

MODULE I

It is important that we get off to a good start. We want you to understand who this program is for, what we would like for you to get out of the program, and to understand its approach. We want you to understand how change takes place and the rules, tools and targets of change. These tools and the changes you make help you develop patterns and pathways for responsible living and to live a meaningful and fulfilling life.

**Orientation: How
This Program Works
- the Rules, Tools
and Targets for
Change**

Module 1 has two sessions.

Session 1: Getting started: How SSC Works and Developing Trust and a Working Relationship

Session 2: Rules, Tools and Targets for Change



SESSION 1: Getting Started - How SSC Works and Developing a Working Relationship

INTRODUCTION AND OBJECTIVES

This is the first of two orientation sessions for *Strategies for Self-Improvement and Change (SSC) - Pathways to Responsible Living*.

OBJECTIVES

- ▮ Understand the purpose and objectives of SSC and the basic approach of the SSC program.
- ▮ Begin building trust and respect among group members and with provider staff.
- ▮ Have you do a brief evaluation of how you see your AOD use and your criminal history.

SESSION CONTENT AND FOCUS

WHO IS THIS PROGRAM FOR?

SSC is for persons who have a history of criminal conduct and AOD use problems. From 60 to 75 percent of those in the criminal justice system have AOD problems. As many as 80 percent of those locked up for robbery, burglary or assault did those crimes when using alcohol or other drugs.

Participants in SSC may be on probation or parole, or in a residential or community correctional setting. Although they differ as to the kind of AOD use problems and criminal conduct, all have in common a history of AOD use and abuse and a history of criminal conduct (CC).

HOW IS THIS PROGRAM SET-UP?

SSC is divided into three phases and 12 modules. Each module has separate sessions. In *Phase I* you are challenged to begin the steps of change: self-disclosure and developing self-awareness. You are also challenged to **commit to prevent future involvement in CC or AOD use**. The first two sessions are SSC orientation and are given in either an individual or group session.

Most programs offer *Phase I* in an open group set-up. After orientation, you are placed in a *Phase I* group that is going through the various sessions. You enter SSC at whatever session the group is on and continue until you have completed all *Phase I* sessions. In a closed group set-up, you go from *Session 1* through *Session 20* in the same group.

After *Phase I*, you and your counselor(s) decide whether to continue into *Phase II* and *Phase III*. After a brief orientation you continue in a *Phase II* group. Most SSC programs provide *Phase II* and *III* in an open group set-up. Some SSC programs combine *Phase II* and *Phase III*. Other programs have a separate open group for *Phase III*.

GOALS OF SSC

SSC has three main goals.

- ▶ To **prevent recidivism** into criminal thinking and criminal conduct - **to be prosocial**
- ▶ To **prevent relapse** into a pattern of alcohol or other drug (AOD) use that is harmful and disruptive to normal living and was part of your criminal behavior
- ▶ **To help you live a responsible and meaningful life.**

Preventing recidivism

Recidivism starts when you take part in criminal thinking or put yourself in situations where you risk taking part in criminal acts. Preventing recidivism is a society goal. It is not just your goal. It is the goal of never again taking part in criminal conduct or actions that break the law.

COMMUNITY COMMITMENT GOAL: TO NEVER TAKE PART IN CRIMINAL CONDUCT

Exercise: Put your recidivism prevention goal in the space below. Then, compare your goal with the COMMUNITY GOAL stated above. Is it the same?

HERE IS MY RECIDIVISM PREVENTION GOAL:

Preventing relapse

Relapse and recidivism are closely tied together. But, they are not the same. AOD use is not always related to the crime. What does relapse mean?

- ▶ *Relapse begins when you take part in thinking about, or putting yourself in, situations that could cause you to return to a harmful pattern of AOD use.*
- ▶ A **lapse** is *going back to AOD use that leads to harming yourself or others after you have committed to a non-harmful pattern or to no use at all.*
- ▶ A **full relapse** is *going back to having further problems from AOD use or to a harmful pattern of AOD use - which may or may not involve criminal conduct.*

There are two relapse prevention goals you can choose from.

- ▶ Never use alcohol or other legal drugs to the extent that they cause harm to you, to others or your community, and to abstain from the use of all illegal drugs.
- ▶ Live an alcohol and drug-free life - to abstain from the use of all mind-behavior altering drugs unless prescribed by a medical specialist. This should be the goal for those:
 - Whose AOD use has caused their life to be disturbed or upset;
 - Whose AOD use was part of their criminal conduct;
 - Who want to be at zero risk for having future AOD problems.

