, emotions and physical reactions that are warning signs that tell us we are in a problem situation;

- practice doing the 3-Step:
be quiet, get space, calm down

Rationale/The why of the lesson.

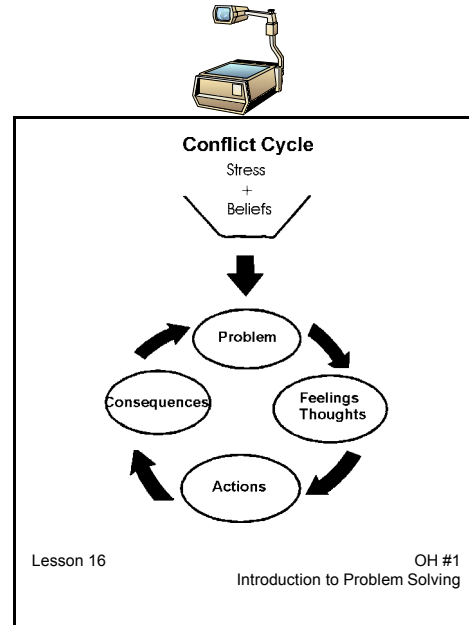
Pass out handout and show overhead.



Activity 4: Explain How to Recognize Thoughts, Feelings, and Sensations as Warning Signs.

(See Lesson 16)

Let's look at the Conflict Cycle again. The top box shows a problem beginning with something happening that we don't like. The second box shows that we have thoughts, feelings and physical reactions in response. We can use our thoughts, emotions and physical reactions as warning signs that we are entering a problem situation.



We can think about the **Stop and Think** step as driving on a winding, dangerous road. There are signs we can see telling us that we have entered the "Problem Solving Zone". We see signs that indicate emotions like anger and frustration and other signs that indicate physical reactions to our emotions such as a dry throat or feeling all pumped up and ready for action.

These signs tell us we are experiencing a problem. The road is narrow. In problem situations some of us can feel like we've entered a tunnel. We feel closed in.

Activity 5: Give Examples of Your Own Warning Signs.

Let's make a list of the thoughts, physical and emotional reactions that each of us feel in problem situations.

Give your own example such as....
Here's an example of my own.
When I have a problem with someone in authority I tend to think, "She/he doesn't have a clue." I feel frustrated and angry and my stomach gets tight. My risk is to react by losing my temper. My risk pattern is that I let anger build up until I lose my temper. That pattern does not help me or those around me.

Activity 6: Participants Give Examples of Their Warning Signs.

Now let's look at some examples of your warning signs.

Set up a piece of chart paper in the following format to record responses. Make sure participants give you a thought first, followed by emotions, followed by physical reactions and then their risk reaction.



STOP AND THINK

Pay Attention To:

Thoughts	Emotions	Physical Reactions

To Avoid Risk Reactions:

Ask offenders to give you examples of problem situations

they face in their current lives or you can offer problem situations that would be easy for the group to identify with. Some examples are listed below.

1. Someone you are expecting does not show up on visiting day.
2. Your teenage child stays out all night and you don't know where he/she is.
3. A correctional officer accuses you of doing something you did not do.

The purpose of this next set of questions is to display the varied thoughts, emotions, and physical reactions that can indicate a problem situation.

Write responses on **Stop and Think** chart/board.

What are the emotional reactions that individual might feel in the first situation?

Probe for feelings such as: fear, anger, worry, discouraged, annoyed, embarrassed, depressed, etc.

What are the physical reactions?

Probe for feelings such as: tight stomach, dry throat, pounding heart, headache, etc.

What are warning thoughts?

Ask them to identify risk thinking.

How could these thoughts and feelings lead to doing something to make things worse?

Probe for reactions that lead to trouble.

Repeat the questions for 2 - 3 situations from group listing of problem situations the group created, or from the examples

provided. Write responses on
Stop and Think chart/board.

What could happen if we don't get control of our emotions and thoughts?

We get in trouble.

We need to recognize this package of reactions as warning signs that tell us we are entering a problem situation and that we need to **STOP AND THINK**. We **STOP AND THINK** to keep our emotions from taking over so we can decide on what our best action is rather than react emotionally.

We use our thoughts, feelings, and physical reactions as warning signs so we can think through problems rather than react emotionally. We all have emotional reaction patterns that get us into trouble. When we react emotionally, we have lost control and have given in to our pattern of reacting.

Activity 7: Explain the 3-Step.

Once we recognize our warning signs, we need to find a way to get control so we can find some time to make ourselves **Stop and Think**. We call this doing the **Three Step**.

Get control by:

- being quiet,
- getting some space
- calming down

Show overhead #1 again.



Being quiet. Be quiet by doing things to keep from or stop yelling,

threatening, arguing, complaining.
Try to be quiet.

Don't feed into the emotion of the situation. Don't say things that then have to be defended or lived up to. For example, if I say, "I'm going to make you pay." and then I decide that I want to just let the situation go, it is harder for me to do that. If I am in an argument and I say, "Tell me you aren't going to do {insert an action} again." and the other person refuses then I have to decide what my next step is. The more angry and upset, the more that is said, the more likely that the problem will get worse.

Get some space. Find a way to get some space between you and the other person involved. At the very least don't move closer. If possible increase or change the space between yourself and the other person. If you are on the phone, pull the receiver away.

Calm down. Find a way to get control of your emotions. You can do this through self-talk, things you say to yourself like, "I can figure this out." You can also begin to calm yourself down by taking deep breaths or counting to slow yourself down.

Applying the 3-Step

We can think about two types of problems. **In your face problems** where we are really on the spot. These problems require immediate reactions. We are in a



In Your Face Problems

confrontation and have to take quick action. Those are very difficult situations because there just is not much time to think. Let's come up with some examples of in your face problems. Although in your face problems are the problems we tend to remember because they are intense, most problems that we face give us more time to think.

Time to think problems are situations where we do not have to react to them immediately. In these situations we have time to think through the problem anywhere from 10 to 20 minutes to days or months. These are situations like not having enough money to pay bills, having difficulty finding a job, or being worried about a relationship.

In both kinds of problems, we need to do the same thing, to get some time and space to think. We call this the **3-step**. We can do this in a number of ways.

Let's work with the most difficult situation first. When you are in an **in your face problem** - here are some things you can do to get yourself to **Stop and Think** by doing the **Three Step**.

Be quiet - stop talking or ask a question to buy some time and to get control.

Get some space - in **your face problems**, don't move closer, hold your space or step back slightly or

Have the offenders give you examples of confrontations with correctional officers, other offenders, family or friends over rules, misunderstandings, etc.



Time To Think Problems

Have participants give you examples.

change your body position to get yourself more space.

Calm down - take deep breaths, count, visualize, say things to calm yourself down like, "Do I really want to get into this?" or "Chill". Visualize something calming.

In time to think problems, get away from the person or situation to think it through.

Activity 8: Model Identifying Warning Signs and Doing the 3-Step.

Now I'd like to demonstrate what we have just been talking about. I'm going to show how I might identify my own warning signs and do the 3-Step in a problem of my own.

Instructors model a problem situation for the purpose of showing (1) identification of thoughts, emotions, and physical reactions that indicate a problem and (2) doing the 3-step. The problem modeled should be relevant to the lives of your particular group of offenders. Be sure to model using think aloud.

Model Problem - Example

The situation is this. A woman calls her boyfriend because she needs a ride home from her night shift job. Her boyfriend tells her that he is going to go out to party and won't be able to pick her up. The person facing the problem situation is the woman. She finds this out when she calls him from her work.

Female (F): Hello, Juan. I need a ride home from work tonight at midnight. I want you to pick me up.

Male (M): Sorry, I am going to a party tonight with some friends. I'll be way on the other side of town.

F: Who are you going with? Aren't I more important than some boring party?

M: Can't do it, I have other plans.

F: (Begins to get angry): And who are these plans with?

M: (Angry) Get off my back. I said I am busy.

F (This begins think aloud): This makes me really angry. I've been so good to him and helped him through a lot. Why is he doing this to me? He can't get away with this. My heart is pounding. I can't stand this. I'm afraid he has another woman. I need to stop talking so I don't make things worse. Wait a minute, let me stop talking, take a deep breath and get off the phone so I can think about what I want to do. (Says into the phone). Hey listen, I have another break in an hour, I'll call you back then. I really need a ride.

Activity 9: Debrief the Model Demonstration.

What are the thoughts that tell her she is in a problem situation?

I've been good to him. I've helped him. I can't stand this. I'm afraid he has another woman.

What emotions is she feeling?

Anger, fear

What are her physical reactions?

Heart pounding

If she does not **STOP AND THINK**, what do you think will happen?

What did the **3-step** look like for her? Was she quiet? How did she calm down? How did she get distance and buy time?

Activity 10: Participants Practice Identifying Warning Signs and Plan Doing the 3-Step.

Now let's look at some problem situations that you might have.

By taking a deep breath.

Told herself to get off the phone and then ended the conversation.

Your choice - either ask participants to give examples of problem situations or you give them problem situations (see examples at the end of this lesson labeled Problem Situations). Either work on this as a whole group or break them up into smaller groups. If you break them into small groups to do this make sure you work through one example as a whole group to ensure they understand the directions.



Problem Situations

You are unjustly accused of stealing a computer at work.

Your cell mate unjustly accuses you of stealing his/her cigarettes.

You have been looking forward to a special visitor who doesn't show for a scheduled visit.

Your child takes your car and stays out all night.

Your neighbor plays loud music late into the night and you can't sleep.



Directions

- (1) Describe the situation: is it in your face or time to think;**
- (2) identify thoughts, emotions and physical reactions which would indicate there is a problem;**
- (3) describe how you would do the 3-step.**

Lesson 17

OH #2
Stop and Think

Take participant responses and work with them to role play Stop and Think. You may want to participate in the first few role plays to help them feel comfortable with 'think alouds'. Make sure to only take the situation through the Stop and Think point with offenders clearly identifying their thoughts, emotions, and physical reactions and how they are doing the 3 step.

Use the following format to plan the Stop and Think role play.

Stop and Think

My thoughts are _____.

I am feeling _____.

Physically I feel _____.

Show the 3-step:

Be quiet

Get space by _____.

Calm down by _____.

Activity 11: Participants Role Play Step 1: Identify Warning Signs and the 3-Step.

Now let's practice by role playing our problem situations and actually doing Step 1.

Pick a participant to do the first role play. Review his/her role play planning sheet, and help him/her plan the role play. Have the player pick other participants to take parts in the role play. You may apply a part yourself.

Have the role player keep their planning sheet with them to read from as they go through the steps of identifying their warning signs and doing the 3-Step.

Activity 12: Wrap Up

What are the signs we use to tell us to stop and think?

How do our thoughts and feelings lead to risk reactions?

What is the 3-Step?

What are some things you can do to be quiet? To get some space? To calm down?

How does stop and think help us keep control of problem situations?

Activity 13: Assign Homework.



For your homework assignment I want you to watch for problem situations and practice Step 1.

At the start of the next class I'll ask you to describe one real problem

situation you have had, what your warning signs were, and how you did the 3-Step.

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Step 2 — Problem Description

SUMMARY AND RATIONALE:

In this Step participants learn to combine their awareness of their own warning signs and an appreciation of the risk of making the problem worse, with an objective description of the problem situation. This step continues the process of creating an “objective distance” between the student and the pressures of the problem they are facing. It helps keep them from jumping to conclusions.

CONCEPTS AND DEFINITIONS:

A problem description follows the 3-part formula: I (feel or think) _____, because _____ (Objective description of situation), and my risk is to react by _____.

OBJECTIVES:

As a result of this session participants will:

1. identify the thoughts, feelings, and physical sensations they experience in problem situations.
2. describe problem situations objectively
3. identify how their thoughts, feelings, and physical sensations pose risk of their reacting to make the problem worse.

