



GUIDE FOR USING RBT TOOLS

Juvenile Detention Center
October 18, 2006



A. INTRODUCTION

RBT tools is the generic name given to cognitive-behavioral worksheets that help residents examine their behavior, the beliefs and attitudes driving those behaviors, and taking action to make appropriate changes in thinking and behaving. Some of these tools are directly based on RBT (Rational Behavior Training) while others incorporate other cognitive strategies, including principles from DBT (Dialectical Behavior Therapy).

The tools are used in several ways. First, they are used as part of the regular group process (in RBT groups for example). Second, they are used in conjunction with the behavior program, where an RBT tool is assigned whenever a resident earns a 30-30-5 (See Behavior Program Manual for a comprehensive description of the 30-30-5). Third, they may be assigned at any time to help a resident work through a particular problem with behavior and/or thinking that is causing him/her significant problems with regard to achieving success while in detention. The set of tools discussed in this manual are not the only possible worksheets. A separate tool may be used for the written assignment given to juveniles in the Intermittent Detention program. Or specific ad-hoc tools maybe created when a resident is placed on Strategic Program Modification (refer to the *Behavior Program Manual* for a discussion of SPM). The general processing strategies remain the same. The tools have been created with self-processing mind, so that the role of processing is to ensure quality and to help in the process of integrating the analysis of the situation into future change in thinking and behavior.

One question that often arises is which tool to use when. The table below can give some guidance.

| RBT TOOL | WHEN TO USE? |
|---|---|
| <i>Rational Self-Analysis (RSA III)</i> | <ul style="list-style-type: none"> • The RSA is the basic RBT tool, currently in its third revision • This is the tool of choice for new residents who have never been detained • It is the normal tool to give a resident after a 30-30-5 |
| <i>Targeted Thinking Report (TTR)</i> | <ul style="list-style-type: none"> • The TTR focuses on a single specific inappropriate behavior take is starting to occur regularly • Looks for connection of this pattern to patterns on the outside • Most appropriate for a resident who has been detained for a while, and has amassed a history of a particular inappropriate behavior that keeps on happening. |
| <i>Personal Self-Change Exercise (PSCE)</i> | <ul style="list-style-type: none"> • The PSCE identifies a particular significant problem behavior. • The PSCE focuses on the changes in thinking and beliefs that would enable this behavior to change, and the different outcomes that would result. |
| <i>Scope of Consequences Worksheet (SCW)</i> | <ul style="list-style-type: none"> • The SCW takes one target behavior and focuses the past, present and future consequences that result from this behavior. • Most appropriate after a significant target behavior has been identified. • Useful for someone who struggles with understanding the long term consequences of his/her behavior, and where thinking about the consequences may impact future behavioral choice. • Helpful with residents who can only see outcomes accruing to themselves, are self-centered and lack the ability to empathize. |
| <i>Anger Self-Analysis (ASA II)</i> | <ul style="list-style-type: none"> • Requires familiarity with most of the material in the group manual <i>My Anger Is My Friend</i> • Most useful when the target behavior is impulsive, or explosive anger • Requires more serious thought on the part of the resident to be effective, and would be useful with residents with some experience with the cognitive behavioral process. • Covers situations where behavior is not a function of thinking/beliefs but a biological response geared in psychological self-defense and preservation. |

Note that when the 30-30-5 occurs after a behavior that results in the filing of a police report, an RBT tool is not given to the resident to complete. Some verbal processing may occur on a more general theme or pattern. This manual is not intended to be a complete guide to the actual RBT tools, Please consult *My RBT Manual, I and II; and My Anger Is My Friend, 4th edition* for a more thorough discussion. This guide is merely a quick review

to assist in the actual processing, whether after a consequence or using the tool in a scheduled group. Only one RBT tool is used after the 30-30-5 or in any other situation where an RBT tool may be helpful to help the resident look at his/her behavior (for example, after a particularly inappropriate behavior, or consistent pattern). Never give more than one tool; the focus should be on selecting the tool most appropriate and encouraging completeness and thoroughness when it is finished.

B. GENERAL GUIDELINES FOR PROCESSING RBT TOOLS

These guidelines are appropriate when reviewing any paperwork with a resident that required them to examine their thinking or behavior. The process is similar to when processing in a group or with the resident alone, although in a group setting other residents can take on some of role and responsibility for enhancing the quality of the work done on the tool and its processing. Using RBT tools from past consequences, or working on a particular RBT tool during a regularly scheduled group is key to helping the resident understand the processes by which he/she can take greater control over his/her behavior.

The general intent of processing these tools is to help the resident understand the context of his/her problem behavior. Cognitive behavioral processes, in order to be an effective vehicle for changing behavior, have to be integrated into the psyche of the individual. If they are treated as a mere "assignment" or simply a ritual behavior to get out of the time-out room they will have limited impact. Thus, the role of the officer processing the tool is crucial. If we do not see the tool and the processing as important, neither will the resident. It is also a time to reinforce the resident's perceptions of thinking errors and inappropriate behavior.

1. Be aware of the capabilities of the resident(s).

Before beginning to process an RBT tool with a resident or take through a tool in group, the officer should assess the capabilities of the individual of the group. Younger residents may struggle more with the particular concepts; older residents, or those that have been in detention for some period of time, should be expected to do better, all other things being the same. Be helpful, but make sure that the resident is doing the work. In those cases where a resident is impaired in reading or writing, you will have to process with them orally and write down their responses for them. (If the tool is used after a 30-30-5, use the second 30 minutes to orally process.)

2. Check for completeness and quality.

Before getting into serious processing, read all sections of the tool to ensure that they have been filled out completely, and that there has been some care and thought put into the responses. Again, completing the tool is not a ritual process; it is something to add to the resident's "tool kit" or life skills repertoire. Officer attitude and concern play a large part in how well the tool will be done and processed. If the processing takes place in group, encourage other residents to provide critique or commentary.

3. Residents should process the RBT tool with you...you don't process it with them.

During the processing intervention, it should be on the shoulders of the resident to explain the individual sections of the RBT tool to the staff member, not vice-versa. The staff member should not be simply reading the RBT tool back to the resident and watch the resident nod his or her head. The resident should read each individual section to the staff member and explain what he or she means in that section and how it relates to the others. Sometimes residents are resistant to verbally processing the RBT tool and hope to have staff just read and say they're finished. In such a case staff should verbally prompt and encourage the resident to process the RBT tool, as it is an expectation to be fulfilled if the consequence is to end. If a resident continues to be resistant, they should either be issued a timeout if out in the program, or have their entire consequence start over in the case of a 30-30-5. In group, also make sure that you are not doing all the work. You can assign a resident to share his/her RSA; create a "group" RSA where residents identify possible thinking and consequences for a common problem situation. Make sure that "unfreezing" occurs; that some introduction to the processing is given and a positive spin to the process, in spite of the preceding inappropriate behavior.

4. Use a motivational approach

The use of a motivational approach recognizes the resident as the "expert" with regard to his/her problem behavior. We are merely trying to get him/her to see the "big-ger" picture, and provide a "container" for tying things together (e.g. thinking-behavior-consequences). Ask questions in the format "Help me understand this?"

or “How does this work for you?” or “You need to help me make sense out of this.” Think of the T.V. character “Columbo.” You don’t need a cigarette and trench coat, but do use his gentle, questioning approach.

Motivational approaches focus on reducing resistance by emphasizing “listening to” rather than “talking at”, using the discrepancy between what the individual wants and what he/she is in fact receiving; generally avoiding direct confrontation except in limited strategic situations. Motivational approaches aim to enlist the commitment of the individual to the change process, and reduce resistance based on defensiveness, fear, etc.

Some motivational interviewing principles that will help include:

Express empathy.