RELAPSE PREVENTION GOAL I: PREVENT AOD USE FROM CAUSING HARM, UPSETTING AND DISTURBING YOUR LIFE AND/OR THE LIVES OF OTHERS AND ABSTAIN FROM ILLEGAL DRUG USE

RELAPSE PREVENTION GOAL II: TO LIVE AN ALCOHOL AND DRUG FREE LIFE - TO ABSTAIN FROM THE USE OF ALCOHOL OR OTHER MIND-BEHAVIOR CHANGING DRUGS

There is also a community responsibility relapse prevention goal: to never be involved in AOD use that violates the law or is criminal conduct. Here are some examples.

- ▶ To never drive while your blood alcohol is beyond legal limits or while under the influence of drugs.
- ▶ To be AOD free while you are under judicial supervision.
- ▶ To never possess and use illegal drugs.

AOD COMMUNITY COMMITMENT GOAL: TO NEVER TO BE INVOLVED IN AOD USE WHEN IT IS A VIOLATION OF THE LAW OR THE TERMS OF YOUR JUDICIAL SENTENCE

Exercise: Write your relapse prevention and community commitment goals. Are they different from those described above?

HERE ARE MY RELAPSE PREVENTION AND COMMUNITY COMMITMENT GOALS:

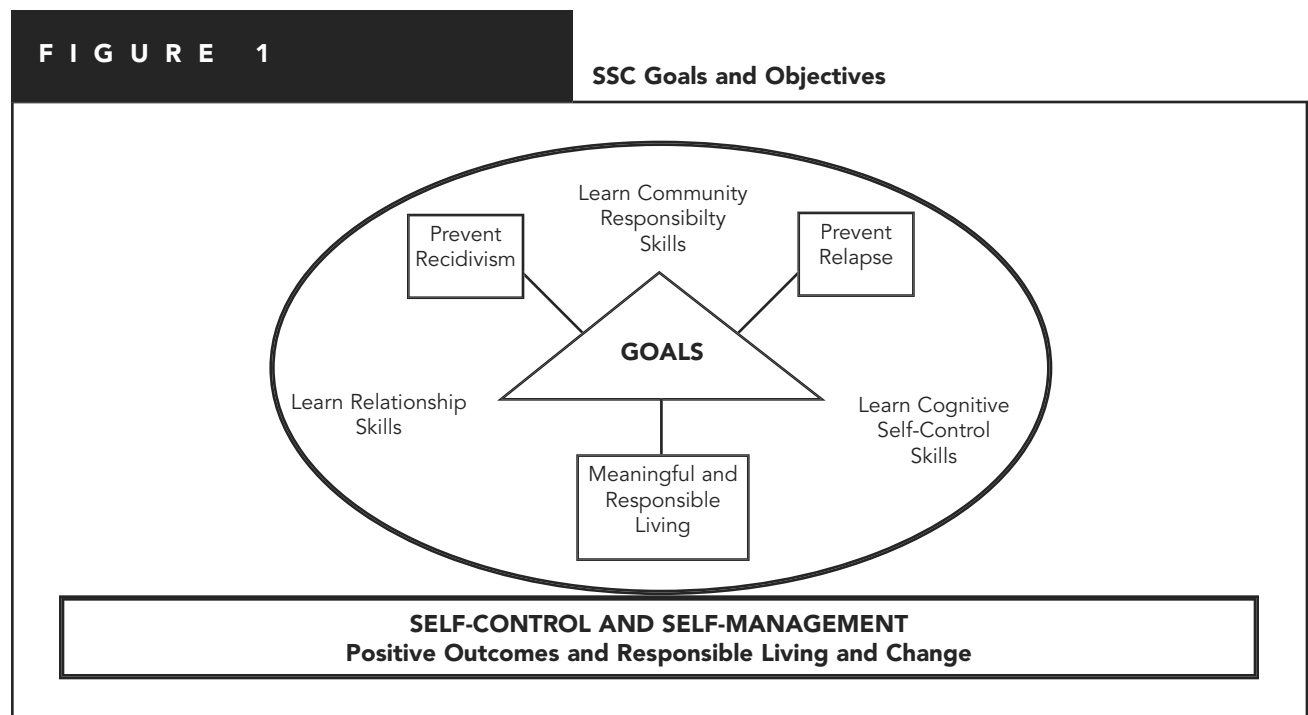
OBJECTIVES AND BENEFITS OF THIS PROGRAM

- ▶ Prevent recidivism and relapse.
- ▶ Have full awareness of your AOD use and criminal conduct history.
- ▶ Learn to change your thinking, beliefs and attitudes which control your actions.
- ▶ Understand how AOD use and abuse affect your mind, body, social behaviors, relationship with others, and your responsibilities toward the community.
- ▶ Understand the impact of criminal conduct on your personal life and on the community.
- ▶ See the value of a “zero risk” goal around AOD use - commit to living an AOD problem-free life.
- ▶ Have a more positive relationship with yourself, with others and with your community.
- ▶ Learn strategies and skills to live a more responsible and meaningful life.