MAJOR ACTIVITIES:

1. Thinking check In and Homework Review
2. Review previous lesson
3. Overview of lesson
4. Explain the 3 parts of a Problem Description
5. Review examples of good Problem Descriptions
6. Review the rationale of the 3 parts of a Problem Description
7. Practice making good Problem Descriptions
8. Facilitator models problem Solving Steps 1 and 2
9. Participants role play Problem Solving Steps 1 and 2
10. Wrap up
11. Assign homework

SUPPLEMENTS:

- Overhead Transparencies:
Example Problem Description-Using the Formula
- Handouts:
Problem Description
Example Problem Descriptions-Using the Formula
Problem Description Exercise
Directions for Problem Scenarios
Example Problem Scenarios
Homework
- Instructor Supplements:
Suggested Problem Descriptions for Problem Description Exercise

EQUIPMENT:

- Overhead Projector
- Easel with Chart Paper
- Markers

LESSON

CORE CONTENT

NOTES

Activity 1: Thinking Check In and Homework Review

Review the homework assignment from Lesson 17. (This was to pick out a problem situation and do stop and think and the 3-Step.) Use the check in format: Ask each participant to 1) describe the problem situation very briefly, 2) report his/her thoughts and feelings, 3) indicate how those thoughts and feelings could lead her/him to do something destructive, and how she/he did the 3-Step.

If a participant failed to actually do the 3-Step when faced with the problem, have them describe now how they could have done the 3-Step.

Activity 2: Review Previous Lesson



Last session we learned about Stop and Think. We compared this Stop and Think step to entering a tunnel.

What do you need to pay attention to in Step 1 - Stop and Think?

We also said that entering a problem situation can make some of us feel closed in. Taking the next step in problem solving can help us feel less closed in. One reason for this is that we use our thinking rather than our emotions.

Make sure participants have the Problem Solving Steps handout from Lesson 16 to refer to.

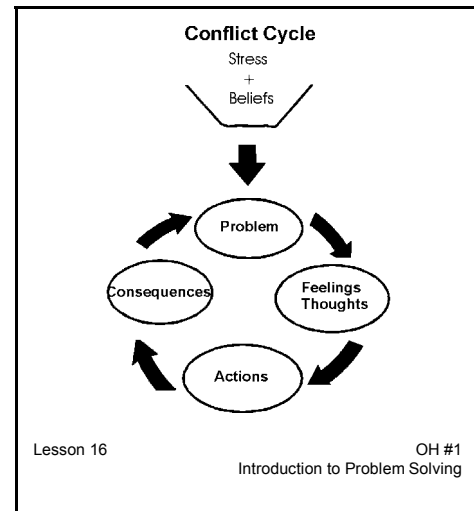
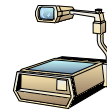
Thoughts, feelings, physical reactions.

Activity 3: Overview of Lesson

Today we are going to learn the next step in taking control of a problem situation which is to describe a problem in objective terms as well as identifying our risk reaction to the situation. This helps us gain control by looking at the situation using our thinking more than our emotions.

If we look at the Conflict Cycle, we can see that we are adding some thinking steps between thoughts and feelings and the actions we take.

Display the Conflict Cycle
(See Lesson 16)



Activity 4: Explain the 3 Parts of a Problem Description

A good problem description includes the word “I”. You should describe yourself as being in the problem. Starting with “I” shows that you have power in this situation.

We use this formula for writing Problem Descriptions:

The first part of this formula describes the thoughts and

Pass out the Problem Description
handout.



2. Problem Description

I (feel or think) _____
because _____
and my risk is to react by _____

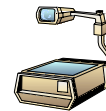
Lesson 18

OH#1
Problem Description

feelings I have in response to the problem.

The second part of the formula is an objective description of what happened. It tells who was involved and what was said or done. It is important that this part of the formula be completely objective, without emotion and without blame.

The third part of the formula identifies how my thoughts and feelings might lead me to make the problem worse.



Activity 5: Review Examples of Good Problem Descriptions

Here are some good problem descriptions.

What does the person think or feel?

Who is involved?

What was said or done?

Is there risk?
(Ask this set of questions for each example.)

Example Problem Descriptions - Using the Formula

I **think** my boyfriend is cheating **because** I heard him make a date on the phone last night agreeing to meet someone at the mall. My **risk** is to react by getting angry at him.

I **think** that my wife doesn't care **because** she agreed to be home so I could call her at 7:00 p.m. I called and no one answered the phone. My **risk** reaction is to want to hurt her.

I **feel** angry because my teenager came home from a date smelling of alcohol. He locked himself in his room and won't come out. My **risk** is to react by pounding on the door until he opens it.

I **think** someone stole my cigarettes **because** I went to my locker this morning and they were gone. My **risk** is to immediately react by planning how I will hurt the person who stole my cigarettes.

Lesson 18

OH #2
Problem Description

Activity 6: Review the Rationale of the 3 Parts of a Problem Descriptions

The way we know these are problems is by the **STOP AND THINK** warning signs, the thoughts, feelings and physical reactions we experience when we are in the situation. We identify these in the first part of the problem description.

How does describing the problem objectively after the because help us get our emotions under control?

We try to define the problem as objectively as possible to get our minds focused on the facts and away from our feelings and the thoughts that make us feel emotional. This way we have more control and are better able to think through the problem.

How can identifying our risk reaction help us to think about the problem?

Our risk reactions get us in trouble. By recognizing the risk we give ourselves time to think of a new way of responding.

Activity 7: Practice Making Good Problem Descriptions

Here are some problem situations with problem descriptions that don't fit our formula. Let's fix the problem descriptions to fit the formula.

Handout worksheets - Problem Description Exercise. Read the first problem scenario and problem statement.

We will use the problem description formula to improve these descriptions. Let's look at the first one.

See supplements for suggestions for rewriting the descriptions so they follow the formula. These are only suggestions.

Read each problem scenario and discuss what is wrong with the problem description. As a group come up with problem descriptions that use the formula for the first 2. Then have participants work on these in small groups.

**Problem Description
Exercise**

1. There was a traffic jam this morning. I was only 5 minutes late for work again. I started working right away. My boss called me over and warned me that I cannot be late again.

A Problem Statement: My boss is a jerk.

2. Every time I come back to my cell the CO makes me wait a long time before he opens my cell. I know he is out to get me. He has an ugly face.

A Problem Statement: I know the Correctional Officer is out to get me.

3. I am working as hard as I can but I am still short of money. I have had the same apartment for a year. I came home from work and found an eviction notice. I haven't paid rent for 6 months.

A Problem Statement: I have to get some money right away.

4. I don't trust my husband. He and I don't talk much. Today I saw my best friend riding in her car with my husband.

A Problem Statement: I'll never trust another person again.

5. I have been going on job interviews. I am worried about how to handle my record.

A Problem Statement: I just can't take these stupid job interviews anymore.

6. I have a bunch of speeding tickets and lost my license. I am only driving 15 miles over the speed limit. It's really difficult to drive 45 miles an hour on an open road. I look in my rear view mirror and see the State Trooper signaling me to pull over.

A Problem Statement: I don't have a license so I have to try to outrun the State Patrol car which is trying to pull me over.

Note: Examples of correct Problem Descriptions are in the supplements. These are only suggestions.

Activity 8: Facilitator Model of Problem Solving Steps 1 and 2

Now I'd like to demonstrate what we have just been talking about. I'm going to pick a problem situation and do the first two steps of problem solving.

Refer to the Supplement: "Directions for Problem ID Scenarios." This Supplement displays the first 2 steps of Problem solving on one form with 4 parts.

Preview the example of Shewan with the class. Put the Stop and Think and Problem Description steps on a flip chart. (See example below.)



Stop & Think	
Thought	_____
Feeling	_____
Physical	_____
3-Step	
Quiet	_____
Space	_____
Calm down	_____
Problem Description	
I, _____, because _____	
_____. My risk is _____	
_____.	

Choose a co-actor and role play the situation using 'think aloud' to show Stop and Think and the Problem Description.

Sample Model

Situation - Shewan is starting her second week in a new job. She likes to work alone and does not make friends easily. She does not trust other people and would rather do her own work. She comes back from lunch and her boss, Ms. Shells, calls her into her office and accuses her of stealing. In problem situations Shewan often feels depressed and picked on.

Ms. Shells: Shewan, I need to talk to you right away, please come into my office. (walks in front of Shewan and sits on one side of a table).

Ms. Shells: Sit down, Shewan.

(Shewan sits down.)

Ms. Shells: Shewan, you have been working in the front office area for the last two days, is that right?

Shewan: That's right.

Ms. Shells: Mr. Brooks has been in and out of the office for the last two days. At noon today he discovered that all of the petty cash that he keeps in his desk is missing. He had about \$50 in his drawer. What do you know about this?

Shewan: (defiantly) I don't know anything about it.

Ms. Shells: Mr. Brooks says that he saw you standing by his desk a number of times when he walked in the room. What were you doing standing by his desk?

Shewan (loudly): I was just doing my work.

Ms. Shells: There has hardly been anyone else in the office. Did you see anyone go into Mr. Brooks' desk?

Shewan: No.

Ms. Shells: Shewan, this is a serious matter. Both Mr. Brooks and myself suspect that you know how the money was taken from his desk. What can you tell me?

Shewan (leaning forward): I don't know anything about the money that is missing.

Ms. Shells: Shewan, I don't believe you. This is a serious matter.

Shewan: I can see it is serious, but I don't know anything about Mr. Brooks' desk.

Ms. Shells: (raising her voice)
Lying isn't going to help.

Shewan: (standing up) Why do you think I am lying?

Ms. Shells: (raising her voice and leaning over her desk) I mean to get to the bottom of this. I need employees I can trust.

Shewan: (stares and says nothing)

[start think aloud here - stop and think] I feel scared. She thinks I stole the money. Nothing I say will do any good. She just wants to get rid of me. Here goes another job. My heart is pounding and my mouth is dry.

[doing the 3-step] I need to be quiet, sit down and take a deep breath. I really don't want to lose this job.

[Problem Description - I'm angry because Ms. Shells is accusing me of lying to her. My risk reaction is to quit.]

What were Shewan's Stop & Think warning thoughts, feelings and physical reactions?

Write answers on the chart you have prepared. Keep this chart to display in other lessons.

What did she do for the 3-Step?

What was her problem description?

Activity 9: Participants Role Play the First 2 Steps of Problem Solving

Now let's practice by doing role plays of the first 2 steps.

Role Play

Take another situation from the Example Problem Scenarios worksheet and put the information on the chart/board. Use the system you have developed for selecting offenders to role play. Prepare the role players and have them role play the problem situation by showing steps 1 and 2. When the role play is over have each offender report what he/she

saw for the step he/she was assigned.

Repeat the role play exercise with every participant. Encourage each participant to pick a problem situation that has meaning to them.

Activity 10: Wrap Up

1. Why is it important to stop and think in problem situations?
2. What are some things people can do to help them stop and think?
3. What makes a good problem description?

Activity 11: Assign Homework



I want you to continue looking for real life problems and using them as a chance to practice the steps of problem solving.

For next time, your assignment is to pick one real life problem situation and practice the first 2 steps of problem solving. If you're not able to do the first 2 steps while the problem is actually happening, then write out the steps of how you could do the steps. Use the same outline form we practiced with in today's lesson.

19

Step 3 — Getting Information to Set a Goal

SUMMARY AND RATIONALE:

In this Step participants practice gathering information by considering: 1) the objective facts, 2) others' thoughts and feelings, 3) their own beliefs and opinions. Finally, they use this survey of information to state a goal, or what they want to come out of the situation. This is a key step in Problem Solving. It requires participants to consider others' points of view as well as their own. It recognizes the significance of feelings and opinions, but sets these out in comparison with objective facts.

CONCEPTS AND DEFINITION:

fact - something that has actually happened or that is really true.

opinion - what we think is true based on our attitudes and beliefs.

goal - an event or achievement we want to accomplish.

OBJECTIVES:

As a result of this lesson, participants will:

1. identify reasons to consider other people's thoughts and feelings in a problem situation.
2. observe situations to determine other's thoughts and feelings.
3. identify facts.

4. Identify facts and beliefs
5. use information to develop simple, realistic and positive goal statements.

MAJOR ACTIVITIES:

1. Thinking Check In and Homework Review
2. Review Previous Lesson
3. Overview of Lesson
4. Explain: Facts
5. Explain: Others' Thoughts and Feelings
6. Explain: Our Beliefs and Opinions
7. Explain: Setting A Goal
8. Role Plays: Practicing Step 3
9. Wrap Up
10. Assign Homework

SUPPLEMENTS:

- Overhead Transparencies:
 - Getting Information to Set a Goal
 - Sample Goal Statements
 - Directions for Observing Role Plays
- Handouts:
 - Getting Information to Set a Goal Role Play Scenarios
 - Directions for Observing Role Plays
 - Problem 1 Role Play - Background Information
 - Problem 2 Role Play - Background Information
 - Problem 3 Role Play - Background Information
 - Homework

EQUIPMENT:

- Overhead Projector
- Easel with Chart Paper
- Markers

LESSON

CORE CONTENT

NOTES

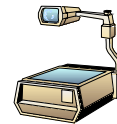
Activity 1: Thinking Check In and Homework Review

Review the homework assignment from Lesson 18. (This was to pick out a problem situation and do the first 2 steps of Problem Solving.) Abbreviate the homework review by asking each member to briefly and informally describe their problem situation, and then read their prepared Problem Description.