Thinking and behavior do not occur in a vacuum. They are the result of a life long experiences which have coalesced into patterns of response. If residents knew better, they would do better. They are the final product of genetic, familial and environmental factors that shaped their thinking and behaving. As reflected in one of the assumptions of cognitive behavioral approach: “Things are as they should be.” Current behavior is the expression of many years of learned responses, and beliefs that have been developed through less than helpful interactions with the familial, school, and community environments. The process of change requires “unlearning” and “relearning.” It is enhanced when the interventionist can communicate an understanding of how the individual got to where he/she is currently.

Develop discrepancy

Avoid direct confrontation. Point out discrepancies between what the resident, in the long or short term, really wants and what in fact will be the outcome if the current thinking and behavior continue to occur. “Do you really think that in the end this will be helpful? Why? How?”

Roll with the resistance

Don’t get into a power struggle over items on the form or thoughts expressed. Try a new tact; go around the “obstruction” rather than bashing into it.

Support self-efficacy

Self-efficacy is the sense that “I can do it!” It reflects confidence in the process of understanding current thinking and behavior and more desirable future thinking and behavior. It is NOT self-esteem, which is not related to anything. Change is difficult. It means exploring new responses, traveling “new roads”, all of which can be seen as too difficult. Changing thinking, feelings and behavior involves risks, vulnerabilities, and unknowns. It is important to reinforce any commitment to change, or even a commitment to admit that there is even a problem. The latter is the first step in the change process, and even if it is the only outcome from the processing, it is very important. Try to remind the residents of past successes in this particular behavioral area, or success in other areas. Bring up any progress that the resident has made and use effective praise lavishly. In the end we cannot change anyone’s thinking or behavior. All we can do is create the environment, provide the invitation, support risk, and hope for the best!

These techniques can be made more concrete by the use of “**OARS**.”

- Ask **O**pen ended questions. Questions that fit into a “yes-no” framework are not helpful to get the resident involved in the process, nor help him/her see how things tie together.
- **A**ffirm. Constantly use verbal positive reinforcement to reward discussion, insight, responsibility.
- Listen **R**eflectively. Don’t just nod your head, but try to reflect back in your own words what you hear the resident say. This is not just “parroting” back, but trying to extend, enhance, amplify what you have heard and attempt to put into words some things that may be only implied. The resident will let you know if you are heading in the right or wrong direction.
- **S**ummarize. Try to link things together for the resident. Often, youth in detention don’t see the sequences of their thinking and behavior; they don’t see the connections. Help them make these connections.

5. Help them see the big picture

The consequences of a resident’s behavior is not a 30-30-5. Like the concentric rings of the ‘ripple chart” (see *Restorative Justice Guide, 2nd Edition*), every behavior (everything the resident says or does) has consequences, positive or negative. While the RBT tool often focuses on results from a problem identified in detention, our goal

is to help the resident make change in the larger circle of his life. Here is where group processing can be powerful tool; enlist the aid of others to help expand the “bigger picture.” The purpose of cognitive interventions is to empower the resident to understand he/she does have some control of their own outcomes and future; not just life in B pod, but in the larger context of family and community.

6. Putting Closure on the Processing

Like any interactional or group process, unfreezing, processing and refreezing are key components. It is important to re-freeze after the processing of the tool.

a. Closure after processing in extended time out—

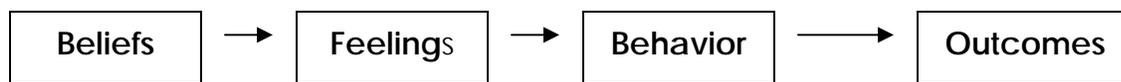
Make sure the resident takes the RBT tool with him/her. It should be a learning experience that can be reviewed at a upcoming RBT, Risk Management, or Anger Management Group. Ask the resident to summarize the processing and what he/she has learned (not from the tool) but in his/her own words. Actively reinforce positive efforts to make change.

b. Closure after processing in group--

Have each resident indicate what particular thing he/she learned through the process. Focus on why thinking before acting can get better outcomes. Explore ways of integrating what was learned into situations apart from detention, especially on the streets, in the community at home and in school.

C. RATIONAL SELF ANALYSIS

The Rational Self-Analysis (RSA) is the major tool of Rational Behavior Training, the “flavor” of cognitive behavioral interventions used in the detention center. It makes concrete the general cognitive model:



The RSA has sections for the current behavior and thinking as well as future alternatives that would result in likely better outcomes. This is a general model, however, and does not address all behavior in all situations. (see the section below on the RBT tool: Anger Self-Analysis)

A. Facts and Events

This is the activating event. The facts and events section is supposed to contain whatever started the whole process that led to the behavior that the resident exhibited, and thus its consequences.

This is the situation as the resident perceived it subjectively. (This is not the CAMERA CHECK, which occurs later in the RSA. the camera check is an objective, third party view of the situation) It should be written as a statement of facts as the resident saw and experienced them. This is not an objective statement! Save that for the camera check later. The event can be **external**, such as the behavior of other people (“He threw down my gang sign.”), things in the physical environment (the air conditioning is off and it is 100 degrees in here); or **internal** (“I have a bad stomach ache.” “I am bored.” While the situation-thinking-feelings-behavior-consequence series can form a chain of events, it is important to identify the very first event or situation. Avoid choosing consequences as situations. Instead, find the real antecedent event.

It is very common for residents to include their own behavior in this section, but this is incorrect. The resident’s behavior is only to be included in the actual behavior section of the RSA. Keeping the facts and events section to just the antecedent situation helps the resident see the breakdown of the behavior chain. In cases that residents demonstrate confusion over this section we should assist them to understand during processing.

B1. Self-Talk

This section is to identify the thoughts that went through the mind of the individual in response to the situation. These should be thoughts relative to the situation that would trigger them to feel and behave in the manner

that they did. Some of the thoughts are just “venting.” This is natural, as often reactions to emotionally provocative situations generate some venting or verbalized immediate responses.

There are sometimes questions over whether or not residents are allowed to swear or “vent” in their self-talk section. This section is supposed to reflect what the resident was actually thinking during the situation in question, so it is appropriate for them to swear in it because it is very likely that they were swearing in their minds as the situation was unfolding. It is also regularly the case that residents are angry with staff members during these instances and it is ok for those feelings to be reflected in the self-talk section also. In the case that a staff member feels as if a resident is going overboard, however, it may be appropriate to encourage the resident to write about self-talks that are more akin to hot thoughts which may have more to do with their behavior than the specific derogatory things they were thinking about staff.

If the resident lists mostly venting, and little self-talk that can identify the deeper beliefs, perceptions or “if-then” rules about life and behavior, then the processing should elicit more substantive self-talk.

B2.Hot Thoughts

Hot thoughts are those self-talks that people have that drive their behavior and are most reflective of deeper beliefs and attitudes. . In any given situation a person could have several different self-talks but a few of those thoughts are considered “hot thoughts” because they are the ones that really cause the behavior to occur.

Review each self-talk the resident has identified. Make sure all thoughts have been identified. Some of these will stand out as contributing to the final inappropriate behavior more than others.