Figure 1 describes the three main goals of SSC. These goals are met through three sets of skills.

- ▶ Cognitive or mental self-control skills.
- ▶ Social and relationship skills.
- ▶ Community responsibility skills.

These goals and skills rest on the SSC theme that self-control and self-management lead to positive outcomes and **responsible living** and change.



EXPECTATIONS OF EACH OTHER: PROGRAM AGREEMENTS AND GUIDELINES

- Be on time and attend each session.
- Take an active part in the group activities and exercises.
- Have a positive attitude and be respectful toward other group members and leaders.
- Keep names and all information you learn about other people in trust and confidence.
- Complete classroom worksheets and homework and make up any missed sessions.
- Agree to not use alcohol or any mind altering drugs while in the program.
- If you lapse into AOD use, agree to not come to group while using.
- Agree to discuss your use of alcohol or other drugs with your group leader.
- Take part in alcohol or other drug testing required by your sentence or this agency.
- Not take part in illegal activity or criminal conduct including driving with a revoked license.

YOUR GOALS AND OBJECTIVES

What would you like to get from this program? **Exercise:** Using *Worksheet 1* on page 17, write down what you want to get out of SSC. Share what you wrote with the group.

WHAT IS THE APPROACH OF SSC?

We have learned that most people who are involved in criminal conduct and substance abuse **have not learned** important lessons and skills that:

- Give them self-control over their thinking and actions;
- Help them be effective in relating to others and dealing with relationship conflicts; and
- Help them to develop and maintain responsible behaviors in the community.

This program will lead you down the path of learning lessons and building on the lessons you have learned to have more self-control, to be stronger in relating to others and to be more responsible to your community. Your providers - group leaders and counselors - are educators, coaches, and teachers who guide you and help you learn skills so that you can guide yourself in responsible living and change.

We have been taught that experience is a good teacher. **Is this true?** We learn from experience and it is important as we practice the skills that give us self-control and help us live in a responsible and caring way. **But, experience alone is usually not a good teacher. For, with experience, we often**

get the test before the lesson. A good teacher first gives you the lesson, then you have a better chance of passing the test. Too often, we are faced with many life-tests but did not have the lessons to pass them.

As counselors, teachers and coaches, we want to help you strengthen the lessons you have learned and to learn new lessons that prevent criminal conduct and harmful AOD use. We use several **strategies** (approaches) to meet these goals and objectives.

FIRST, we want you to tell us about yourself. What has happened that brought you to this point where you ended up in the criminal justice system? We want you to talk about your history of AOD use and criminal conduct through worksheets and in group.

SECOND, SSC is built on a **cognitive-behavioral approach** to preventing future involvement in criminal behavior or a pattern of harmful AOD use. Here is what this approach means.

- ▶ We make changes in our actions by changing how we think and what we believe about ourselves and the world.
- ▶ Change and improvement begins in our mind. Your thoughts, attitudes and beliefs - not what happens around you or to you - cause you to act in a certain way. It was your thinking that led you to criminal behavior. We learn how to change our mental world to give us control over our life and prevent repeating the thought habits and behaviors that led to criminal actions and AOD problems.

You learn three types of skills:

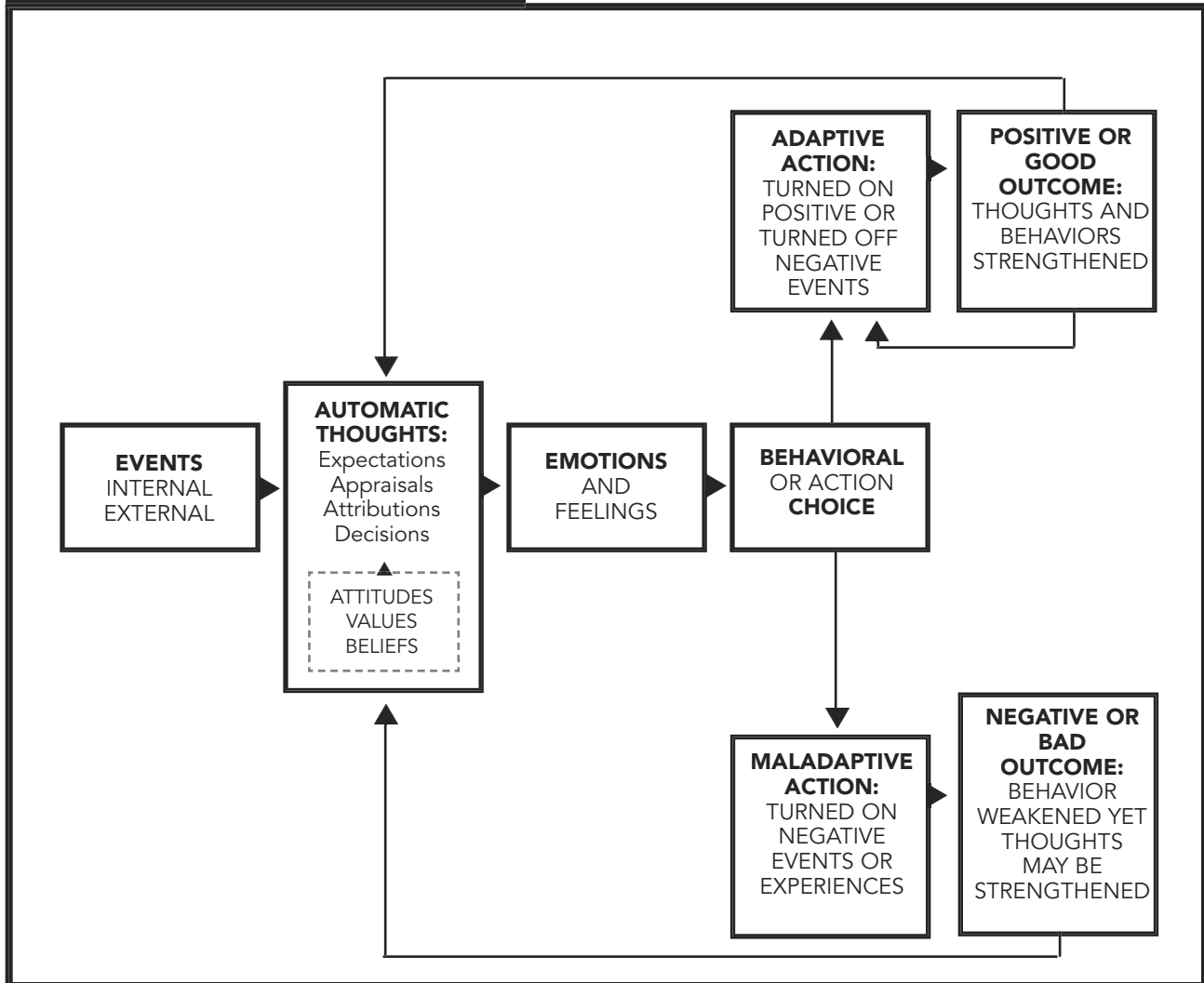
- ▶ Skills to change your thinking, attitudes and beliefs to give you self-control over your actions - **mental restructuring or thought changing**;
- ▶ Skills that change your social and relationship behaviors to give you more self-control over and respect for your relationships with others - **social and relationship skills training**;
- ▶ Skills that increase your responsible actions in the community - **community responsibility skills**.

Figure 2 is the cognitive-behavioral (CB) map showing how thoughts lead to feelings and actions. When faced with a situation or an event - a memory or something that happens outside of us - we usually respond **with automatic thoughts or thought habits**. Underlying these thoughts are our attitudes, values (what is important to us) and beliefs. These thoughts then lead to feelings and actions (behaviors). These actions may be adaptive - work for positive or good outcomes, or maladaptive - they lead to negative or bad outcomes.

- ▶ Whether a good or bad outcome, the thoughts that lead to the behavior are strengthened. This is shown by the arrowed lines going from positive or negative outcomes back to automatic thoughts.

FIGURE 2

The Cognitive-Behavioral (CB) Map: The process of learning and change



- ▶ If the outcome is good or positive, the adaptive or positive behaviors get strengthened - shown by the arrow going from positive or good outcomes to adaptive actions or behaviors.

When making changes, we start with our automatic thoughts or thought habits. To make changes stick, we change our underlying attitudes, values, and beliefs. *Figure 2* shows how this happens. We will use it for an exercise in almost every session. We call this the *Cognitive-Behavior (CB) Map Exercise*. We take a deeper look at this in *Sessions 3* and *4*.

Exercise: A group member will be asked to identify an event, and then the counselor will walk the group member through the *CB Map Exercise*.

THIRD, *SSC* gives facts and information about the patterns, cycles and problems of AOD use. You also learn about the outcomes and cycles of criminal conduct, how change takes place, about relapse and recidivism and relapse and recidivism prevention.

Our FOURTH approach is to give specific ways to prevent relapse and recidivism (R&R). All efforts to change and improve ourselves have R&R prevention as their final goal.