Activity 2: Review Previous Lesson



We are working our way through the problem solving steps. Let's review what we have done so far.



Show Lesson 16-OH#2 Problem Solving Steps.

Make sure participants have Problem Solving Steps handout from Lesson 16 to refer to.

What is the first step of problem solving?

Stop and Think

What is important about this step?

Gets us to interrupt the conflict, helps us begin to take control of the situation rather than having us reacting to our emotions.

What is the second step of problem solving?

Problem Description

What are some do's and don't's in describing the problem?

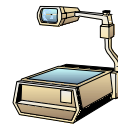
Do's- make it objective, recognize our immediate reaction; Don'ts interpret what is going on i.e., My boss is a jerk.

Activity 3: Overview of Lesson

First we will discuss how you gather information and the types of information you want to gather. We will also give you a simple formula for a goal statement. Then we will practice gathering information and stating goals.

Solving a problem requires getting information. We need information in order to help us choose what we want to do to solve the problem. We get more information by looking, watching, listening, talking and thinking.

We want to use 3 sources of information. These are: **FACTS**, **OTHERS' THOUGHTS AND FEELINGS**, AND **OUR OPINIONS AND BELIEFS**.



3. Getting Information to Set a Goal

INFO

Facts: Objective statements or rules

Other person: Others' thoughts and feelings. The other person's thinking report in the situation.

My opinions and beliefs:
What I think is true.
What I believe is happening.

GOAL

What do I want?
Keep it realistic and positive.
"I want", or "I want, but I don't want".

Lesson 19
Getting Information to Set a GoalCH 01

Activity 4: Explain Facts

FACTS - are objective statements of what was said or done or a rule that is enforced.

Pass out corresponding handout
Getting Information to Set a Goal

(Give examples, e.g., Today is _____; _____ is President of the U.S., we are in a room.)

Facts are things we cannot change.

For example, (give an example of a rule and consequence that is strictly enforced).

How can facts help us?

Possible answer - Facts should be information that other people know and something we can check out or verify.

A fact should be something that both people in the situation can "see". For example, one person may know a fact that the other person does not know. You can help solve some problems by sharing some facts or helping each other to see the facts.

For example, you have a child who wants you to buy her something expensive like a toy or clothes. You don't have the extra money. The fact that you do not have the money is something you may know that the child does not know. By telling the child the fact, that you don't have the extra money, can help resolve the conflict because now you both know the same fact. Both people having the same facts will not always solve a problem but it can help.

You may want to develop your own example.



Let's think back to Shewan and Ms. Shells. What are the facts of this situation and how do you know it is a fact?

Chart this information on an easel pad.

Possible answers - Ms. Shells told Shewan that \$50 is missing. Mr. Brooks reported the money is missing, Ms. Shells is the boss.

Activity 5: Explain Others' Thoughts and Feelings

OTHERS' THOUGHTS AND FEELINGS - The other person's thinking report in the situation.

We've practiced the social skill - *Understanding the Feelings of Others*.

What do we do to help us figure how someone else might be feeling?

Let's think back to Shewan and Ms. Shells. How was Ms. Shells feeling?

What evidence do you have Ms. Shells is angry?

Problems cause emotional responses in others as well as in ourselves. If we are going to solve a problem, we need to think about what the other person is feeling and thinking and use that as information that will help us solve the problem.

We have a number of clues to help us figure this out.

Tone of voice. For example, let me ask a question two different ways.

We can figure this out by what the person is saying and doing as well as on our previous experiences with that person, how we think the other person is thinking and feeling.

Possible answer - Watch and listen to the person.



Chart this information on an easel pad.

Possible answer - Angry.

Possible answer - She raised her voice.

Tone of voice and body language parts of this activity are optional.

Do them if you think the group needs this level of discussion.

In a loud angry voice.

What are you doing?

How do you think I am feeling?

In a calm voice.

What are you doing?

How do you think I am feeling?

Get participants to say "What are you doing in different tones of voice?"

Who can ask, "What are you doing?" in a way that shows you are curious? frightened? sleepy? bored? So tone of voice is a clue to how a person is feeling.

Body Language Looking at people can also give us clues to how they are feeling. A person's posture and facial expressions are called body language.



Body Language

Bored Excited Angry Tired

Model posture and facial expression for each of the above and have participants identify the emotion. **OPTION 1:** If you wish you can then ask participants to model their body language for different emotions. "Show us how you look when you are [bored, angry, etc.]. **OPTION 2:** Show a clip from a movie with the sound turned off, ask participants to observe body language and guess at the feelings of the characters. You can then show the same clip with sound and see how that helps them determine what is happening.

Activity 6: Explain Our Beliefs and Opinions

Our opinion is how we see the situation - how we would describe the situation based on our thoughts, feelings and past experiences. The opinions we have are often tied to our beliefs. The reason to examine our opinions is to check to see if we are falling into a thought pattern that gets us into trouble. In the "Breakfast Club," Bender's belief might have been that the only way he can get respect from the other students was to mouth off to Verne. This may be tied to his belief that the only way to be important is to challenge people in authority.

We have to be careful not to have our opinions close off how we think. We need to be aware of our opinions and beliefs and realize that they may only be what we think and not jive with the facts or with what the other person thinks. We need to be aware of our thinking patterns and stop thinking patterns that lead us into trouble.

Let's think back to Shewan and Ms. Shells. What do you think Shewan's opinions and beliefs are?



Chart this on an easel pad.

Possible answer -Shewan's opinion may be that Ms. Shells will fire her.

What evidence do you have?

Her belief that people in authority are out to get her.

Activity 7: Explain: Setting A Goal

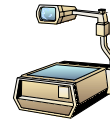
We gather information by determining what the other's thoughts and feelings might be, what the facts are, becoming aware of our opinions and then we use this information to decide our goal.

We help ourselves when our goals are realistic and positive.

Realistic so that it is something that we can actually achieve. For example, if the problem is that we don't have enough money to pay the rent, it would not be realistic to have as a goal to get 1 million dollars. Keep the goal close to the situation at hand.

A goal should also be positive. Having a goal to do something to hurt yourself or others usually just makes the problem worse. Solving problems can cause pain, but that should not be the goal. If the goal is to cause pain, then the conflict cycle usually keeps going and more stress and problems occur.

Show OH#1 again.



3. Getting Information to Set a Goal



INFO

Facts: Objective statements or rules

Other person: Others' thoughts and feelings. The other person's thinking report in the situation.

My opinions and beliefs:
What I think is true.
What I believe is happening.

GOAL

What do I want?
Keep it realistic and positive.
"I want", or "I want, but I don't want".



Lesson 19
Getting Information to Set a GoalOH #1

Shewan thought about the following three goals in her situation with Ms. Shells. Which one follows our guidelines for a good goal statement? A good goal statement follows the formulas on the overhead.



Sample Goal Statements

1. I want Ms. Shells to say she is sorry and leave me alone.
2. I want Ms. Shells to believe me that I did not take the money.
3. I'm going to out yell her and walk off this job.

Lesson 19

OH #2
Getting Information to Set a Goal

Note:

1. not a good goal - not realistic
2. realistic
3. not positive, doesn't help Shewan in the long term

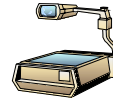
Activity 8: Role Plays Practicing Step 3

I am going to give you 3 situations to think about. I would like volunteers to role play the situations.

Chart Shewan's goal statement on an easel pad for use in Lessons 20 and 21.

Distribute Role Play Scenarios for participants to read. First circulate among the volunteers to ensure that those with reading problems know what is on the paper. Take role players for Problem 1 aside and give them their Background Information Sheet and help them prepare to role play. They should exaggerate actions to give clues.

Tell role play observers to look for facts and to try to figure out the thoughts and feelings of the two role players. Present the following guidelines for determining others' thoughts and feelings. Identify which person is the problem solver. Give each participant a number (1-6) to observe for.



Directions for Observing Role Plays

1. Watch and listen for the facts.
2. Try to figure out what each person is feeling.
3. Do a brief thinking report for problem solver (2 to 3 thoughts and 1 to 2 feelings).
4. Do a brief thinking report for the other person (2 to 3 thoughts and 1 to 2 feelings).
5. Try to figure out the problem solver's opinions and beliefs.
6. Decide on a realistic and positive goal for the problem solver.

Lesson 19

OH #3
Getting Information to Set a Goal

For all three scenarios do the following. Read the scenario. Either use the ones provided or make up ones that are more relevant to your group. Have role players act out the scene using the Problem-Role Play-Background Information sheets. Keep it short. Debrief by asking participants to report on what they observed using 1 through 6 above. Then ask each role player to give the background information and tell what they were thinking and feeling. Get volunteers to make suggestions for a realistic and positive goal for the situation.

Activity 9: Wrap Up

Today we explored Step 3 of problem solving - getting information.

What are the three types of information we want to think about in this step?

What are the challenges in determining what is a fact and what is opinion?

What clues do we use to determine how another person is feeling?

Why is it important to consider the other person's feelings?

Activity 10: Assign Homework



As homework, I want you to take a problem situation through the first three steps. This is a problem you will work on through the next 3 sessions.

Make it clear to group members that you want them to pick out a real life problem they have faced recently in their life.

Step 1. Stop and Think
What does the 3-step look like?

Step 2. Problem Identification
Who (including I), where, what + my immediate reaction.

Step 3. Getting Information to Set a Goal

- Facts
- Opinions
- Others' perspective
- Goal

Step 4 — Choices and Consequences

SUMMARY AND RATIONALE:

This is the “brainstorm” step of Problem Solving. Students stretch their imagination to think of as many options as they can to solve their problem. After thinking of a wide range of both thinking options and action options, students then consider the consequences of each of the possible choices.

The process of doing this step thoroughly forces participants to look at problems from a broad, social point of view.

CONCEPTS AND DEFINITION:

Brainstorming is opening your mind to think of as many ideas as possible. The ideas do not have to be realistic.

Consequences can be either positive or negative.

OBJECTIVES:

As a result of this session participants will:

1. learn how to generate multiple alternative ways of thinking and ways of acting in problem situations.
2. learn how to determine the probable consequences of the choices generated, both for themselves and other people.

MAJOR ACTIVITIES:

1. Thinking Check In and Homework Review
2. Review Previous Lesson
3. Overview of Lesson
4. Practice Brainstorming Choices
5. Practice Considering Consequences
6. Team Practice: Choices and Consequences
7. Wrap Up
8. Assign Homework

SUPPLEMENTS:

- C Overhead Transparency:
Choices and Consequences
- C Handouts:
Choices and Consequences
List of 50+ Social Skills (see Lesson 15)
Homework
- C Charts
Choices and Consequences Chart
Example

EQUIPMENT:

- C Easel with Chart Paper
- C Markers
- C Overhead Projector

LESSON

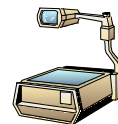
CORE CONTENT

NOTES

Activity 1: Thinking Check In and Homework Review

Review the homework assignment from Lesson 19. (This was to pick out a problem situation and do the first 3 steps of Problem Solving.) Abbreviate the homework review by asking each member to briefly and informally describe their problem situation, then ask them to identify the thinking that posed risk of getting them to do something to make it worse, and then identify new thinking that would make it better. (NOTE: this is the basic check-in process from Lesson 9. This check-in fits neatly into the choices and consequences step.)

Activity 2: Review Previous Lesson



Show Lesson 16-OH#2 Problem Solving Steps.



Let's review the three steps of problem solving we have discussed so far.

Make sure participants have Problem Solving Steps handout from Lesson 16 to refer to.

What is the first step?

Stop and Think.

What is important about it?

Help us begin to think rather than react emotionally.

What is the second step?

Problem description.

What is the purpose of this step?

To describe the problem objectively and to recognize our immediate reaction.

What is the third step?

Getting information to set a goal.

What happens in this step?