These include:

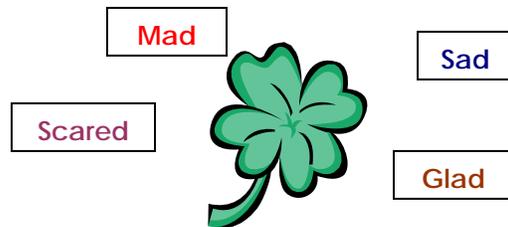
- Self-talk that ***justifies committing a crime or hurting someone*** else (e.g. self talk that comes from core beliefs which include: “I am a victim”; “No one can be unfair to me”; “I deserve to get or be what I want”)
- Self-talk that ***rationalizes*** (make sense of crime or inappropriate behavior) (e.g. “Everyone does it”; “It doesn’t hurt anyone”; “If I don’t do this, someone else will”; “He/she needs to learn a lesson”; “If I don’t use violence, people will abuse, control or disrespect me”; I have to do something to take control of the situation.)
- Self-talk that focuses on or builds up ***feelings of humiliation, of being disrespected, or of being controlled***. (e.g., “I can’t stand being humiliated like this and feeling powerless about it”)
- Self-talk that cuts off the effort to be responsible and ***gives permission*** to do a criminal act or inappropriate behavior (e.g., “F--k it”; “I’ve had enough of all this”; “What do they expect? I can only take so much?”)
- Does the behavior or what you did, ***make you feel real good?*** What kinds of thoughts, beliefs or attitudes help interpret the particular behavior in this way? (“All right! I showed him a thing or two! It was good to see him in pain!” “No one should have to feel so bad, I need to get drunk right now”)
- Self-talk that ***narrows your range of options?*** (e.g. “I have no other choice”; “I can’t let this happen”; “There is nothing else I can do”; “I’m trapped”)
- Self-talk that ***dehumanizes, discounts, or devalues*** the other person? These are statements that are insulting, involve profanity, cursing, etc. (“You are a useless piece of s___”; “You suck!”; “That bitch is out to get me. She doesn’t care!”)

C1. Feelings

These are emotional states. Feelings are also private events. We do not know what people are feeling unless they tell us. For example, people may cry if they are sad and when happy. Unless we know the context we

cannot tell what the feeling is. While feelings lead to certain behaviors, which we can see, we do not know what the real feeling behind the behavior is until someone fills us in.

Words that describe feelings can be pictorially represented by a cloverleaf. Each leaf of a four-leaf clover representing one of the major feeling groups: sad, mad, scared, glad. As residents become more skilled in labeling their feelings, others will be identified. It is important that we do not guess at feelings or the focus of their feelings solely based on their behavior. We can only know feelings when the resident tells us.



Once we get the resident to understand the four basic feelings, it is important he/she can increase the differentiation of various feelings. If we can help them be more specific in what they feel, we can help them trace back the source of the feeling more accurately. For example, in group, a good activity is to write feelings on 3x5 cards. Turning them up-side down, residents take turns in picking a card and, acting out the feeling, both with non-verbals and verbals. The residents can then guess the feeling. This exercise serves several purposes. It expands the ability of residents to identify specific feelings; it also makes clear how difficult it is to judge some feelings from mere observation without communication from the individual who is expressing that feeling.

The resident is to write what he or she felt using "I statements." We should look out for and correct Robot-type thinking in this section (i.e. "He/she pissed me off"). Using "I statements" encourages residents to take ownership of the feelings that lead to the inappropriate conduct. Using these statements also fosters the acceptance of responses.

Feelings DO NOT have to be "positive". Life is not always "happy". We need to teach residents that some "negative" emotions are quite healthy. We cannot grow as persons unless we experience healthy negative emotions. It is not healthy to think we will never be sad, angry or concerned. In fact, these feelings can be strong motivators. For example, seeing an injustice in society can lead to anger, which enables me to work for justice. In detention, a resident may be struggling with the behavior program. Frustration is a normal and rational feeling, acting out is not. See the chart below for other examples of healthy feelings and their unhealthy counterparts.

| Health Negative Feeling | Unhealthy Negative Feeling |
|-------------------------|----------------------------|
| Concern | Anxiety |
| Sadness | Depression |
| Remorse | Guilt |
| Sorrow | Hurt |
| Disappointment | Shame |
| Anger | Aggression |
| Desire | Envy |

C2. Behavior

This is what the resident said out loud or did. This is a public event, which everyone can see or hear. Behaviors are actions, acts, and involve doing something. Making a face at someone, pushing a chair, yelling, smiling, talking, rolling my eyes are all behaviors. These are objective in that we can all agree when a behavior occurs. Feelings and thinking are subjective, in that they come from our perspective only.

The resident is to write what he or she did, again using "I statements." As staff we should be checking to make sure the resident does not blame someone else for their actions. Also, make sure that there are no feelings, or outcomes, or thinking included in the behavior.

C3. Consequences

Consequences are what happen to residents or others as a result of his/her feelings and behavior in a given situation. They are outcomes. These can include feelings about the entire situation (e.g. disgusted with myself, loss of rewards, and incurring of punishments or natural but unpleasant consequences. However, they should not be limited to this. This section should contain everything that happened as a result of the resident's behavior. Many times residents will only include obvious consequences and leave it at that, but they should also be including the rippling effects that the behavior can have on both them and others. Residents should be able to see beyond earned consequences and identify how their behavior affects their relationships with others and the broader scope of their lives. This is a great time to introduce some restorative justice concepts, such as the "ripple effect". Make sure that behaviors are not listed as consequences.

4. Underlying Core Beliefs

Core beliefs are general "templates" or ways of interpreting reality (ourselves and the world around us and both of these interact). They are the rules (if this happens, then it means that I should do this) that we live by and use to judge the world around us. They are how we think we and other people should act. Metaphorically speaking, they are the "glasses" through which we see and judge the world around us. This is a concept that many residents, especially with less developed or impaired cognitive functioning may struggle with. Staff should take time to work with residents to pull out some core beliefs that are relative to the self-talk and behavior identified in the RSA if residents have trouble doing so on their own.

The most important guide to identifying our core beliefs is our self-talk or what we say to ourselves when something happens to us. We may have several hundred beliefs in our belief system. Many involve what we should wear, what food we should eat. The core beliefs that we are most interested in are those that generate behavior that involves anti-social vs. pro-social thinking. Beliefs that guide how we view the world, and how to respond to those individuals in it. You may believe that "Fords are ugly" or "I would never drive an Audi TT sport scar". These beliefs have little impact except in Detroit.

On the other hand, if I have a belief that says "Everyone is always out for him or herself", then if someone does something good for me, I will think that this person is just trying to use me or has some hidden purpose. This is a core belief: an important statement about how I see people and the world around me. Core beliefs are those beliefs that guide our relationships with other people, with ourselves, and our future..

Core beliefs that are helpful to our getting our goals met are *HELPFUL* and *RATIONAL* core beliefs. Some examples of these are:

- "Most people always try to do their best"
- "Some times I succeed, and sometimes I fail, but I am ok all the time"
- "Sharing my feelings to another person can be risky, but it is worth the chance"
- "With some things it is better to just let go, and focus on the important things"
- "Things are right and wrong, and I try to do what is the right thing, as best I can"
- "Some people will do dumb things, but that is their problem, not mine"

These are *NOT HELPFUL* and *IRRATIONAL* core beliefs:

- "It's awful if others don't like me"
- "I'm bad if I make a mistake"
- "Everything should go my way; I should always get what I want"
- "Things should come easily to me"
- "The world should be fair; bad people must be punished"
- "I shouldn't show my feelings"
- "Adults should be perfect"
- "There's only one right answer"
- "I must win"
- "I shouldn't have to wait for something"
- "It would be awful if my peers didn't like me"
- "I can't be a 'social loser' "
- "It's my parents' fault that I'm in trouble"

- “I can’t help it; that’s the way I am, and I will always be this way”
- “The world should be fair”
- “It’s awful when things just don’t go my way”
- “It’s better to avoid challenges than to risk failure”
- “I can’t stand to be criticized”
- “It’s always somebody else’s fault”
- “Everyone else should always be responsible”

Certain wording is a tip-off that the thinking or core belief is irrational: **All, Every, Each, Always; No one, Never, None; Should, Have To, Must, Can’t, Would.** Except in certain case (e.g. beliefs about taking another’s life, rational beliefs about the world and ourselves are flexible and adaptive. Irrational beliefs are rigid and inflexible. Rigid beliefs easily become “automatic thinking.” Rational beliefs require some consideration and interaction with the specific situation in the environment.