WHAT DOES THE CB MAP TELL US ABOUT OUR AOD USE?

- ▶ First, we expect (thoughts) positive outcomes from substance use - feeling better, having more pleasure, feeling more powerful, feeling socially relaxed, shutting down stress and bad events - and we get them. **AOD use is strengthened** - it is learned.
- ▶ We come to rely heavily on AOD use to get these outcomes - we **get dependent** or **addicted**.
- ▶ Although AOD use may lead to bad outcomes, we continue to use because we **expect positive outcomes** - to feel good or not feel bad - which strengthens our dependence. But, we continue to use and to get bad outcomes. We have mental cravings and urges that keep us using.
- ▶ As a result of using substances, we get into trouble with the law, with our emotions, with other people. We are **challenged**. We decide this is not good and we need to stop, to change.
- ▶ To get out of this cycle, we have to change our thinking. **Choice:** change thinking or continue to be dependent. Change is in our mind.

SSC helps us learn CB approaches to make changes and learn and practice skills to prevent harmful patterns of AOD use. It helps us deal with beliefs and expectations that lead to AOD use. It gives us self-control. **Self-control leads to positive outcomes.**

WHAT DOES THE CB MAP TELL US ABOUT OUR CRIMINAL CONDUCT (CC)?

- ▶ Like AOD use, criminal conduct is learned because we **think** it leads to positive outcomes - helps us cope with our problems, takes away stress, makes us feel better, gives us pleasure, make us feel more powerful, gives us a place to fit in. When these outcomes are fulfilled, our criminal thinking is strengthened - learned. **But, the learning is based on very short-term benefits and long-term problems.**
- ▶ We come to rely on criminal conduct to get these outcomes. We **get dependent or addicted** to CC even though it leads to bad outcomes. We continue to expect good outcomes from CC.
- ▶ We have mental cravings and urges, powerful thoughts that keep us into criminal thinking and criminal ways. As a result of our criminal thoughts we get into trouble with the law, with other people. We decide to stop and change. We are **challenged**.
- ▶ To get out of this cycle, we have to change our thinking. **Choice:** change our thinking or continue to be dependent on CC. Change begins in our mind.

SSC helps us learn cognitive-behavioral (CB) approaches to make these changes and learn and practice skills to handle high risk exposures that lead to criminal thinking and criminal conduct. It helps us to deal with the beliefs and expectations that lead to CC. It boils down to self-control. **Self-control leads to positive outcomes.**

HOW DOES SSC CONNECT SUBSTANCE ABUSE WITH CRIMINAL CONDUCT?

By entering *SSC*, you are saying you want to live a life free of problems related to AOD use. You have a choice as to your relapse prevention goals: to live an AOD-free life; or a life free of problems related to AOD use. By entering *SSC*, you are saying you want to live a crime-free life. Your **relapse prevention goal is person centered**. It is your choice. Your **recidivism prevention goal is not just your choice**. It is also **society's choice**.

Addiction to alcohol and other drugs (AOD) and criminal conduct (CC) have much in common. Both give us rewards right away - a rush or high from the act itself. Both can make us feel good. Both are followed by feelings or thoughts that are not pleasant such as anxiety, guilt, social disapproval or punishment. Both AOD-free and crime-free living are threatened by high-risk situations or high-risk thinking. Both lead to problems and pain in our lives, the lives of others and our community.

BUILDING TRUST AND (RAPPORT) HARMONY

Exercise: You are asked to introduce yourself and share the following:

- ▶ Some facts about yourself including your age, where you work, and the significant people in your life;
- ▶ What brings you to the program;
- ▶ What do you want to get out of the program;
- ▶ Your concerns or worries about being in the program.



Building Trust and Rapport

Exercise: Using *Worksheet 2*, page 18, write down some concerns you have about trust and your participation in the *SSC* program. Share these with the group.

BEING ALCOHOL AND DRUG FREE

We are expecting you to be AOD free while in *SSC*. Given that your AOD use has been part of your criminal conduct history, we ask you to consider living an AOD-free life - as your relapse prevention goal. This may be a big challenge. Think about it.

HOW DO YOU SEE YOURSELF AROUND AOD USE AND YOUR HISTORY OF CRIMINAL CONDUCT?

Exercise: We now want you to complete a short test - *Client Self-Assessment Scale (CSAS)*, *Worksheet 3*, page 18. There are no right or wrong answers - we want to know how you see yourself. You are asked to score the test. We will look at these results again in *Session 14*.