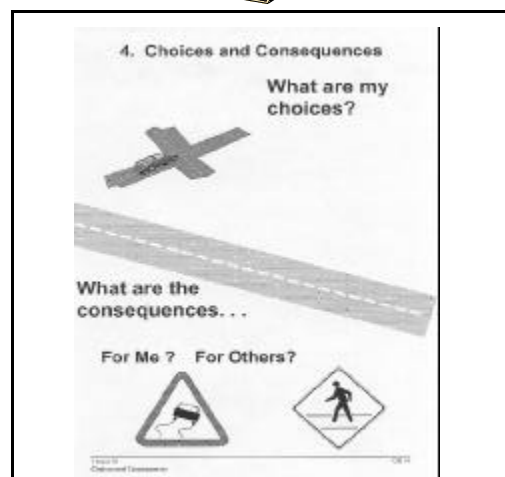
This is where we reflect on the problem, by determining the facts, the other person's thoughts and feelings, and our opinions. From this information we then set a goal that is positive and realistic.

Activity 3: Overview of Lesson

A key skill to becoming a good problem solver is to be able to think of many different ways to respond to a problem. After we get information and know what our goal is in Step 4, it is time to decide what to do. In any situation, there are many different choices a person can make. As you have learned previously, we all have patterns in the way we think, feel and then act. When we experience a problem we have our automatic patterns which can take over. The purpose of this step is to open our minds and to first think of lots of different things we could do. After we have thought of many choices, we can use the information we have to pick one that will lead us to our goal.

Pass out handout Step 4. Choices and Consequences and show corresponding overhead.

In this step we ask three questions. This step is called the “brainstorm” step. In this step we think of as many options as we can to solve our problem. We focus on 2 kinds of options: thinking options and action options.



Let's think back to Bender and Verne. What were some choices Bender had?

After we think of as many options as we can, we consider the consequences of each option. We look at the consequence of each option for ourselves, and we also look at the consequences for other people.

Activity 4: Practice Brainstorming Choices

Now let's practice the brainstorm step. We'll practice with Shewan's problem. Stress Shewan did not steal the money. [option: facilitator can pick another problem, provided the group has already prepared the preliminary problem solving steps.]

Offer a problem that is relevant to offenders' lives or review Shewan and Ms. Shells situation. Give them Steps 1 - 3: Stop and Think, Problem Description, and Information Gathering and Goal. *These should be on chart paper from previous classes.* They can refer to these as they brainstorm. Have participants brainstorm action choices. Make sure to

keep this as a brainstorming session with ideas presented quickly. **Suggestion:** You can refer them to the guide sheet of 50 social skills, Structured Learning Skills curriculum, to help them make choices (see Lesson 15).

- (After reviewing steps 1, 2, 3 for Shewan’s problem, ask these questions.)
- 1. What are some things Shewan can do after she left Ms. Shell;s office? (Get at least 7 ideas)
 - 2. What are some risk thoughts she might have?
 - 3. What might these thoughts lead her to do?
 - 4. What’s some new thinking she might use to keep one out of trouble?



Choices	Consequences
<u>Actions</u>	
<u>Risk Thinking</u>	
<u>New Thinking</u>	

(See instructor resource in supplements for an example)

Have the class brainstorm as a group. Be alert to the group getting “stuck” in a narrow track of options. (For instance, they might

only consider destructive options or options that express anger. When this kind of narrowing happens, remind the class that the point of the step is to consider a wide a range of options as possible. If necessary, make a suggestion or two of your own to get them on another track.)

Activity 5: Practice Considering Consequences

Now that we've thought of lots of choices, let's consider the possible consequences of these choices. Remember, we consider 2 kinds of consequences: consequences for ourselves and consequences for other people.

Have participants make suggestions. Write down every reasonable answer. Coach them as necessary to keep the group from focusing too narrowly on the kind of consequences they think of. Just do consequences for actions.

Activity 6: Team Practice: Choices and Consequences

Now let's try practicing with a problem we're already familiar with. Pick any other problem that the group is already familiar with up through step 3.

Review the first 3 steps of this problem with the class.

Then put the group into teams of 2 (one group may need to be 3). The task of the team is to do Step 4: i.e., first brainstorm thinking choices and action choices for the selected problem. Then identify the consequences of each choice, both for themselves and for other people.

Have them write their choices and consequences on paper prepared as the chart, above.

Give the group 10 minutes to do both parts.

At the end of 10 minutes have each team report the results of the exercise.

(Option: You can make it a game with the team who finds the greatest number of choices the winner.)

Activity 7: Wrap Up

Brainstorming choices and considering consequences is a very important step in problem solving. Some people think it is the most important step.

Aim to get a meaningful and thoughtful discussion of these questions. Be sure you think the questions through yourself and guide the group to help them understand the full significance of this problem solving step.

Why do you think it is important?

We are learning to consider new ways of thinking and acting in problem situations.

Why do we try to think of more choices than we can really do?

It helps us expand our thinking

Why do we consider our risk thinking?

Risk thoughts can lead to risky behavior.

Why do we consider consequences for others as well as ourselves?

The best way to solve a problem is to create a win-win situation or at least not back the other person into a corner.

Self-assessment. Write down the number of the step that is easiest for you to do. Write down the number of the step that is most difficult for you to do.

The responses could be anonymous. Collect and read the numbers. As a group discuss each step in terms of what might be easy and difficult about each step.

Activity 8: Assign Homework



For homework I want you to do Step 4 with the problem you prepared for today's homework. Be sure you list several thinking choices and several action choices. Then make sure you list at least one consequences for yourself for every choice and at least one consequences for other people for every choice.

21

Step 5 — Choose, Plan, Do and Step 6 — Evaluate

SUMMARY AND RATIONALE:

Participants practice determining which choices from their Choices and Consequences list hold the best potential for helping them reach their goal while avoiding the Conflict Cycle. Once they determine their best choice they learn to make an Action Plan. An Action Plan specifies who, when and what they will do and say. Also, an Action Plan identifies (when appropriate) a particular Social Skill that the person can use to help implement their chosen solution. Finally, participants learn to Evaluate by reviewing their solution after they apply it.

With the completion of Step 6, participants will have integrated the skills of Cognitive Self Change (in Problem Solving Steps 1, 2, 3, and 4) and Social Skills (in Problem Solving Step 5) into the Problem Solving process.

CONCEPTS AND DEFINITIONS:

An Action Plan is a structured plan for implementing a chosen problem solution.

OBJECTIVES:

As a result of this session participants will:

1. learn and practice how to choose problem solutions that match goals and avoid harmful consequences to others.
2. learn and practice writing Action Plans to implement problem solutions.
3. learn and practice performing problem solutions by following their Action Plan.
4. learn and practice evaluating their problem solutions.

MAJOR ACTIVITIES:

1. Thinking Check In and Homework Review
2. Review Previous Lesson
3. Overview of Lesson
4. Choose
5. Plan
6. Do
7. Evaluate
8. Practice Exercise
9. Wrap Up
10. Assign Homework

SUPPLEMENTS:

- Overhead Transparencies:
Choose, Plan, Do
Evaluate
- Handouts:
Choose, Plan, Do
Evaluate
Action Planning Guide
List of 50± Social Skills (see Lesson 15)
Homework

EQUIPMENT:

- Overhead Projector
- Easel with Chart Paper
- Markers

LESSON

CORE CONTENT

NOTES

Activity 1: Thinking Check In and Homework Review

Review the homework assignment from Lesson 20. (This was to prepare Step 4 with their own selected problem example.) Have each participant read their "Choices and Consequences" chart. Be sure they identify both thinking choices and action choices, and that they consider consequences both for themselves and others.

Note: This homework assignment will be used for the major practice exercise in today's lesson.

Activity 2: Review Previous Lesson

Make sure participants have Problem Solving Steps from Lesson 16 to refer to.



What are the steps of problem solving?

Stop and think, problem description, getting information to set a goal, choices and consequences, choose...plan..do, evaluate

Why do we keep practicing the 3-step?

It is what you do to help you start thinking through a problem.

What is the difference between a fact and an opinion?

Facts are things everyone can see/ verify - they are provable, opinions are what we think is true.

What's the formula for a problem description?

I feel or think _____ because _____ and my risk is to react by _____.

What makes a good goal statement?

It focuses on what I can do and is realistic and positive.

Why is it important to think of lots of choices?

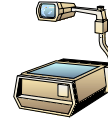
So we can find the best way to solve a problem.

Activity 3: Overview of Lesson

This lesson combines two Problem Solving steps: Step 5 (Choose, Plan, Do) and Step 6 (Evaluate).

Step 5 is where the rubber meets the road. This is the step where we actually perform our problem solution. This step is based on what we have done in the first four steps.

Pass out corresponding handout.



5. Choose-Plan-Do

What is my best choice?
What is my plan?

Do it.

Make choices that help you get closer to your goals.

Make step-by-step plans for success that include:

- ✓ a. Who will be involved?
- ✓ b. What will be done?
- ✓ c. When and where will it happen?

Lesson 21
Choose, Plan, Do and Evaluate

ORI 01

In this lesson we will practice:

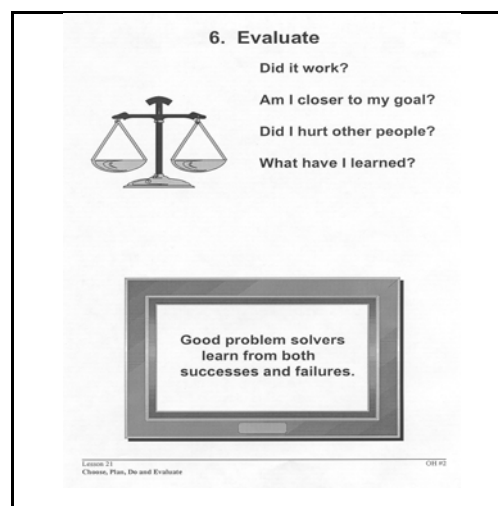
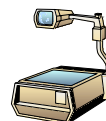
1) choosing the best choices from the options we generated in Step 4.

2) making an action plan for implementing our choice. Our action plan will include selecting a Social Skill to help us with our solution.

3) doing our solution. Finally, we will be looking back and evaluating our solutions after we perform them. This is Step 6.

Pass out corresponding handout and discuss the 4 questions.

Discuss



The **Choose, Plan, Do** step is designed to help you pick the choice that will help you reach your goal and that will have the most positive results for all involved.

Why is it important to think of others when you are trying to solve a problem?

When we don't take time to do this we often end up with more problems and are farther away from our goal.

If you do something to make the person feel better or give them more information, you have a better chance of solving the problem.

Activity 4: Choose

Let's look at how it works. We'll practice with Shewan's problem.

Display and review the charts of Choices and Consequences for Shewan's problem. (This chart

was constructed in the previous lesson.)

What was Shewan's problem and goal?

Review this information from Lessons 18 and 19.

Let's start by narrowing down the list of choices by first getting rid of the choices that we know won't help reach Shewan's goal. What are those?

As participants identify those choices, cross them off the chart. You should start with the thinking choices and eliminate all but one or two. Then move on to the action choices, and try to select one/two that may help Shewan get closer to reaching her goal.

Are there choices that may help reach the goal but have consequences that we want to avoid?

Cross those off.

What is the best choice? Which choice/s best leads Shewan to the goal?

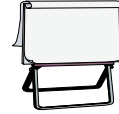
At this point only positive options that lead to the goal should be left. If participants have difficulty choosing the best one have them vote. The choice with the most votes wins.

Activity 5: Plan

Now let's do the Plan step for Shewan's problem. We'll use this Action Planning Guide to help us make a plan.

Display the Action Planning Guide on a flip chart. Write in the Goal and Choice, based on the steps already done.

Then proceed to guide the group through the rest of the action planning steps, and write the group's decisions on the Action Plan Guide.



PLAN
Goal:
Choice:
Who?
What?
When?
Where?
Steps to follow:
1.
2.
3.
4.
5.
6.
Social Skills that could help: _____

Who is Shewan going to speak to?

What is she going to do or say?

Where and when is she going to do it?

Now, let's come up with steps Shewan can follow, just as we did in Social Skills. We need both thinking and action steps.

Now, is there a Social Skill that Shewan might use to help her with her plan? Let's look at the list of Social Skills.

Have class refer to the 50+ Social Skills, The Structured Learning Skills Curriculum (Lesson 15). Get several suggestions of Social Skills that might help Shewan, and help the group decide on one to try.

Activity 6: DO

Good. We've done the planning. Now all Shewan has to do is do it. Let's look at how it might go.

The instructor models Shewan implementing her chosen solution. Get participants to help with this role play. Perform the solution only, i.e., do not model going through the choose and plan steps over again.