Certain forms of thinking statements can also indicate irrationality:

- ✓ **SHOULD, MUSTS, OUGHTS** which are unrealistic demands on ourselves, people or situations;
- ✓ **EVALUATIONS OF WORTH** which require me to always win someone else’s approval to consider myself worthwhile
- ✓ **NEED STATEMENTS** that specify things I WANT rather than things I NEED be comfortable and free of frustration.

The acronym, **SAFER** is an RBT concept that is useful in teaching residents to clarify between their wants and their needs. Needs are essential for life; wants are ways of getting our needs which may be appropriate and useful or irrational and unobtainable. If our wants are unrealistic, we will typically be unhappy.

D1. Camera Check

The purpose of the camera check is to get the individual to see a more objective and thus more rational perception of the activating event. This is different from the facts and events section of the RSA, which is written from the individual’s perspective. The resident is to write what happened objectively in the situation (what a camera would have seen and heard, not felt – the camera cannot interpret feelings). This section is key to expanding the perception of the resident, and reducing irrational or self-centered responses to the situation that do not reflect reality.

Since this is an objective view, it involves only behavior. It should indicate what was done and said and no evaluative statements. For example, “He disrespected me” is not appropriate. Rather this section should state, “He looked at me and laughed when I tried to correct him.” The information should be as specific as possible and should include as much about the situation as the camera could see. This section does not reflect opinions or judgments. It does not infer feelings, it simply describes behavior. This section is key to the resident’s understanding of how he/she interprets the situation, rather than it being an objective given. To objectively see things requires stepping back, looking at it from other perspectives. THINKING about it!

D2. Rational Challenge to Hot Thoughts

This is one of the most crucial parts of the RSA. Here is where the initial thinking is challenged for rationality. The acronym AFROG is used to test for rationality. The resident goes through AFROG on all of his or her hot thoughts to determine if they are rational or irrational. A thought or belief needs to make a minimum of 3 AFROG criteria to be considered rational. AFROG asks the following questions:

| AFROG CRITERIA | | MEANING |
|----------------|---|--|
| A | Alive: Does my self-talk keep me alive? | <ul style="list-style-type: none"> ▪ Will this thinking protect my life and health? ▪ Is my physical well being going to be better with this kind of thinking, and the resulting feelings and behavior? |
| F | Feelings: Does my self-talk help me feel better? | <ul style="list-style-type: none"> ▪ Are the feelings that result from my self-talk healthy or unhealthy? ▪ Is this the way I want to feel most of the time? ▪ Does thinking this way make me feel better in the long term? |
| R | Reality: Is my self-talk real? | <ul style="list-style-type: none"> ▪ Is my thinking based on fact and reality, or my own perceptions and fantasy? ▪ Did I see the situation objectively and logically, or did I really put a strange, personal interpretation on it? ▪ Did I act on judgments about others rather than their actual behavior? ▪ Did I presume reasons for others' behavior rather than checking them out first? ▪ Can I find objective evidence to support my self-talk or how I saw the situation? ▪ Is there a big difference between my "situation" and the "camera check"? |
| O | Others: Does my self-talk help me get along with others? | <ul style="list-style-type: none"> ▪ Will my self-talk help to avoid unnecessary conflict with others? ▪ Will others trust me and respect me in the future with this self-talk? ▪ Does my self-talk result in others feeling hurt or rejected? |
| G | Goals: Does my self-talk help me reach my goals? | <ul style="list-style-type: none"> ▪ Do I have goals that are positive, success oriented, and do not hurt others? ▪ Will my self-talk help me reach these goals? Immediate goals? Long term? ▪ Will my self-talk help me get the things which are important to me, which are positive, and not harmful to myself and/or others? |

This section should not be rushed and the resident should clarify his/her selection of each AFROG criteria. Sometimes there are questions about the "R" of AFROG, which asks "Is my self-talk real or rational?". In the case of a resident having "Joe stinks" as a self-talk, he or she may state that this self-talk is real because it is what they were really thinking and that he or she actually believes that Joe stinks. This is not the case, however, because the "R" of AFROG is geared towards asking whether the self-talk is based on objective fact rather than subjective judgment. It may really be the case that the resident thinks that Joe stinks, but this should still be answered "no" because this is a subjective judgment, not objective fact.

They also check off any of the 6 irrational ideas that were represented through their self-talk. These include: Namby-Pamby, Fairy Tale, I Stink, You Stink, Doomsday, and Robot. Ask the resident to explain the irrational idea he/she chose, and why he/she chose it.

The key focus of this section is not just to apply a set of criteria for making judgments about beliefs in a particular situation, but to equip the resident with a process for always looking at his/her beliefs and self-talk before immediately acting or responding.

D3. Rational Alternative to Hot Thoughts

These new self-talks should be direct alternatives of the hot thoughts that were identified as irrational through AFROG. Residents should not be just changing one word in the self-talk. It is more helpful to generate new self-talk that reflects changes in core beliefs (below). The new self-talk should not be judgmental about others; it should be realistic. Liking someone may not be realistic. Being respectful and cooperative to someone does not require liking. So the rational thinking needs to be realistic, not some Pollyannaish fiction.

Sometimes residents will write things such as "Just take the timeout" in this section. This is not enough, however, because it is necessary for the resident to identify self-talks that will enable them to behave in such a way. Rational Alternatives are not behaviors, but are their thoughts or views of the world. Not what someone "does", but how they think should be the focus of this section. These new rational thoughts should meet AFROG criteria

New thinking should reflect the following:

- Flexible preferences (wishes, wants, desires, "I'd like to...") instead of demands (musts, shoulds, oughts, I have to..., they must...)
- Rational evaluation of a bad situation (It's not the best"; "It's unfortunate, but I can work on it." rather than awfulizing the situation ("I can't go on."))
- Increased frustration tolerance ("I can deal with it.") rather than low frustration tolerance.
- Accepting self and others ("We are fallible, but valuable, no one is perfect; etc.) rather than discounting others ("Why does she always pick on me.")

D4. New Core Beliefs

In this section, the resident should identify some examples of new core beliefs that would help them interpret and respond to the same situation in a better way in the future. As with the last core beliefs section, it may be necessary for staff to help residents understand the concept.

E1. More Healthy Feelings in the Future

The resident is to identify how they would likely feel after the same situation in the future given their new core beliefs and rational self-talk. We should encourage residents to look beyond writing just "I want to be calm". We should ask residents how these new healthy feelings should follow given their new self-talks.

Use this part of the RSA to again stress, HOW WE THINK DIRECTLY LEADS TO HOW WE FEEL. IF WE CHANGE THE THINKING, WE CAN CHANGE THE FEELINGS, BEHAVIORS AND OUTCOMES! Stress that the new rational self-talk should lead to feelings which are quite different from those that occur after irrational self-talk.

The new feelings should be positive feelings or healthy negative feelings from the previous chart. For example anger vs. aggression; sadness vs. depression, etc.

E2. More Appropriate Behavior in the Future

The resident is supposed to indicate what behavior they would like to exhibit in the future, given their new self-talks and feelings. Make sure feelings and behavior are kept separate.

E3. More Successful Consequences in the Future

Given that the resident has already identified new rational self-talks, feelings, and behaviors to this point, they are to complete the new behavior chain by identifying what the consequences would be if they were to exhibit the more appropriate behavior in the future.

One can also identify what might be some positive outcomes that result from the new sequence. What are new rewards? Reductions in punishing events that will occur? How will others look at you differently?

E4. Patterns

At this point the residents are asked to think a little more comprehensively and identify different situations that typically lead them to think and behave in this irrational manner. The purpose of this is to get the resident thinking about situations that are risky and can provoke negative thinking and behavior. In cases where residents struggle with understanding this concept, it may be appropriate for staff members to provide other examples of patterns to assist.