EVALUATING YOUR NEEDS, PROGRESS AND CHANGE

At the start of SSC and during the program, you are asked to complete self-evaluation questionnaires. These questionnaires will help you and your counselor understand your specific situation and needs as you start the program. You and your counselor will also evaluate your progress and change during the SSC program. At the end of the program, you will be asked to complete the *SSC Program Closure Inventory (PCI)*. Some clients may be contacted following their completion of SSC to see how they are doing. Your counselor will explain this evaluation process during orientation.

SUMMARY OF SESSION ACTIVITIES AND HOMEWORK

1. Complete *Worksheets 1 through 3*.
2. For *Homework*, begin working on *Worksheet 4*, page 19, *List of Problems to Work on during SSC*. You will add to this list during your SSC sessions. Read the material in *Session 2* for the next session.

SESSION CLOSURE

Share with the group your thoughts about trust, and how you know who you can trust. Talk about your thoughts and feelings about your relapse and recidivism prevention goals. Share what you want to get out of SSC.

WORKSHEET 1

List and number your goals for SSC or what you want to get out of the program

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WORKSHEET 2

Write down some concerns you have about trust and your taking part in the SSC program

Client Self-Assessment Scale (CSAS): Rate yourself on each question. For every check in the "1" column, give yourself a 1, for every check in the "2" column, give yourself a 2, for every check in the "3" column, give yourself a 3, and for every check in the "4" column, give yourself a 4. Total your score.

WORKSHEET 3

Rate yourself on each of the following questions	0 None	1 Low	2 Moderate	3 High	4 Very High
1. Degree of problems you have had with the use of alcohol?					
2. Degree of problems you have had with drugs other than alcohol?					
3. Degree of problems you have had with criminal conduct in the past?					
4. Degree of help you need to keep from having further problems with alcohol or other drug use?					
5. Degree of help you need to keep you from being involved in criminal behavior?					
6. To what degree do you want to make changes in your life?					
7. To what degree do you think that you have made changes in your life?					
YOUR SCORE FOR EACH COLUMN					
YOUR TOTAL SCORE					

A. Problems you have carried over from childhood and youth

B. Problems with alcohol or other drug use

C. Problems with criminal thinking and behavior

D. Problem thinking and feeling patterns and errors

E. Current life situation problems

1. Employment and job problems:

2. Social and relationship problems:

3. Marital problems:

4. Family problems:

5. Emotional and psychological problems:

6. Physical health and medical problems:

7. Being involved in treatment and counseling:

F. List your strong points and strengths

1. _____	4. _____	7. _____
2. _____	5. _____	8. _____
3. _____	6. _____	9. _____

SESSION 2: Rules, Tools and Targets for Change

INTRODUCTION AND OBJECTIVES

Orientation Session 1 told how SSC works and how it brings about change. This session provides rules, tools and targets for change.

OBJECTIVES

- ➡ Understand and apply six rules of change.
- ➡ Learn and practice the *CB Map Exercise*.
- ➡ Go over what you will include in your *Autobiography*.
- ➡ Introduce the *Master Skills List (MSL) for Responsible Living and Change*.
- ➡ Introduce the *Master Profile (MP)*.
- ➡ Introduce the *Master Assessment Plan (MAP)*.
- ➡ Go over the *Thinking and Action Patterns (TAP)* charting.
- ➡ Learn to do a *Thinking and Re-Thinking Report*.
- ➡ Learn to use the *SSC Scale* to measure changes in knowledge and skills.

SESSION CONTENT AND FOCUS

SIX RULES THAT GUIDE CHANGE

Change Rule One: Your thoughts, attitudes and beliefs - not what happens outside of you - control your emotions, actions and behaviors

We make changes in our lives when we change mental events: our thoughts, attitudes and beliefs. We briefly look at these events now. We do a deeper study of them in *Session 3*.

- ▶ **Automatic thoughts:** a **thinking pattern or thought habit** already formed inside our heads. These are **thought habits**.
- ▶ **Attitude:** a thought for or against a situation, person, idea or object outside of ourselves. It directs how we think, feel and act.
- ▶ **Belief:** a value or idea used to judge or evaluate outside events, situations, people or ourselves. A belief bonds you to outside events. **It is more powerful than an attitude.** It directs attitudes towards things or people. We have a set of core beliefs. Think about the beliefs you have that led to your criminal conduct.

Change Rule Two: We resist or fight changing our thinking, attitudes and beliefs

When you were arrested for your last offense, what were your thoughts? “Life’s not fair?” “I’ve never had a fair chance!” “The cops are out to get me!” When we clasp to a belief, even though it leads to bad outcomes, we call this the **Belief Clutch**. It is a “do or die” view of ourselves. Remember the Flying Walendas. The father taught all of the troupe to always hold on to the balancing pole. “It’s your life or death!” When walking between two buildings on a high wire, a gust of wind caught him. He fell to his death. The balancing pole had to be pried loose from his hands. Had he let go of the pole and caught the wire, he might have lived. Sometimes we clutch to a belief even to the point of our own destruction.