Discuss the model demo afterwards to be sure all participants saw you following the agreed upon Action Plan.

Did I follow the plan?

If not go back and do it again. Be sure that Shewan is somewhat successful.

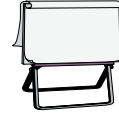
Activity 7: Evaluate

OK, now we can move on to the last step of Problem Solving, which is to evaluate. We do this step after we have already tried our problem solution.

Evaluate means to look back at what we did and ask ourselves if the solution worked and how we might have solved it better. We can usually learn something important from solutions we try, even when they don't work perfectly.

When we Evaluate, we ask ourselves these questions

Write the following questions on a flip chart.



Step 6 - Evaluate

Did it work?

Am I closer to my goal?

Did it hurt other people?

What have I learned?

Let's use these questions to evaluate Shewan's solution.

Did it work?

Is she closer to her goal?

Did she reach her goal?

Did her solution hurt other people?

What could she have learned?

Activity 8: Practice Exercise

Now let's do the steps with your own problems. We'll work with the problems you prepared for today's homework.

Ask each participant to present their Problem, Goal and Choices and Consequences list, and have the group help them in choosing 1) their best thinking choice, and 2) their best action choice.

Have each participant fill out the Goal and Choose sections of the Guide sheet.

Then ask each person to work alone to fill out the planning steps. Be sure they include a Social Skill chosen from the handout of 50+ Social Skills, The Structured Learning Skills curriculum (Lesson 15).

When all participants have completed their Action Plan Guide, review them briefly by having each person read their plan to the class. Discuss and make corrections only when someone has not followed the steps correctly.

Then have each participant role play their solution.

After each role play , have the whole class go through the Evaluate questions to help the person evaluate their solution.

Activity 9: Wrap Up

This finishes the last of the steps of Problem Solving.

We've learned how to do the steps, but have we mastered the skill of Problem Solving? We have to keep practicing to become really skillful.

Review and discuss the Thinking For A Change lessons as you judge appropriate.

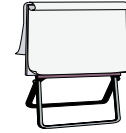
Instructors have the option of continuing Problem Solving practice for as many more classes as you judge to be useful. If you take this option, be sure the class practices a broad range of new Social Skills in the Choose, Plan, Do step.

Activity 10: Assign Homework



For your homework I want you to do a special kind of assignment. I want you to prepare a chart that shows the following information.

First, list 10 different situations from your past when you did something to get in serious trouble.



Then, for each situation write down the thoughts, feelings, attitudes, and beliefs you had that led to doing what you did.

Then, for each situation write down new thinking that you could have used that would have helped you avoid getting in trouble.

Then write down new actions you could have taken that would have avoided getting in trouble.

Finally, for each situation write down a Social Skill you could have used to help avoid getting in trouble.

Remember to use what you know now when you look back at what you did in the past.

Situation	Th/F/ Att/Bel	New Th.	New Acts	Social Skills

This material can be used to create a Relapse Prevention Plan based on the 21 lessons of *Thinking For A Change*.

Or you can simply review each participant's chart in class and discuss how the skills of *Thinking For A Change* can help each person avoid getting into trouble in the future.

Or you can use this material as a

foundation for one of the specialized *Thinking For A Change* modules listed above.

Self-Evaluation; What else do I need

SUMMARY AND RATIONALE:

In this lesson, participants will use an instrument to assess what areas in which they need further skill development. The *Structured Learning Skills Checklist* will be administered to the participants and significant others. Participants will then assess and evaluate patterns of skill deficits which need to be learned. The group will then be able to identify other skills which become the core of an advanced social skills curriculum.

CONCEPTS AND DEFINITIONS:

Structured Learning Skills Checklist — a structured instrument to assess skill strengths and weaknesses.

OBJECTIVES:

As a result of this lesson participants will:

1. complete the *Structured Learning Skills Checklist* and identify those skills they rated *seldom* or *none*;
2. share the list of skill deficiencies and create a group list which will be the basis for an advanced social skills curriculum.
3. practice collecting information and self-evaluation.

MAJOR ACTIVITIES:

1. Complete the *Structured Learning Skills Checklist* and identify those skills self reported as *seldom* or *none*
2. Complete a *Skill Training Grouping Chart* to identify those common skill deficits of the group and develop an advanced social skills curriculum

SUPPLEMENTS:

- C Handouts:
- List of 50± Social Skills (see Lesson 15)
 - (Titles with Skill Steps)
 - Student Checklist
 - Group Chart

EQUIPMENT:

- C Easel with Chart Paper
- C Markers
- C Masking Tape

LESSON

CORE CONTENT

NOTES

Prior to this session, the trainer should acquire from a significant other (counselor, teacher, correctional officer, family member) a completed *Structured Learning Skills Checklist*. This is to be kept to be used later in this lesson

You know that our thinking controls our behavior. You also know that to resolve any problems, you must continuously collect information and evaluate what your options are.

Today, we will continue that process. You will have the opportunity to think about those things you do well, and those things you may not do so well. You will have an opportunity, today, to complete a checklist in which you will assess your own skills.

The instrument is called the *Structured Learning Skills Checklist*. It is fairly simple to complete, and of course, I shall be here to help you if you need it. I am going to distribute the checklist now. Complete the information at the top which is your Name, Group, and Date. When you are finished, look up so I know I may continue.

I see you have completed the information at the top, so I am

going to read the directions as to how to complete this checklist. You follow along as I read these instructions.

Now that you have completed this instrument, it is fairly easy to score. Remember, there are no right or wrong answers. We merely want to assess our skills, and determine the strengths and weaknesses of our skill competencies.

You will note that there are fifty skills, so all the numbers will add to 50, no more, no less. First, count up each column and determine how many skills you have rated in each category: that is *none, seldom, sometimes, often, always*.

Once you have done that, let's identify those skills you rated as *often* or *always*.

Now, let's identify those skills you rated yourself as *seldom* or *none*. Have each participant identify the skills they so identified.

Let's take a closer look and see the skills which we, as a group, identified as those we need to learn or need to practice further.

When the participants have completed the top part of the checklist, read the directions aloud to them.

Allow sufficient time for every participant to complete the checklist. Once they have finished....



On chart paper, write down the skills that participants identify.

Note any patterns or themes. (For example, *beginning social skills*; *advanced social skills*; *skills dealing with feelings*; *skills dealing with aggression*.)

Here are the skills you have identified as a group. Of these, which ones do you think you would like to concentrate on and learn?

But, before you make any final decision, remember that during our problem solving lessons, you learned to get information to set a goal, and also learned to identify your choices and consequences for those choices. Well, let's use some of that knowledge and apply it here.

I have some information for you to consider. Here is another *Structured Learning Skills Checklist*. This one was completed by someone who knows you well, and who is concerned about you. It might have been a teacher, a counselor, or even a family member. They completed the same checklist and identified, in their opinion, which skills you do always, often, sometimes, seldom, or never.

I want you to compare the responses on your own checklist, with that of the person who completed one for you.

What are the differences?

As each participant identifies those skills they rated as seldom or none, the trainer should mark these on a Skill Checklist Summary. This could be a chart or duplicated on an overhead.

Distribute the *Structured Learning Skills Checklist* that was completed by the participant's significant other.

Note the differences and write on chart paper. Do the same with the similarities.

On the Skill Checklist Summary, list those skills which the participants identify as the same or nearly the same which were noted as seldom or never.

Note and list the skills identified.

What are the similarities?

Which skills have you identified as using seldom or never, that are the same or nearly the same as the ones completed on the second checklist. Let's make a list of those that are the same or nearly the same.

Now, let us look at the two Skill Checklist Summary sheets we have completed. Can we now identify ten or so skills that we would like to learn during the next period of time together.

Good, this will become our curriculum for the next ten weeks or so.

Identify the skills which the group rates as seldom or none and make a list on chart paper.

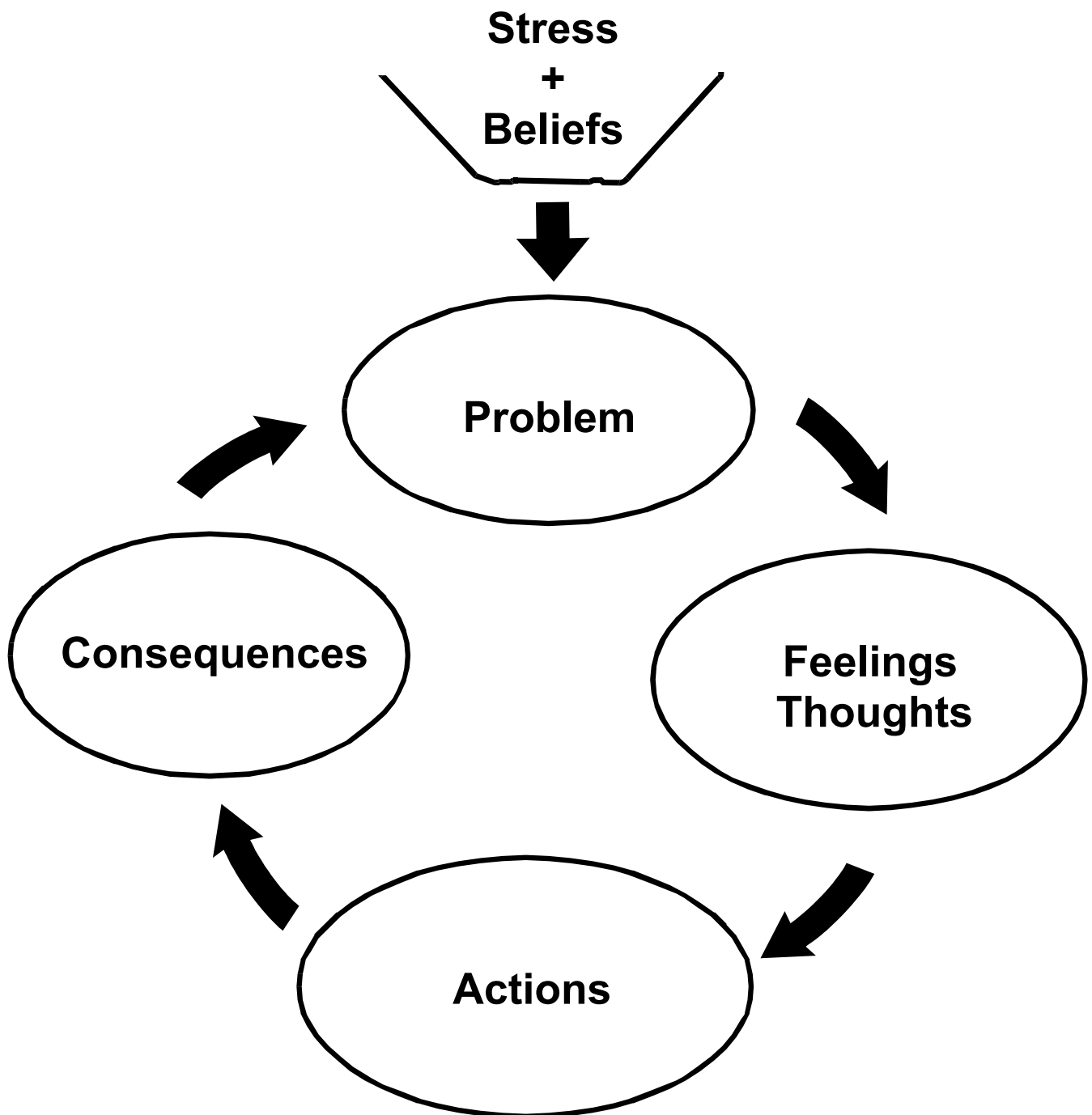
Lesson 16

Introduction to Problem Solving

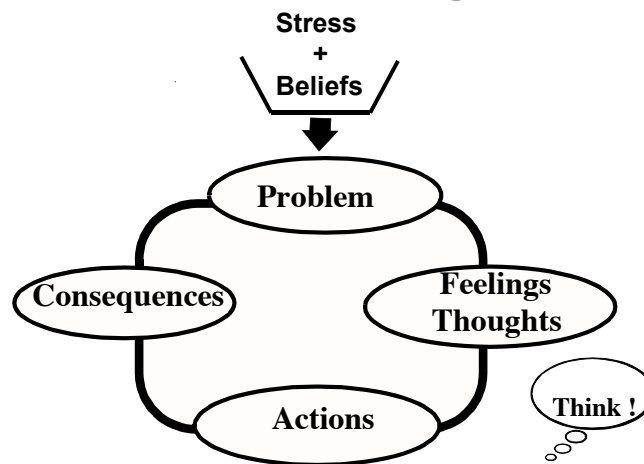
Supplemental Materials:

- Overhead Transparencies:
Conflict Cycle
6 Steps of Problem Solving (graphic)
- Handouts:
Conflict Cycle
Problem Solving Steps (graphic)
Problem Solving Steps (overview of steps)
Homework
- *The Breakfast Club* Movie
(Rent it at your local video store)

Conflict Cycle



Problem Solving Steps



6 Evaluate



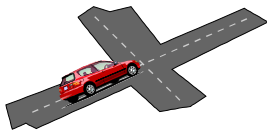
Am I closer to my goal?
Hurt others?
What have I learned?