E5. Stop-Look-Listen

The resident is asked to think about what the warning signs are for risky kinds of situations and how they can stop themselves from acting impulsively in the future by consciously thinking of ways to think and act differently if the situation were to arise. It asks them to identify how they can practice this and prepare themselves in the days ahead. To be able to make long term changes in behavior, the resident needs to move away from "automatic thinking" or being on "auto-pilot." This is the point to encourage constant self-monitoring, so that the youth can move to better manage his/her behavior rather than simply being a bundle of reactions to what is going around in the social or interpersonal environment.

The completion of RSAs leads one to identify "high risk" situations, where there is automatic behavior that leads to long term negative outcomes. This is where "stop-look-listen" comes into practice. By getting residents to create and examine self-talk, they can interrupt the sequence of the behavior chain and move to rational thinking.

In some ways, this section summarizes the process of what the resident has learned from the situation and how to make use of it going forward. This section should be highlighted when the RSA is used in an RBT group.

D. TARGETED THINKING REPORT

The Targeted Thinking Report is used when a consistent pattern of problem behaviors is observed. For example, a resident struggles with following directions, or consistently makes fun of peers when stressed out. The purpose of this tool is to enable the resident to see the larger pattern rather than just respond to the current situation. Further, the resident can see to recognize and take action when similar situations occur in the future. It is most useful after the resident has been sufficiently imbued with RBT concepts to move beyond the simple, situation based RSA. While similar to the RSA, some sections are quite different and need different responding.

A. Target Problem

Here we are looking for single problem behavior, that occurs frequently in multiple situations, and is like driven by similar kinds of beliefs and self-talk. It is important that the staff make sure this section is identified before leaving the resident to work through the rest of the form. Engaging the resident so that he/she can identify the target problem is better than simply telling him/her what it is. Make clear that the patterns are not just from within the current stay in detention but from the larger life of the resident before he/she was admitted.

B. When Does or Has This Pattern Come Up in Your Life and What Happens?

This section asks the resident to see connections to other situations in his/her life. Make sure the focus goes beyond life in the detention center, It also asks if this pattern of thinking/behavior has really worked. That is, has this pattern brought about undesirable outcomes, pain, frustration, etc.

C. Targeted Thinking

In this part, the resident lists the self talk that is common to situations that result in the target behavior occurring. The resident does not list every thought that came to mind; no venting, Only self talk that clearly is related to the behavior and reflective of deeper core beliefs are listed. These are, in fact "hot thoughts." This differs from the self-talk section in the RSA, as this section in this tool asks the resident to try to identify similar patterns that occur time and time again.

D. Underlying Core Beliefs

Like in the RSA, this section has the resident probe for deeper and more generalized perceptions/attitudes/beliefs. We are trying to get to the "rule book for life" in this section, and enable the youth to not only tie consistently occurring maladaptive behaviors together but also hunt for the underlying belief system that drives all of this.

E. Distortions/Irrationalities of Your Self-Talk and Beliefs

Here is where the resident is asked to indicate what is distorted or irrational about the beliefs and self-talk. Again, using the general AFROG guide, SAFER, or other tools from the RSA can be helpful in making processing more fruitful. Especially important is to tie the larger picture of dysfunctional beliefs and behavior to long term outcomes.

F. What New Core Belief or Attitude Would Work Better for You?

Use motivational interviewing techniques to really help the resident take ownership of this process. Again, the goal is to enhance moving off auto-pilot and making more "considered" choices rather than simply acting from unquestioned beliefs and perceptions.

G. Patterns

The focus in this section is to enable the resident to see the real "BIG" picture: consistent patterns of thinking/behaving/consequences. The goal is to make sure the resident sees things in the long run, and in terms of impact on others. Restorative Justice concepts can be used here also.

H. How Can You See the Target Problem Coming?

We focus on risk management processes in this section. What are characteristics of situations that lead to the problem behavior? Types of interactions (e.g. taking instructions from an authority figure), places, persons, other person's perceived attitudes [one can point out irrationalities or biases in perception here] figure here. Also, bodily responses (e.g. the initial stages of anger or frustration) can be used to help the resident identify "sign posts" for future trouble.

I. What Can You Tell Yourself (Self-Talk) and Do When the Target Situation Happens?

Again, the focus is on moving the resident from auto-pilot to self monitoring and eventually, increased self-control. Like “Stop—Look—Listen” , this section pushes the youth to find active interventions that he/she can use.

J. How Can You Practice Using New Self-Talk and New Beliefs?

Cognitive behavioral interventions involve the teaching of new skills. The interruption of previous, consistent patterns from the past is a skill. The ability to recognize irrational self-talk and replace it is a skill. Like all skills, they improve only from practice. While detained youth sometimes see life in detention as different and disconnected from their real worlds, it is nonetheless an intense interpersonal area where beliefs, feelings and behavior are constantly ongoing. This provides a fertile area for practice, since the opportunities are more frequent and in some cases, more intense.

E. PERSONAL SELF-CHANGE EXERCISE

The Personal Self-Change Exercise is a brief tool to work through a targeted behavior that is problematic, anti-social, or unhelpful to the resident’s success. It is best used with someone who has had some experience and facility with RBT basics and the RSA, and has a consistent, serious problem behavior that needs work. The tool identifies both the problem behavior and a replacement behavior that is more pro-social and helpful.

The tool has three parallel sections; they should be completed in parallel by the resident, to help him/her understand the contrasts and conflicts between both behaviors and their related thinking/beliefs. The target behaviors should be relate to similar situations, but with differing anti-social/inappropriate and prosocial/appropriate directions. For example, an old target behavior may be “Using drugs when bored”, the new target may be instead “ finding new activities to do in free time.” Both behaviors arise from the same situation (death by boredom!) but have diferent outcomes, etc.

A. Old Target Behavior/New Target Behavior

As in the Targeted Thinking Report, these sections should be clearly identified by the staff member with the resident before he/she completes the rest of the tool. (The time used here is part of the 30 minute processing time if used in a 30-30-5). The behavior should be a single, identifiable problem behavior that has significant impacts for success in detention and more importantly, success after release.

B. Old Thinking/Self Talk Which Supports the Old Behavior –New Thinking/Self Talk Which Supports the New Behavior

In contradistinction to the next section, this section focuses more on self-talk, immediate responses to situations that lead to the consistent inappropriate behavior. When processing, again make sure that there are no venting statements, but responses that are more like “hot thoughts” which not only drive the behavior, but also give a clue to deeper, more general beliefs.

C. Old Attitudes/Core Beliefs/Expectations/Mind Sets That Support the Old Thinking/Self Talk-- New Attitudes/Core Beliefs/Expectations/Mind Sets That Support the New Thinking/Self Talk

Help the resident see the connections between part B and C. This tool is shorter in terms of written work but needs more processing time afterwards. The key to processing is ensure that the resident sees the role core beliefs, deeply held attitudes and expectations have on day to day interpretations of what goes on around him/her. Discussion of how to make the change, especially in terms of self-monitoring and interrupting irrational ideas is vital to the success of this tool.

F. SCOPE OF CONSEQUENCES WORKSHEET

The scope of consequences worksheet is helpful with a resident who seems to lack motivation or rationale to makes changes in thinking and behavior. The tool helps the resident lay out consequences to a specific target behavior and related rigid pattern of irrational thinking from the past, present, and what may be in the future. The staff member needs to help the resident identify the target behavior before leaving him/her to do the processing. In some sense, this tool is similar to the ripple chart used in Restorative Justice. That analogy may help the resident to be more successful in completing the tool

The tool lists several outside entities or areas of the youth's own life that are impacted by the behavior. These include family, friends, legal system, school, job, health and money. Not all of these areas have equal salience for any particular target behavior. Some not be heavily impacted, while others may experience significant ramifications. When processing it is important to help the resident see those areas of most impact. Also, some areas may be impacted more in the future than in the present or past (e.g. money, health, job). Processing needs to help the resident identify future impacts that he/she is not aware of.

It is important to put "closure" on the processing by asking the resident how he/she can use this information to motivate new behavior or to interrupt irrational and inappropriate thinking. Help the resident move beyond his/her own needs, fears, wants, etc. to see the larger picture (similar to the ripple chart used in Restorative Justice work.