Exercise: Write in the spaces below one belief clutch that you hold on to that led to AOD use problems and one belief clutch that led to criminal thinking and behavior.

<p>BELIEF CLUTCH THAT LED TO AOD USE PROBLEMS</p> <hr/> <hr/>
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<p>BELIEF CLUTCH THAT LED TO CRIMINAL THINKING AND BEHAVIOR</p> <hr/> <hr/>
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Change Rule Three: We have mixed thoughts and go back and forth about change

This is **ambivalence**. We get over our wavering or **ambivalence** when we learn that some of our thoughts, attitudes and beliefs lead to bad outcomes - they give us more pain than pleasure. It is then that we give them up or change them.

Change Rule Four: We choose the thoughts we have about ourselves and the outside world that lead to our actions

Look at the process of change shown in the *Cognitive-Behavioral (CB) Map, Figure 2, page 14*. A thought goes before every feeling and every behavior - and we choose those thoughts. You chose to let your thought habits or automatic thoughts about the events that took place before you committed a crime control your mind and your behavior. You also have a choice to change those thoughts. You control your thoughts. You control your actions.

Exercise: What are some choices you made that led to bad outcomes?

<p>CHOICES I MADE THAT LED TO BAD OUTCOMES</p> <hr/> <hr/> <hr/>

Exercise: What are some choices you made that led to good outcomes?

<p>CHOICES I MADE THAT LED TO GOOD OUTCOMES</p> <hr/> <hr/> <hr/>
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Change Rule Five: We go through steps or stages when we make changes

These steps work as a spiral. When we change, we never go back where we started.

- ▶ **The challenge.** Something “hits us between the eyes.” We get put in jail; lose our freedom.
- ▶ **The commitment.** We decide to change and put effort into it.
- ▶ **The ownership.** We learn ways to keep change going. Change belongs to you.

Change Rule Six: Think and act in terms of your best interest and the long-term look

We take part in using drugs or crime many times on the spur of the moment. We don’t think “what is in my best interest? What are my long-term interests?” We don’t think “I want a family but I can’t if I’m in jail.” The “long-term look” helps us think about consequences.

TOOLS AND TARGETS FOR CHANGE

There are two pathways to self-awareness: **self-disclosure** - sharing our personal experiences; and **receiving feedback** - having others tell us how they see us. The following **nine tools** and targets for change are based on these two pathways. They are your *Program Guides for Change* used throughout SSC.

1. Cognitive-Behavioral (CB) Map Exercise

Almost every session in *Phase I* starts with the *CB Map Exercise*, using *Figure 2*, page 14. This exercise works on past, present and future events. **Exercise:** Using *Figure 2*, one person takes a recent event, then identifies the thoughts, emotions, actions and outcomes related to that event.

2. Autobiography

There are three parts to our mental life: **memories**, the **here-and-now**, and our **dreams**. Our *autobiography* is based on our **memories**. We control our memories by how we choose to live each day. Our *autobiography* describes our roots and our past experiences. A tree stands on its roots and trunk - its history. We cannot stand in the present in any meaningful way without memory - our history. Our *autobiography* looks at the unpleasant and the pleasant parts of our history. If you have an autobiography, read it and add parts that may be missing. You are asked to write your autobiography in a separate spiral notebook over the next six to eight weeks. Here are the areas we want you to include.

- ▶ The family you grew up in.
- ▶ Your childhood through teen years.
- ▶ Your education, jobs, marriage(s) and interests.
- ▶ Your AOD use and abuse history
- ▶ Your criminal conduct history.
- ▶ What brought you into this program.

3. Master Skills List (MSL)

Program Guide 1, in the back of your *Workbook*, page 291, gives you the *Master Skills List*. After each session, you are asked to write in the date you started working on the skill, rate your level of mastery in using the skill and update your level of mastery on skills you learned. There are three groups of skills: **mental restructuring skills, relationship skills and society responsibility skills**.

Some *Master Skills* target change in both areas of relationship and society. For example, *empathy* can increase positive relationships with others and responsible actions in society. The goal is to reach a **Very Good** level of mastery for all skills. **Exercise:** In *Session 1*, you worked on the *Cognitive Behavior (CB) Map*, skill number 1 in *Program Guide 1*, page 291. Put the date you attended *Session 1* and rate your mastery level on this skill on *Program Guide 1*.