1 Stop and Think



What are my thoughts and feelings?
Risk?
Do the 3 step
1. Be quiet
2. Get space
3. Calm down

5 Choose-Plan-Do



What is my best choice?
What is my plan?
Do it.

2 Problem Description



What is the problem?
What is my risk reaction?

4 Choices and Consequences

What are my choices?
What are the consequences?

3 Getting Info to Set a Goal



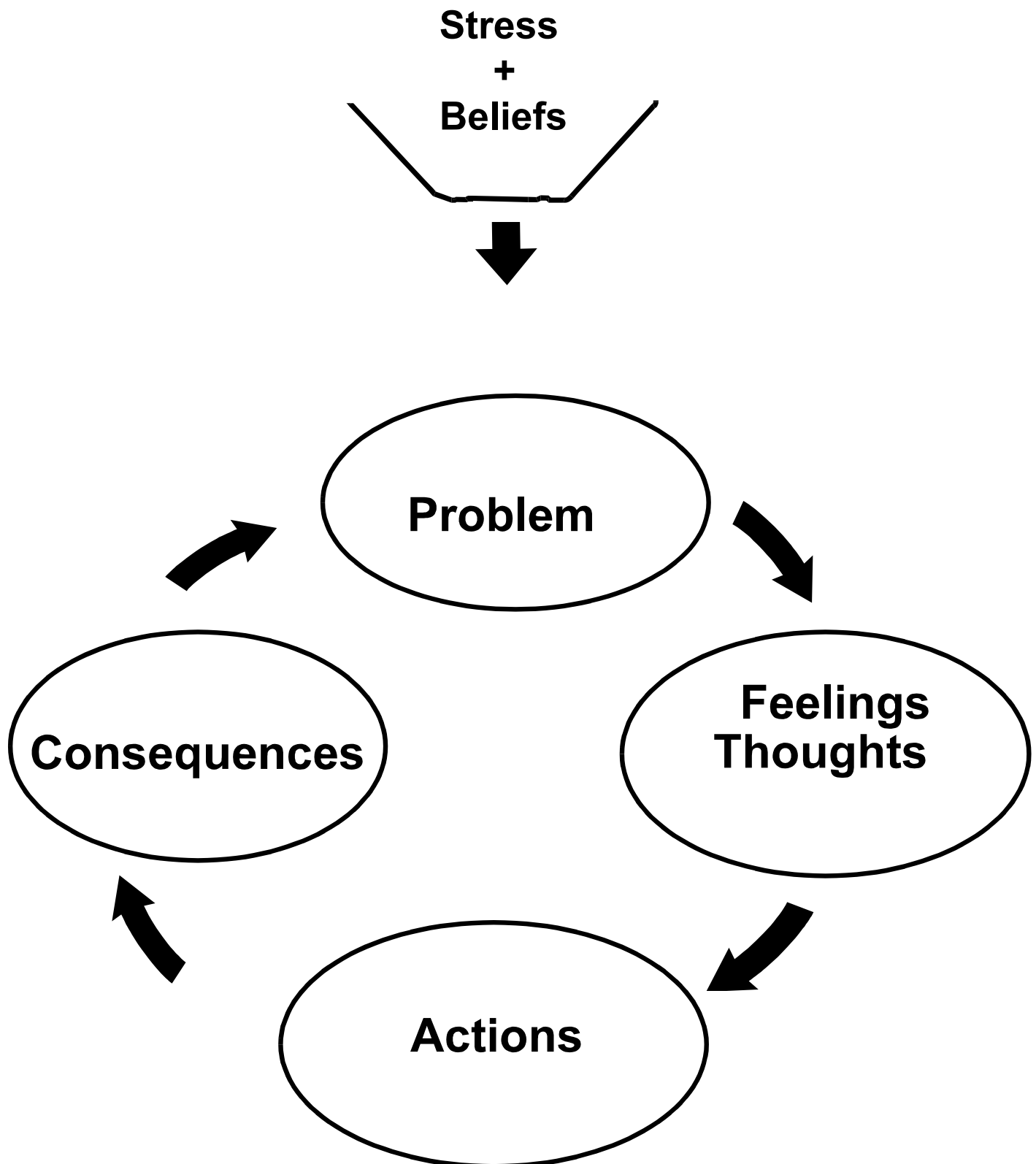
INFO

Facts?
Other person?
My opinions and beliefs?

GOAL

What is my goal?

Conflict Cycle



THE PROBLEM SOLVING STEPS

(Overview of Steps)

Step 1 - Stop and Think

What am I thinking and feeling right now?

How could my thoughts and feelings lead me to do something to make things worse?

Do the 3-step - Be quiet, get some space, calm down.

Step 2 - Describe the Problem

What is the problem?

I feel/think/am _____

because _____ (what happened -what was said and what was done)

and my risk is to react by _____.

Step 3 - Get Information To Set A Goal

Information

What are the facts?

The other person's thoughts and feelings?

My beliefs and opinions?

Goal

What is my goal?

I want _____.

or

I want _____ but not _____.

Step 4 - Consider Choices and Consequences

What are my choices?

What are the consequences for each choice? For me and for others?

Step 5 - Choose, Plan Do

Choose - What's my best choice (gets me closest to my goal)?

Plan - What am I going to do/say? (Who, what, when, where, how)

Do - Do it.

Step 6 - Evaluate

Did it work? Am I closer to my goal?

Did I hurt other people?

What have I learned?

Homework

1. Describe a problem.
2. Do the first part of the **Stop and Think** step. Identify your thoughts and feelings.
3. How could these thoughts and feelings lead me to do something to make the problem worse?

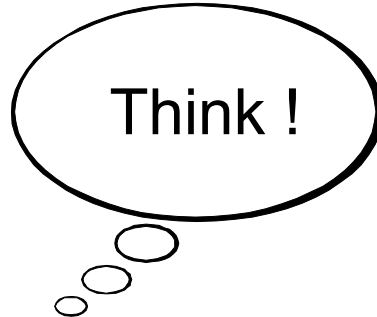
Lesson 17

Stop and Think

Supplemental Materials:

- Overhead Transparencies:
Conflict Cycle (see Lesson 16)
Stop and Think
Directions
- Handouts:
Stop and Think
Example Problem Situations
Stop and Think Role Play Planning
Sheet
Homework

1. STOP and Think



**What are my thoughts
and feelings?**

**How could my
thoughts and feelings
lead me to do
something to make
things worse?**

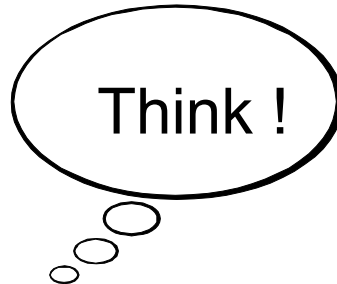
Do the 3 step



Directions

- (1) Describe the situation: is it in your face or time to think?
- (2) Identify thoughts, emotions and physical reactions which would indicate there is a problem.
- (3) Describe how you would do the 3-step.

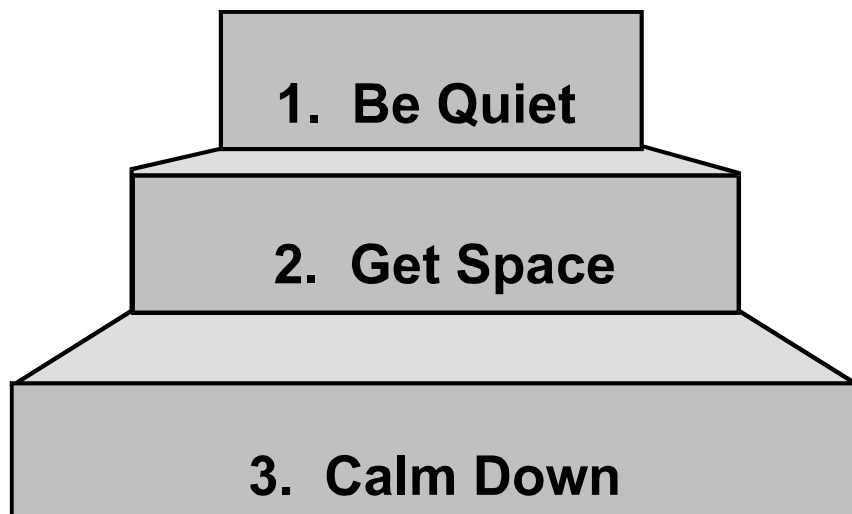
1. STOP and Think



**What are my thoughts
and feelings?**

**How could my
thoughts and feelings
lead me to do
something to make
things worse?**

Do the 3 step



Example Problem Situations - Stop and Think
Practicing Step 1

You are unjustly accused of stealing a computer at work.

Your cell mate unjustly accuses you of stealing his/her cigarettes.

You have been looking forward to a special visitor who doesn't show for a scheduled visit.

Your child takes your car and stays out all night.

Your neighbor plays loud music late into the night and you can't sleep.

Stop and Think Role Play Planning Sheet

My thoughts are _____.

I am feeling _____.

Physically I feel _____.

How could these thoughts and feelings lead me to do something to make things worse?

_____.

Show the 3-step:

Be quiet

Get space by _____.

Calm down by _____.

Homework

Step 1 - Stop and Think

Situation: _____

My thoughts are _____

Emotionally I feel _____.

Physically I feel _____.

How can these thoughts and feelings lead me to make things worse? _____

_____.

What the 3-step looks like for me:

Be quiet _____.

Get space by _____.

Calm down by _____.

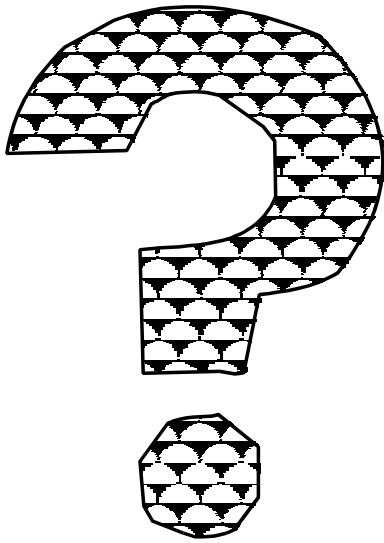
Lesson 18

Problem Description

Supplemental Materials:

- Overhead Transparencies/Charts:
2. Problem Description
Example Problem Descriptions-Using the Formula
- Handouts:
Problem Description
Example Problem Descriptions-Using the Formula
Problem Identification Exercise
Directions for Problem Scenarios
Example Problem Scenarios
Homework
- Instructor Supplements:
Suggested Problem Statements for
Problem Identification Exercise

2. Problem Description



**What is the
problem?**

**What is my
risk reaction?**

PROBLEM DESCRIPTION

I (think or feel) _____
because (tell what was said or done) _____
and my risk is to react by _____

Example Problem Descriptions - Using the Formula

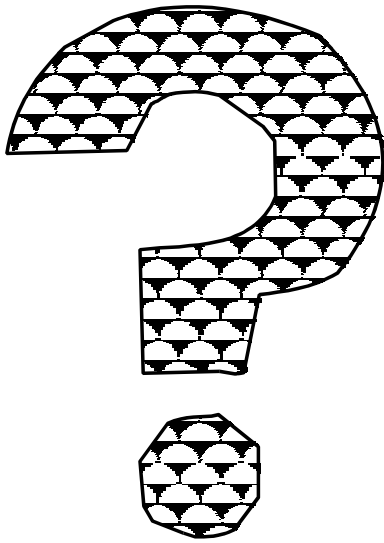
I **think** my boyfriend is cheating **because** I heard him make a date on the phone last night agreeing to meet someone at the mall. My **risk** is to react by getting angry at him.

I **think** that my wife doesn't care **because** she agreed to be home so I could call her at 7:00 p.m. I called and no one answered the phone. My **risk** reaction is to want to hurt her.