G. ANGER SELF-ANALYSIS

The ASA tool is based on the group manual "My Anger is My Friend." It differs from the other RBT tools in that it has concepts from Dialectical Behavior Therapy, Emotional Intelligence and general psychodynamic theory. While in some ways, this is the most difficult tool for the resident to use, it is important because it fills a "void" in the general RBT approach. Anger responses arise from deep learned patterns that piggy-back on our natural biological responses to threat and danger. These processes do not engage the pre-frontal cortex of the brain, and in most cases operate unconsciously. Unmodulated anger can lead to physical violence and harm, and is often a characteristic of serious criminal offending. The only way that these processes can be modulated is to increase awareness at the earliest point of the biological process. We help the resident to become aware of strong initial feelings, removed in time from the final anger outburst. Anger is the final common path of a number of emotions. Unless the offender becomes aware early on, it becomes difficult to stop the "biological train." Here standard RBT approaches are not as effective.

Further, we also believe that expressions of anger may flow from a variety of sources, and may have alternative modes of explanation and intervention. The tool first helps the youth identify various aspects of the situation in which significant and inappropriate occur was expressed. The second half of the instrument asks the resident to look at six possible strategies for dealing with the situation that could lead to a more appropriate emotional and behavioral response. This is the most sophisticated of the RBT tools, and requires familiarity with the concepts in the group manual from both staff and resident. Note, like in the Scope of Consequences Worksheet, not all of the strategies on page two are necessarily relevant to all anger situations. Some may be more salient than others.

A. What Happened?

This is simply a description of the situation. Make sure any verbal exchange is noted, as well as the verbal (and physical, if one occurred) response of the youth. Objectivity is preferred, rather than the youth's initial judgment or perception.

B. Did You Pay Attention to Your Feelings?

This section probes to see if the youth had awareness of the emotional reaction starting to "percolate" inside of him/her. This is a key section in processing. Anger is an emotion with key physiological components; sensitivity to what the body is saying can bring awareness and ultimately better rational control. We want the resident to identify when she/he first became aware of an emotional reaction going on his/her body.

C. Was Your "Danger Radar" turned on high?

We are all programmed to survive and keep our species going forward. Parts of our brain are genetically programmed to be constantly on the look out for persons, objects, animals or events that can be threatening to our survival. This process can be "hijacked" in the course of one's development, whereby things are perceived as life threatening which are not. For example, a youth may respond with life-preserving aggression simply because another peer "rolls his eyes at him." Why? A number of life experiences that have connected eye-rolling with significant put-down. Or he may react strongly to directions from an authority figure. Why? Years of abusive parent relationships make one sensitive to possible harm and hurt. The only way that rationality can occur is to help the youth see that his/her brain has been hijacked and the response is irrational and non-

adaptive. By becoming sensitive to the physiology of anger the radar can be turned down by more rational control.

D. Sequence of Feelings

Often anger or aggression is the last in a set of feelings that occur in a given situation. More often than not, feelings of disrespect, abandonment, feeling unloved, confused, invalidated occur first. Because of one's developmental history or genetic sensitivity, these initial feelings may trigger the "danger radar." If one can identify these feelings early on, rather than letting them build into an explosion, the youth can then determine if the feeling or the response is appropriate. Here cognitive control can be exercised; not after the feelings have "snowballed" into a full defensive or aggressive response.

E. Victimization

At times, a youth may see himself as "victimized" by his social or interpersonal environment. Victimization is part of the Victim-Persecutor-Rescuer triangle. If a youth sees him/herself as the victim, at some point the role may reverse and he/she becomes the persecutor or aggressor. Self-victimization is an easy defense against responsibility. If one lacks self-confidence, has great internal emptiness, has very negative core beliefs about self, it is difficult to see one as having any control over his/her environment. Growing up and not getting basic needs met, or having inconsistent parental affection can also enhance this issue. Thus, the perception of victimization occurs. Processing here should focus on building "self efficacy" or the belief that one can have impact on his/her environment and does not have to take the victim stance.

F. Something in the Way

Sometimes, anger results from frustration that occurs when a short or long term goal is blocked. If one has very rigid expectations of self and others, frustration can occur quickly. Processing here should focus on "all or none" thinking with regard to goals and expectations. Such irrationalities are the keys to frustration.

G. STRATEGY ONE: Turn off the radar

The focus on processing is enable the resident to understand that he/she can see an anger situation coming, and make decisions about thinking and behavior before the physiology takes over. So too, what was so life threatening? Help the resident see the bigger picture.

H. STRATEGY TWO: Dump the Victim

Work through, with the resident, the Victim-Persecutor-Rescuer triangle. Point out how self-victimization is a process of belief and thinking, and can be changed. See if there are similar situations in which self-victimization occurs. In the end, self victimization is really self-defeat; it tells the youth that he or she can't have impact on his/her self or world.

I. STRATEGY THREE: Make the Interaction Work Better

This section is useful when the anger provocation was an interpersonal interaction where the youth's expectations of the other person's response did not occur, often where something was asked for. Point out that something led to a "life preserving response." Was the "life threatening" event real or simply how it was perceived? Have the resident look at the interaction from the other person's perspective. How would the other person see it? This section is important in that helps youth move beyond even the normal narcissism of their adolescent years where their perceptions are based more on their needs/wants/fears rather than the state of the other person.

J. STRATEGY FOUR: Could you have done more to achieve your relationship goals?

This strategy is important when anger results from a request that was denied. Have resident look at if he/she was "straight" in asking for what he wanted. Was he/she attempting to be manipulative, whiney, aggressive? Did he/she really listen to what the other person was feeling (body language) and saying? What was the context of the request? Did the resident appropriately respond? Whine? Complain? Honestly express feelings but with a problem solving approach?

K. STRATEGY FIVE: Calm Down

The ability to self-soothe is one of the key life skills for anyone to learn. Frustration and anger have strong physiological components that need help to return to normal. Everyone's life has frustrating moments and disappointments, so self-soothing skills help ease the "emotional roller-coaster."

What could the youth have said to him/herself to get a better view on the situation? To see a bigger (and longer) picture? Do not advocate redirecting anger to things (e.g. hitting a pillow); this only reinforces the circuitry in the brain and makes taking self-control more difficult. The focus should always be on taking control as early in the anger-generating process as possible.

L. STRATEGY SIX: Manage Your Triggers

In some situations, anger is learned response. Inappropriate anger or aggression may occur in similar situations. Assist the youth in becoming aware of what may be coming down the road. This again ties into the entire goal of cognitive behavioral interventions: self-monitoring and thinking before acting. Suggest that the resident practice watching for and responding to triggers.

M. Outcomes

This last section focuses on what might have been better outcomes. This processing is important because adolescents in general and criminally involved youth in particular tend to think and act in an "outcome free world." Helping them tie outcomes to managing thinking and behavior is key to assisting those parts of their brain (pre-frontal cortex) to develop the executive control functions that are needed for adulthood.

H. APPENDIX

In the appendix are completed examples of the various RBT tools. For regular forms, please see "My RBT Manual, Part II" and "My Anger Is My Friend" group manuals.