4. Master Profile (MP)

Your homework this week was *Worksheet 4*, page 19, listing problems to work on in *SSC*. We use this information to work on the your *Master Profile (MP)*. **You are asked to complete your MP during the first month in this program.** Here are the areas of assessment in the MP.

- I. Your patterns of AOD use and abuse.
- II. Your criminal and antisocial thinking/conduct.
- III. Your thinking, feeling and attitude patterns.
- IV. Problems of childhood and youth.

V. Your life-situation problems and conditions such as job, relationships.

VI. Your motivation for treatment and change.

Exercise: Look over your *Master Profile* in *Program Guide 2*, page 292. You are asked to complete the MP in the first month of the program. In *Session 20*, you rate yourself again.

5. Master Assessment Plan (MAP) - Targets for Change

The MAP is your *Program Guide for Change*. We use the MP to build our *Master Assessment Plan* (MAP). The MAP gives specific thinking, belief and action targets for change. It is your **plan for change** and map for your pathway of **responsible living**. **Exercise:** Look over your MAP, *Program Guide 3*, page 295. Start by writing in one problem area for *Alcohol and Other Drugs*, and one for *Criminal Thinking and Conduct*. In some sessions, we work on the MP and the MAP. **You are asked to complete the MAP in the first month of this program.**

6. Weekly Thinking and Action Patterns (TAP) Charting

You are asked not to use alcohol or other drugs while in SSC, and not violate the terms of your judicial sentence or get involved in a criminal act. A lot of our clients think about AOD use or find themselves in an AOD use situation; some may “lapse” into use or a pattern of use. They might think about committing a crime or violating the terms of their judicial sentence. Most clients use skills to prevent AOD use or criminal conduct outcomes. The *TAP Charting* keeps check on these possibilities. It includes the **week you did your charting**, whether you **thought about using alcohol or other drugs**, times you were **in a situation where you could drink or used drugs**, whether you actually **used alcohol/drugs**, whether you **thought about violating the law**, and in the last column, **skills you used to prevent AOD use or criminal conduct**.

Exercise: We take a few minutes to look over the *TAP Charting Form*, *Program Guide 4*, page 300, in the back of this *Workbook*. You will be asked to do *TAP Charting* between each SSC session.

7. Thinking Report

The *Thinking Report* is your response to the here-and-now and has five parts. It is based on the main parts of the *CB Map*, *Figure 2*, page 14.

- ▶ **Event:** Describe in a few words the situation. Be factual and describe what you see.
- ▶ **Thoughts:** What thoughts do you remember? Do not explain, blame or make excuses.
- ▶ **Attitudes and Beliefs:** What attitudes and beliefs lead to or underlie your thoughts and feelings?
- ▶ **Feelings:** What were your emotions related to your thoughts about the event? Nervous, angry, irritated?
- ▶ **Outcome:** What was your choice, outcome action and behavior. Were they positive or negative?

8. Your Re-Thinking Report

The *Re-Thinking Report* changes our responses to the events that we experience. It has the same parts as the *Thinking Report*, but changes them to produce positive or good outcomes.

9. Measuring Your Knowledge and Skill Development: The Strategies for Self-Improvement and Change Scale (SSC Scale)

In each session you work on strategies and skills for self-improvement and change. At the end of each session, you are asked to measure your level of knowledge and skill using the *SSC Scale*. The scale is from “zero” to 10. The markers are “low,” “medium,” or “high” levels of knowledge and skill use. Sometimes, you are asked to measure your level of understanding of certain ideas. You start using the *SSC Scale* by showing the degree to which you understand the *SSC* program and the degree to which you think you will take part in the program. Put an X at the level that best fits you.

Understanding
SSC program

0	1	2	3	4	5	6	7	8	9	10
LOW			MEDIUM					HIGH		

Degree you
will take part
in SSC

0	1	2	3	4	5	6	7	8	9	10
LOW			MEDIUM					HIGH		

SUMMARY OF SESSION ACTIVITIES OR HOMEWORK ASSIGNMENTS

1. Do the *CB Map Exercise*.
2. Go over the parts of the *Autobiography*.
3. Go over and begin the *Program Guide 1*, page 291, the *Master Skills List (MSL)*.
4. Go over *Program Guide 2*, page 292, your *Master Profile (MP)* and do your first rating.
5. Go over *Program Guide 3*, page 295, the *Master Assessment Plan (MAP)*. You are asked to add one problem in the AOD area and one to the criminal conduct area.
6. Go over the *TAP Charting, Program Guide 4*, page 300 and do this week's *TAP Charting*.

SESSION CLOSURE

Share with the group an important idea you learned this session. Discuss barriers or ways you are resisting change in your AOD use habits and in your criminal thinking or attitudes. Be honest. It's for your benefit.