I **am** angry **because** my teenager came home from a date smelling of alcohol. He locked himself in his room and won't come out. My **risk** is to react by pounding on the door until he opens it.

I **think** someone stole my cigarettes **because** I went to my locker this morning and they were gone. My **risk** is to immediately react by planning how I will hurt the person who stole my cigarettes.

2. Problem Description



**What is the
problem?**

**What is my
risk reaction?**

PROBLEM DESCRIPTION

I (think or feel) _____
because (tell what was said or done) _____
and my risk is to react by _____

Example Problem Descriptions - Using the Formula

I **think** my boyfriend is cheating **because** I heard him make a date on the phone last night agreeing to meet someone at the mall. My **risk** is to react by getting angry at him.

I **think** that my wife doesn't care **because** she agreed to be home so I could call her at 7:00 p.m. I called and no one answered the phone. My **risk** reaction is to want to hurt her.

I **am** angry **because** my teenager came home from a date smelling of alcohol. He locked himself in his room and won't come out. My **risk** is to react by pounding on the door until he opens it.

I **think** someone stole my cigarettes **because** I went to my locker this morning and they were gone. My **risk** is to immediately react by planning how I will hurt the person who stole my cigarettes.

Problem Identification Exercise

1. There was a traffic jam this morning. I was only 5 minutes late for work again. I started working right away. My boss called me over and warned me that I cannot be late again.

A Problem Statement: My boss is a jerk.

Formula Description:

2. Every time I come back to my cell the CO makes me wait a long time before he opens my cell. I know he is out to get me. He has an ugly face.

A Problem Statement: I know the Correctional Officer is out to get me.

Formula Description:

3. I am working as hard as I can but I am still short of money. I have had the same apartment for a year. I came home from work and found an eviction notice. I haven't paid rent for 6 months.

A Problem Statement: I have to get some money right away.

Formula Description:

4. I don't trust my husband. He and I don't talk much. Today I saw my best friend riding in her car with my husband.

A Problem Statement: I'll never trust another person again.

Formula Description:

5. I have been going on job interviews. I am worried about how to handle my record. During the job interview yesterday, I couldn't explain why I haven't worked in the last 2 years.

A Problem Statement: I just can't take these stupid job interviews anymore.

Formula Description:

Lesson 18 - Directions for Problem Scenarios

Use the attached scenarios to apply the first two steps of Problem Solving.

Step 1: Stop and Think

1. Is this an **in your face** or **time to think problem**?

2. Imagine what the person's warning signs would be. Write down the thoughts, feelings, and physical reactions you think they might be experiencing.

Thoughts _____

Feelings _____

Physical Reactions _____

3. What could **3-step** look like for this person?

Be quiet

Get some space

Calm down

Step 2: Problem Description

4. Give a problem description.

I feel/think/am _____

because _____

(what happened -what was said and what was done)

and my risk is to react by _____.

Lesson 18 - Homework for Step 2 - Problem Description

Step 1: Stop and Think

1. Is this an **in your face** or **time to think** problem?

2. What are your warning signs?

Thoughts

Feelings _____

Physical Reactions _____

3. How could these thoughts and feelings lead me to do something to make things worse?

4. What does the **3-step** look like for you?

Be quiet _____

Get some space _____

Calm down _____

Step 2: Problem Description

5. Give a problem description.

I feel/think/am _____

because _____

(what happened -what was said and what was done)

and my risk is to react by _____.

Lesson 18 - Example Problem Scenarios

A. Shewan is starting her second week in a new job. She likes to work alone and does not make friends easily. She does not trust other people and would rather do her own work. She comes back from lunch and her boss, Ms. Shells, calls her into her office and accuses her of stealing. In problem situations Shewan often feels depressed and picked on.

B. Juan was married for one year prior to his arrest and conviction for aggravated assault. Juan's wife writes him once a week and visits him regularly. Juan's wife has not written or visited for a month. Juan is both worried and angry. Someone bumps into him in the yard and he feels ready to fight.

C. Paul has a gambling debt of \$200 which he cannot pay. John, who is the person collecting the debt, wants the money right away. John comes up to Paul when there is no one else around and demands the money. Paul tends to feel panicked and argues when he is in a tight spot.

D. Your cellmate leaves dirty underwear on the floor. An officer came by the cell and made you pick it up. You have already received a disciplinary action for a fight the two of you had last week. Your cellmate will return from class in one hour.

INSTRUCTOR SUPPLEMENT - Problem Identification Exercise Sample Answers

1. There was a traffic jam this morning. I was only 5 minutes late for work again. I started working right away. My boss called me over and warned me that I cannot be late again.

A Problem Statement: My boss is a jerk.

Formula Description: *I'm frustrated because my boss is watching what time I come to work and my risk reaction is to try to ignore him.*

2. Every time I come back to my cell the CO makes me wait a long time before he opens my cell. I know he is out to get me. He has an ugly face.

A Problem Statement: I know the Correctional Officer is out to get me.

Formula Description: *I am angry because the CO makes me stand and wait to get into my cell, and my risk reaction is to tell him off.*

3. I am working as hard as I can but I am still short of money. I have had the same apartment for a year. I came home from work and found an eviction notice. I haven't paid rent for 6 months.

A Problem Statement: I have to get some money right away.

Formula Description: *I am afraid that I am going to be evicted because my rent is overdue and my risk reaction is to blame someone else and do nothing.*

4. I don't trust my husband. He and I don't talk much. Today I saw my best friend riding in her car with my husband.

A Problem Statement: I'll never trust another person again.

Formula Description: *I think my husband is cheating on me because I saw him with someone else and my risk reaction is to start of fight with him.*

5. I have been going on job interviews. I am worried about how to handle my record. During the job interview yesterday, I couldn't explain why I haven't worked in the last 2 years.

A Problem Statement: I just can't take these stupid job interviews anymore.

Formula Description: *I hate to go on job interviews because I get asked questions I don't know how to answer and my risk reaction is to give up.*

Lesson 19

Getting Information to Set a Goal

Supplemental Materials:

- Overhead Transparencies:
Getting Information to Set a Goal
Sample Goal Statements
Directions for Observing Role Plays
- Handouts:
Getting Information to Set a Goal
Role Play Scenarios
Directions for Observing Role Plays
Problem 1 Role Play - Background
Information
Problem 2 Role Play - Background
Information
Problem 3 Role Play - Background
Information
Homework

3. Getting Information to Set a Goal

INFO



Facts: Objective statements or rules

Other person: Others' thoughts and feelings. The other person's thinking report in the situation.

**My opinions and beliefs:
What I think is true.
What I believe is happening.**

GOAL

**What do I want?
Keep it realistic and positive.
"I want", or "I want, but I don't want".**



Sample Goal Statements

1. I want Ms. Shells to say she is sorry and leave me alone.
2. I want Ms. Shells to believe me that I did not take the money.
3. I am going to out yell her and walk off the job.

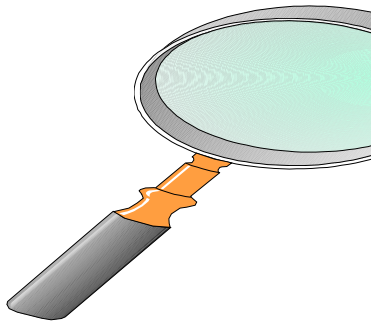
Directions for Observing Role Play

1. Watch and listen for the facts.
2. Try to figure out what each person is feeling.
3. Do a brief thinking report for problem solver (2 to 3 thoughts and 1 to 2 feelings).
4. Do a brief thinking report for the other person (2 to 3 thoughts and 1 to 2 feelings).
5. Try to figure out the problem solver's opinions and beliefs.
6. Decide on a realistic and positive goal for the problem solver.

3. Getting Information to Set a Goal

INFO

**Facts: Objective statements
or rules**

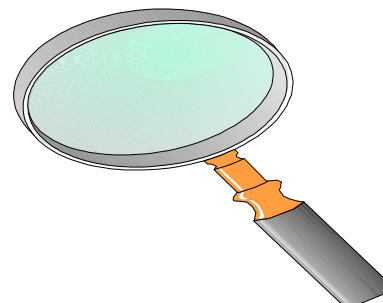


**Other person: Others' thoughts
and feelings. The other
person's thinking
report in the situation.**

**My opinions and beliefs:
What I think is true.
What I believe is happening.**

GOAL

**What do I want?
Keep it simple, realistic
and positive.
"I want", or "I want,
but I don't want".**



Lesson 19 - Role Play Scenarios - Determining, Facts, Opinions and Other's Thoughts and Feelings

Problem 1 - A person(*) is driving a car 10 miles over the speed limit. A police officer has pulled the person over and asked for their driver's license.

Problem 2 - A person(*) on probation arrives at 3:00 for a 2:00 appointment with her/his probation officer.

Problem 3 - You(*) are returning from the yard with your radio. The officer takes it to inspect it. The officer drops it and it breaks.

* indicates the person who is doing the problem solving.

Lesson 19 - Directions for Observing Role Plays - Getting Information to Set a Goal

1. Watch and listen for the facts.
2. Try to figure out what each person is feeling.
3. Do a brief thinking report for problem solver (2 to 3 thoughts and 1 to 2 feelings).
4. Do a brief thinking report for the other person (2 to 3 thoughts and 1 to 2 feelings).
5. Try to figure out the problem solver's opinions and beliefs.
6. Decide on a realistic and positive goal for the problem solver.

Problem 1 - Role Play - Background Information
Determining, Facts, Opinions and Other's Thoughts and Feelings

Information for Driver

Problem 1 - A person is driving a car 10 miles over the speed limit. A police officer has pulled the person over and asked for his/her driver's license.

More information for the driver -

If you get any more traffic violations, you will loose your driver's license. You are nervous. You are going to try to be friendly and cooperative but try to talk your way out of it.

Problem 1 - Getting Information to Set a Goal - Role Play
Determining, Facts, Opinions and Other's Thoughts and Feelings

Information for Officer

Problem 1 - A person is driving a car 10 miles over the speed limit. A police officer has pulled the person over and asked for his/her driver's license.

More information for the police officer - You are at the end of your shift and are about to go home. You are in a good mood. You have a fun evening planned. You want to get this over with as quickly and easily as you can.

Problem 2 - Role Play Background Information
Determining, Facts, Opinions and Other's Thoughts and Feelings

Information for Probationer

Problem 2 - A person on probation arrives at 3:00 for a 2:00 appointment with her/his probation officer.

More information for the person on probation -

You have a sick child who was up all night. You are very tired. You really tried to be on time. The bus you took broke down and had you to walk the last mile to get here. You feel like you are at the end of your rope.

Problem 2 - Getting Information to Set a Goal - Role Play
Determining, Facts, Opinions and Other's Thoughts and Feelings

Information for Probation Officer

Problem 2 - A person on probation arrives at 3:00 for a 2:00 appointment with her/his probation officer.

More information for the probation officer -

You have a very busy day. One of the PO's had a family emergency and had to leave the office. You are trying to cover both of your appointments. You were just about to see the other PO's 3:00 appointment when this person walks in late. You have 6 other people to see before you leave at 5:00.

Problem 3 - Role Play -Background Information
Determining, Facts, Opinions and Other's Thoughts and Feelings

Information for Inmate

Problem 3 - You are returning from the yard with your radio. The officer takes it to inspect it. The officer drops it and it breaks.

More information for the inmate -

You have just gotten this radio 2 days ago. It took you 2 months to get it.

Problem 3 - Getting Information to Set a Goal - Role Play
Determining, Facts, Opinions and Other's Thoughts and Feelings

Information for Officer

Problem 3 - You are returning from the yard with your radio. The officer takes it to inspect it. The officer drops it and it breaks.

More information for the officer -

You are following a new directive that all electronic equipment must be inspected. It was an accident. The radio just slipped.

Lesson 19 - Homework - Getting Information to Set a Goal

Apply the first 3 steps to a current or recent problem. Take a problem through the first three steps. Choose a problem you are willing to present in class.

Step 1. Stop and Think - What thoughts and feelings did you have that warned you that you were in a problem situation?

How could these thought and feelings lead me to do something to make things worse?

Did you do the **3-step**? _____

Describe how you could use the **3-step** in this problem?

Be quiet _____

Get space _____

Calm down _____

Step 2. Problem Description

I _____ because

My immediate reaction is _____.

Lesson 19 - Homework - Getting Information to Set a Goal (Continued)

Step 3. Getting Information to Set a Goal

What are the **facts**?