This manual was prepared by Bernard Glos, Ph.D. and Kathy Starkovich, M.S. This manual, and all of the materials and manuals prepared by the Juvenile Detention Center of the 18th Judicial Circuit Court are available from:

Juvenile Detention Center
420 N. County Farm Road
Wheaton, IL 60187
630.407.2500

or from our website:

www.co.dupage.il.us/probation

| | |
|--|--|
| <p>A. FACTS AND EVENTS (Situation as you saw it; what happened before you felt or did anything) <i>Tom has to follow strict I.P.S. rules.</i></p> | <p>B2. HOT THOUGHTS. Go back to B1 and circle or underline the hot thoughts. (2 or 3 thoughts that really pushed the feelings/behavior, and that will help you understand the underlying core beliefs)</p> |
| <p>B1. SELF-TALK (All the thoughts/thinking that went through your head right after the situation; don't focus on just the initial thoughts that include a lot of "venting" but look for thoughts that really empowered or drove the feelings and behavior that followed; list at least 5) <i>I feel locked up in my own house</i> <i>This really sucks</i> <u><i>I shouldn't have to do this</i></u> <i>I'd be better off going back to jail.</i> <u><i>I can take care of my own business.</i></u></p> | <p>C1. FEELINGS (What did you feel? Use "I" statements!) <i>I felt mad, resentful, hopeless</i></p> |
| | <p>C2. BEHAVIOR (What did you do?) <i>I violated I.P.S. rules</i></p> |
| | <p>C3. CONSEQUENCES (What happened to you? To Others? What did others do? How did they feel? How do you think they saw you? What happened in the past when you did this behavior? What may happen in the future if you continue to do this?) <i>New charges, locked up again, maybe going to D.O.C.</i></p> |
| <p>D1. CAMERA CHECK OF "A" (What is the objective (rational/non-emotional) view of the situation? What would a video camera have seen and heard?)</p> | <p>C4. UNDERLYING CORE BELIEFS (These are basic ways of looking at what happens around you, your "game book" for life, your expectations, how you think you and other people should act) <i>I can handle things by myself.</i> <i>No one should tell me what to do.</i></p> <p>E1. MORE HEALTHY FEELINGS IN THE FUTURE (What would your feelings be if you changed to more rational self-talk and core beliefs?)</p> |

Even though the rules are strict, home is better than being locked up, and it is only for a short time

I would feel hopeful, frustrated but in control, positive.

E2. MORE APPROPRIATE BEHAVIOR IN THE FUTURE (What would you do in the future, with different thinking and feeling?)
Follow the rules and get out of the criminal justice system.

E3. MORE SUCCESSFUL CONSEQUENCES THE FUTURE (What would happen to you? To others? What would others do? How would they feel? How would they see you? What happen in the future if you do not change your thinking and behavior?)

Getting off I.P.S. and out of the criminal justice system

Getting back the respect of my parents and also their trust
Avoid heading to D.O.C.

D2. RATIONAL CHALLENGE OF "B2" OR "HOT THOUGHTS" (Use **AFROG** to check to see if your hot thoughts are rational, and select the general category of irrational thinking))
A-Does my self talk help keep me **ALIVE** and healthy?
F-Does my self talk help me **FEEL** better and have healthy feelings?
R-Is my self talk **REAL**, based on reality and **FACT**?
O-Does my self talk help me get along with **OTHERS**?
G-Does my self talk help me reach my **GOALS**?

| | | | | |
|--------------------|---------------|---------------|-----------------|----------------|
| #1— Alive N | Feel N | Real N | Others N | Goals N |
| #2— Alive N | Feel N | Real N | Others N | Goals N |
| #3— Alive N | Feel N | Real N | Others N | Goals N |

Which irrational thinking category do your hot thoughts represent?

Namby-pamby **Doomsday** **Fairy Tale** **I stink** **You stink** **Robot**

E4. PATTERNS (When does this irrational thinking and inappropriate behavior occur? What situations like this are risky for you (lead to this thinking, behavior and consequences)?)

When I think I have all the answers and don't think I need to pay attention to anyone else..

When I think I know everything.

D3. RATIONAL ALTERNATIVE TO "B2" OR "HOT THOUGHTS" (What are self-talk alternatives that are more rational and would lead to better consequences? In what way can you think differently about the situation?)

1. This is better than being locked up.
2. I only have to do this for a little while.
3. I'll do whatever I have to so I don't go back to jail..

D4. NEW CORE BELIEFS (What new core beliefs would be more rational and get you more success in the future?)

I need to follow these rules to get to my goals.
I can't always handle things my way.

E5. STOP-LOOK-LISTEN (How can you see this kind of situation coming? What are the warning signs? How can you talk yourself into doing something different in the future? What can you do differently right now? What can you do differently in the next few days to try this out?)

When tempted to break the rules, I change my "I don't care self talk", and look at things in the long run and how what I do know will affect me later.

TARGETED THINKING REPORT II rev. 05.30.01 Name: Chris Columbus **Date:** 7-24-01 **Staff:** Glen **Pod:** B

A. TARGET PROBLEM (Pattern of similar situations which lead to consistent self talk, feelings and behavior that does not help you reach positive long term goals)

F. WHAT NEW CORE BELIEF OR ATTITUDE WOULD WORK BETTER FOR YOU? (Is there a different way of looking at things that would get you healthier feelings, more

| | |
|--|--|
| <p>When other people look at me funny or make a comment, I get angry and want to punch them out.</p> | <p><i>appropriate behavior and successful consequences?)</i> I don't need the respect of everyone I meet; just the people who really count in my life. Not every little is important to me or to where I am going..</p> |
| <p>B. WHEN DOES OR HAS THIS PATTERN COME UP IN YOUR LIFE AND WHAT HAPPENS? <i>(Where has this happened before? Has your thinking and behavior worked for you? How is it a source of risk for trouble to you?)</i> Whenever I am with people who are not my regular friends, like in group, in class, at the mall. I get into a lot of fights</p> | <p>G. PATTERNS <i>(When do you end up thinking and acting this way? What usually happens to you? To Others? Immediately? Long Term?)</i> When people look at me or say things to me, or don't think I am super cool. I get into fights, people think I am crazy and out of control..</p> |
| <p>C. TARGETED THINKING <i>(Usual self-talk in the problem situation)</i> I'm being dissed again! No one disses me and gets away with it I'll show them who I am!</p> | <p>H. HOW CAN YOU SEE THE TARGET PROBLEM COMING? <i>(Places? Persons? Things? Other person's words? Other person's behavior?)</i> When people start to "play with me" or try to push my buttons.. When I am with people who are not my close friends.</p> |
| <p>D. UNDERLYING CORE BELIEFS <i>(Beliefs and attitudes that are part of your "rule book" for life; expectations of yourself and how you react to others and how others are supposed to act to you)</i> Everyone needs to respect me all the time. If someone disses me, I have to put him in his place; since I am always top dog!</p> | <p>I. WHAT CAN YOU TELL YOURSELF (SELF-TALK) AND DO WHEN THE TARGET SITUATION HAPPENS? <i>(What could be some "new" self talk that would get you different feelings and behavior? What are some things you can DO?)</i> What he says doesn't matter in the long run. I can't make someone like me; he is the real goofball</p> |
| <p>E. DISTORTIONS/IRRATIONALITIES OF YOUR SELF-TALK AND BELIEFS <i>(What is unrealistic or irrational about your self talk or core beliefs? How is your interpretation of "reality" different from what someone more "objective and neutral" would see?)</i> Not everyone will always like me or respect me; hitting someone will not make them respect me, just fear and hate me; I do not have to be top dog all the time..</p> | <p>J. HOW CAN YOU PRACTICE USING NEW SELF-TALK AND NEW BELIEFS? <i>(How can I talk myself into doing something different in the future? What can I do now or in the in the next few days to try this out? What can I do when I leave here?)</i> Watch how I see and interpret situations when people around me start saying stuff that might make me mad. Focus on staying in control of my thinking and feeling, and not let others control my feelings and what I do.</p> |

PERSONAL SELF-CHANGE EXERCISE (5.30.01) **Name:** Billy Birdsong **POD:** H **Date:** 8-7-01

| OLD TARGET BEHAVIOR | NEW TARGET BEHAVIOR |
|--|---|
| <i>When me and my brother get in a fight we just keep on going neither of us stop.</i> | <i>When we start arguing, just walk away.</i> |
| OLD THINKING/SELF TALK WHICH SUPPORTS THE OLD BEHAVIOR | NEW THINKING/SELF TALK WHICH SUPPORTS THE NEW BEHAVIOR |
| <p><i>He's always starting crap with me.</i></p> <p><i>He thinks he can do whatever he wants because he is older.</i></p> <p><i>I'll teach him a lesson.</i></p> <p><i>I hate his attitude, he thinks he is the center of the world.</i></p> | <p><i>I'm the bigger man because it's harder to ignore him than to fight.</i></p> <p><i>It's not worth it.</i></p> <p><i>We're brothers, we should try to get along.</i></p> <p><i>I don't care what he says, neither of us really mean it.</i></p> |
| OLD ATTITUDES/CORE BELIEFS/EXPECTATIONS/MINDSETS THAT SUPPORT THE OLD THINKING/SELF TALK | NEW ATTITUDES/CORE BELIEFS/EXPECTATIONS/MINDSETS THAT SUPPORT THE NEW THINKING/SELF TALK |
| <i>I'm not taking crap from anyone, especially my brother.</i> | <i>Family should always stick together.</i> |

SCOPE OF CONSEQUENCES WORKSHEET Name: William Wildebeest Pod: H Date: 3-3-01

| | |
|---|--|
| Target Behavior/ Pattern of Thinking | Whenever I get mad, I start to swear and throw things around the house, punch holes into the wall. |
|---|--|

| | PAST | PRESENT | FUTURE |
|----------------|---|--|---|
| Family | Maybe they were scared of me and did not want to make me mad 'cause they thought I would hurt them. My family and I had to get money to fix damages in walls. | It will be easier for my family because they know what to expect of me already. | Family could get sick of thinking their going to get hurt and paying for the walls. |
| Friends | If I got grounded I would not be able to go out with my friends. | Maybe my friends might see me as a different person maybe they don't want to make me mad either. | My friends might stop calling me because they figure I'm grounded and they can't rely on me to come out. |
| Legal | Doesn't apply to me. | Won't get off probation because if my parents call the police on me then that's more records (violations). | Have to spend money on a lawyer and stay in jail. Have to look at Joe all the time wishing I can switch places. |
| School | Get mad, get suspended. Look bad in court and probation. | Same. | Don't graduate from school. |
| Job | Lose job if I get mad at boss and throw dishes at restaurant. | Same. | 'Be in jail for damaging others property. |
| Health | Broken knuckles. | Same. | Don't do it. |
| Money | Have to pay for damages. Lose job and don't have any money. | Have to pay lawyer for court, still pay for damages. | Same from both. |

Rev. 5/301/01

Please analyze a situation in which you became angry and expressed this anger inappropriately.

1. What happened (describe the situation, what was said to you; what you said and what you did)

I got a time out from Officer Pengeno that I felt was bogus. I was just joking around. Then I said "F---this" and threw my manuals against the wall. Said a few other things also. I refused to take the time out. Everybody got locked down, and I finally walked to the time out room two minutes later.

2. Did you "PAY ATTENTION" to your feelings? Or did the anger just explode? (did you notice what was going on inside of you, were you in the "here and now", not judging and trying to make it work?) If not, what could have done to "PAY ATTENTION" better?

No, I just went off. I probably should have felt my fists clench, and my blood pressure go up, and realize a strong feeling was starting to come over me.

3. Was your "danger radar" turned on high? What about the situation was perceived by your brain as "life threatening" and requiring an angry response?

I immediately went off; I guess I felt disrespected. So often in my life when anyone criticizes me it always feels like a put down and makes me feel bad; It brought up how I feel like a failure so much of the time.

4. Anger is often the "final feeling"; what do you think were the "first" feelings to occur? For example, did you feel disrespected, unloved, ignored, invalidated, confused, frustrated, etc?

Disrespected, fueled by my own beliefs that I am a loser; I was just trying to have some fun and felt frustrated.

5. Did you define yourself as "the victim?" If so, who was the "persecutor"? Did you look for someone to "rescue" you?

Yep! Staff is "out to treat me." Staff Pengeno never gives me a break, I felt bad for myself and thought he would "rescue" me from my anxiety about tomorrow.

6. Where you trying to "get somewhere" or "get something" and someone/something got in the way?

I just wanted to distract my self from thinking about court tomorrow. I thought if I caused some disruption it would make me feel better. Staff got in the way! In the end, I felt worse, and now everyone in the pod dislikes me.

Try to use each of the following "anger strategies" to see if you could have handled the situation differently!

7. STRATEGY ONE: Turn off the radar and change the emotion.. (Using "pay attention skills", could you have change your body language/position, facial expression, or do something opposite to the anger you feel?)

I did not have to snap on Pengeno and go off on him. I could have felt the frustration and anger coming up and realized that "I got caught." I could have unclenched my fists, sat down and chilled. I could have listened to the danger radar and realized that what was happening was not a life threatening situation.

8. STRATEGY TWO: Dump the victim. Could you see the situation where you were not the "victim"? Could you do without the "persecutor" or "rescuer"? How could you change your self-talk or beliefs about the situation to do this?

Staff Pengeno was just doing what he was supposed to; he was not out to "get me." If I "paid attention" to what was going on inside of me, I could have "stopped—looked-listened." Instead of "everyone is out to get me" I could have said "I screwed up; take what's coming and move on." It's not the end of the world to make a mistake; I can take responsibility for screwing up once in a while and still be ok.

9. STRATEGY THREE: Could you "make the interaction work better"? (What is really important? Can the other person do or give what you want? Is this the right time? Did you do your "homework"? What have you done in terms of "scratch your back"? Did you keep you self-respect?)

I really wanted someone to help me get past by anxiety about court. Instead I p—sed everyone off, and no one wanted to talk to me, and I didn't want to see or talk to anybody for awhile after. I should have gone up to staff after the group sand I am really upset about what could happen tomorrow. Instead I looked like a fool, and everybody was afraid to talk to me because I might bite their head off. And officer Pengeno has helped in the past; now he may be less open to help me. I lost my self-respect. I could have taken the five, and then talked and everyone would have gotten what they wanted—he would have gotten the group back on task, and I would have someone e to talk to.

10. STRATEGY FOUR: Could you have done more to achieve your relationship goals? Use the three steps: 1. GET WHAT YOU WANT (Say it-feel it-help it) 2.. KEEP/GROW THE RELATIONSHIP (Easy-Listen-Validate). 3.KEEP SELF-RESPECT (Share-Don't Whine-Be Honest)

I could have talked to someone before group and go my nervousness under control better. I could have ten this time out and said after that I am upset today. and not handling things well. So instead of saying how I felt, I got angry and I am still anxious about court.

I didn't have to go off. I five is not the end of the world. I focused only on what I wanted and did not listen. I called some of the residents and Pengeno some bad names and said things are not really true. If would have just taken it "easy" this would never have happened.

Maybe if I asked Officer Pengeno to lead group, that would have taken the focus off my self and my "doomsday" beliefs. I could have taken the five, and talked later. I would have been heard and still had my self-respect.

11. STRATEGY FIVE: Calming down (How could you have "self-soothed" yourself?)

Once I defined myself as the a victim, and felt sorry for myself I felt like striking back, I could have just closed my eyes, counted to ten, talked myself down, and told myself this was not going to help in court tomorrow.

12. STRATEGY SIX: Manage your anger triggers. (Did you see this situation coming? How could you have done something to prepare to handle this situation better? Are there other situations like this that can trigger your anger or danger radar?)

I should have talked to someone about how I felt earlier. I knew I was uptight, so when I felt my anger coming on, I needed to talk myself down. Whenever I feel uptight, I let thins get to me quick, I need to focus more on what the situation needs from me, and not from what I want now from the situation.

14. If you would have handle the situation better, how would you have felt, and what would be better outcomes for you?

I might have really been able to calm down about court, I and everyone in the pod would be better off. Now I have lots of things to fix with staff and other kids in the pod.