What are the **other persons' thoughts and feelings**?

What are **your beliefs/opinions**?

What is your goal?

I want

Lesson 20

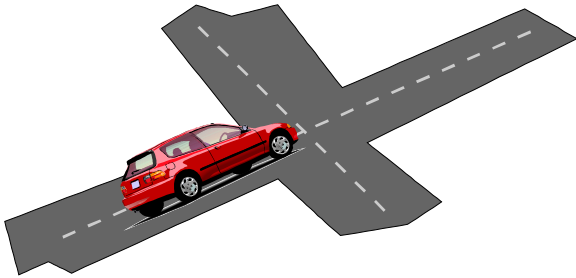
Choices and Consequences

Supplemental Materials:

- Overhead Transparency:
Choices and Consequences
- Handouts:
Choices and Consequences
List of 50+ Social Skills (see Lesson 15)
Homework
- Charts:
Choices and Consequences Chart
Example

4. Choices and Consequences

**What are my
choices?**



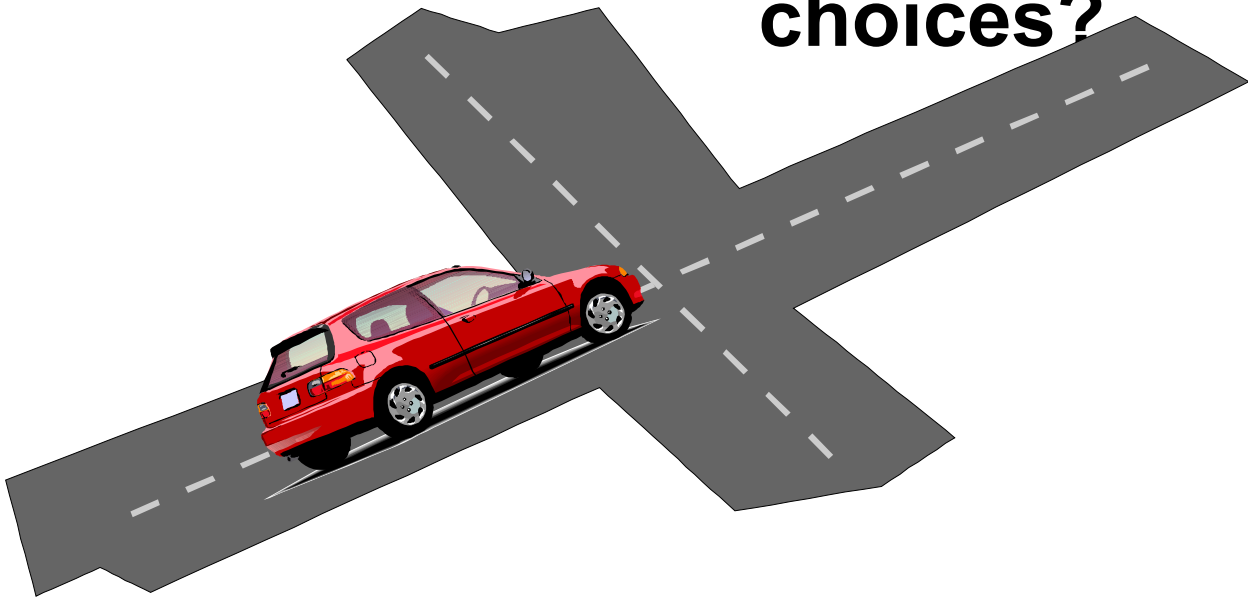
**What are the
consequences. . .**

For Me ? For Others?



4. Choices and Consequences

**What are my
choices?**



**What are the
consequences. . .**

For Me ? For Others?



Lesson 20 - Homework

Brainstorm at least 8 choices you have for your problem. Describe the consequences of each action choice for yourself and for others.

Step 4 - Choices and Consequences

<u>Choice</u>	<u>Consequences for Me</u>	<u>For Others</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Lesson 20 - Choices and Consequences Chart Example

Problem: I'm angry because Mrs. Shells is accusing me of lying to her. My risk reaction is to walk out.

<u>Choices</u>	Consequences for Self	Consequences for Others
<u>Thinking</u>		
I'm going to get fired	Get depressed	
She can't treat me this way	Get her angry	
I can handle this	Calming	
<u>Actions</u>	Consequences for Self	Consequences for Others
Blame Mr. Brooks	Makes Shewan look bad	Make Mr. Brooks angry
Accuse Mrs. Shells of being unfair	Shewan gets angrier	Mrs. Shells gets angry
Expressing her feelings	Lets Shewan say what she has to say	Gives Mrs. Shells information
Walk out	Lose job	Hurt Shewan's family
Get a co-worker to vouch for her	Gets some help	Gives Mrs. Shells more information
Offer ideas of what might have happened	Let's Shewan have something to say	More information for Mrs. shells
Tell Mrs. Shells why Shewan is trustworthy	Let's Shewan bring out her strong points	Gives Mrs. Shells Shewan's perspective
Dealing with an accusation	Gets to explain	She hears what Shewan has to say

Lesson 21

Choose, Plan, Do and Evaluate

Supplemental Materials:

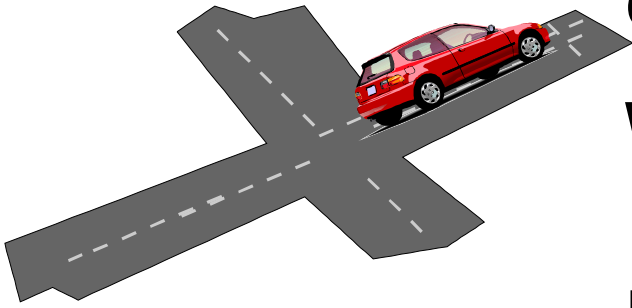
- Overhead Transparency:
Choose, Plan, Do
Evaluate
- Handouts:
Choose, Plan, Do
Evaluate
Action Planning Guide
List of 50± Social Skills (see Lesson 15)
Homework

5. Choose-Plan-Do

What is my best choice?

What is my plan?

Do it.



Make choices that help you get closer to your goals.

Make step-by-step plans for success that include:

-  **a. Who will be involved?**
-  **b. What will be done?**
-  **c. When and where will it happen?**

6. Evaluate

Did it work?

Am I closer to my goal?

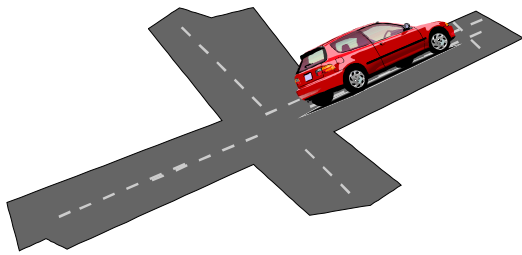
Did I hurt other people?

What have I learned?



**Good problem solvers
learn from both
successes and failures.**

5. Choose-Plan-Do



What is my best choice?

What is my plan?

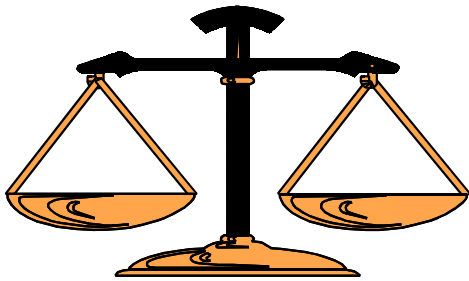
Do it.

Make choices that help you get closer to your goals.

Make step-by-step plans for success that include:

-  a. Who will be involved?
-  b. What will be done?
-  c. When and where will it happen?

6. Evaluate



Did it work?

Am I closer to my goal?

Did I hurt other people?

What have I learned?_s

**Good problem solvers
learn from both
successes and failures.**

Action Planning Guide

GOAL: (write goal) _____

CHOICE: _____

Who? _____

What? _____

When? _____

Where? _____

PLAN: (steps to follow)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Social Skill that could help: _____

EVALUATE: (Did it work? Closer to goal? Hurt others? What did I learn?)



Homework

Situation	Thought/Feeling Attitude/Belief	New Thoughts	New Actions	Social Skills

Directions: Based on your observations in various situations, rate your use of the following skills.

Circle 1 if you never use the skill.

Circle 2 if you seldom use the skill.

Circle 3 if you sometimes use the skill.

Circle 4 if you often use the skill

Circle 5 if you always use the skill.

	Never	Seldom	Sometimes	Often	Always
1. Do I listen to someone who is talking to me?	1	2	3	4	5
2. Do I start conversations with other people?	1	2	3	4	5
3. Do I talk with other people about things that interest both of us?	1	2	3	4	5
4. Do I ask questions when I need or want to know something?	1	2	3	4	5
5. Do I say thank you when someone does something for me?	1	2	3	4	5
6. Do I introduce myself to new people?	1	2	3	4	5
7. Do I introduce people who haven't met before to each other?	1	2	3	4	5
8. Do I tell other people when I like how they are or something they have done?	1	2	3	4	5
9. Do I ask for help when I am having difficulty doing something?	1	2	3	4	5
10. Do I try to join in when others are doing something I'd like to be part of?	1	2	3	4	5
11. Do I clearly explain to others how and why they should do something?	1	2	3	4	5
12. Do I carry out instructions from other people quickly and correctly?	1	2	3	4	5
13. Do I apologize to others when I have done something wrong?	1	2	3	4	5
14. Do I try to convince others that my ideas are better than theirs?	1	2	3	4	5
15. Do I recognize the feelings I have at different times?	1	2	3	4	5

	Never	Seldom	Sometimes	Often	Always
16. Do I let others know what I am feeling and do it in a good way?	1	2	3	4	5
17. Do I understand what other people are feeling?	1	2	3	4	5
18. Do I try to understand it, and not get angry, when someone else is angry?	1	2	3	4	5
19. Do I let others know when I care about them?	1	2	3	4	5
20. Do I know what makes me afraid, and do things so that I don't stay that way?	1	2	3	4	5
21. Do I say and do nice things for myself when I have earned it?	1	2	3	4	5
22. Do I understand when permission is needed to do something, and ask the right person for it?	1	2	3	4	5
23. Do I offer to share what I have with others?	1	2	3	4	5
24. Do I help others who might need or want help?	1	2	3	4	5
25. Do I try to make both of us satisfied with result when someone and I disagree?	1	2	3	4	5
26. Do I control my temper when I feel upset?	1	2	3	4	5
27. Do I stand up for my rights to let other people know what I think or feel?	1	2	3	4	5
28. Do I stay in control when someone teases me?	1	2	3	4	5
29. Do I try to stay out of situations that might get me in trouble?	1	2	3	4	5
30. Do I figure out ways other than fighting to handle difficult situations?	1	2	3	4	5
31. Do I make complaints I have about others in a fair way?	1	2	3	4	5
32. Do I handle complaints made against me in a fair way?	1	2	3	4	5

	Never	Seldom	Sometimes	Often	Always
33. Do I say nice things to others after a game about how they played?	1	2	3	4	5
34. Do I do things that help me feel less embarrassed when difficulties happen?	1	2	3	4	5
35. Do I deal positively with being left out of some activity?	1	2	3	4	5
36. Do I let people know when I feel a friend has not been treated fairly?	1	2	3	4	5
37. Do I think choices through before answering when someone is trying to convince me about something?	1	2	3	4	5
38. Do I try to figure out the reasons it happened when I fail at something?	1	2	3	4	5
39. Do I deal with it well when someone says or does one thing but means something else?	1	2	3	4	5
40. Do I deal with it well when someone accuses me of doing something?	1	2	3	4	5
41. Do I plan ahead the best ways to handle it before I have a difficult conversation?	1	2	3	4	5
42. Do I decide what I want to do when others pressure me to do something else?	1	2	3	4	5
43. Do I, when I feel bored, think of good things to do, and then do them?	1	2	3	4	5
44. Do I, when there is a problem, try to find out what caused it?	1	2	3	4	5
45. Do I think about what I would like to do before I start a new task?	1	2	3	4	5
46. Do I think about what I am really able to do before I start a new task?	1	2	3	4	5
47. Do I decide, before doing something, what I need to know and how to find out?	1	2	3	4	5



	Never	Seldom	Sometimes	Often	Always
48. Do I decide which problem is most important, and should be handled first?	1	2	3	4	5
49. Do I think about different possibilities, and choose the one which is best?	1	2	3	4	5
50. Do I pay full attention to whatever I am working on?	1	2	3	4	5

[illegible]

[illegible]

[illegible]