



COMMITMENT TO CHANGE – HABITS THAT BLOCK CHANGE

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Then when you know better, do better.*

— Maya Angelou

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ABOUT THE INSTRUCTOR

Dr. Stanton E. Samenow worked side by side with Dr. Samuel Yochelson as they pioneered the research which uncovered the key role played by thinking patterns in criminal behavior. Out of their work came the concept of criminal “errors in thinking”. Dr. Samenow is the author of several books, including *Inside the Criminal Mind* and *Before It’s Too Late*, a study of children and the development of criminal behavior. During his eight years as research psychologist at Saint Elizabeth’s Hospital in Washington, D.C., he co-authored the three-volume ground-breaking study *The Criminal Personality*. He has been a member of the President’s Task Force on Crime and has held the position of Clinical Instructor in Psychiatry and Behavioral Sciences at George Washington University Medical School. Dr. Samenow is widely recognized as an authority on the evaluation and treatment of offenders. He travel widely as a speaker, consultant and leader of workshops.

Resistance to Change in Substance Use Treatment: Why Habits Persist

The habits that block change described in this course — victim thinking, attacking, casing people out, diversion, and generalization — are not merely cognitive distortions. They are behavioral patterns that have become habitual through years of reinforcement. Recent research on treatment readiness, ambivalence, engagement barriers, denial, and the cognitive architecture of criminal thinking provides an evidence base for understanding why these habits are so resistant to intervention and what conditions must be present before genuine change becomes possible.

The overlap between habitual criminal thinking and substance use populations is larger than most clinicians assume. In a study of 407 young adults entering residential substance use treatment, nearly three-quarters showed elevated criminal thinking scores on a validated measure, with stimulant and opioid use predicting the highest severity (Bakken et al., 2023). The tactics this course names — victim thinking, attacking, casing people out — are not confined to justice-involved caseloads. Clinicians working in standard residential programs are already encountering them, whether or not the client has a charge on record.

The readiness dimension of habit change — whether an individual is genuinely prepared to abandon familiar patterns — was examined in a 2022 study of 137 justice-involved young adults aged 18 to 24 who screened positive for alcohol or drug risk in an alternative sentencing program. More than half of participants were contemplating or had decided to quit or cut down substance use. However, the analysis revealed a critical distinction: personal reasons for quitting were positively correlated with readiness to change, while interpersonal reasons — pressure from family, partners, or the legal system — showed negative associations. The authors concluded that "personal reasons to quit using drugs are a potential intervention target" (O'Grady et al., 2022). For the habits this course describes, external pressure may get clients into the room, but it does not produce the internal motivation required to abandon the habits that protect them from honest self-examination. The habits persist precisely because they shield the individual from the discomfort that personal motivation for change would require them to face.

The treatment engagement barriers that habitual thinking patterns create were examined from the patient perspective in a 2025 qualitative study of 33 patients at two treatment facilities using the Health Belief Model framework. Patients showed strong treatment adherence when they perceived meaningful health improvements and family restoration benefits. Conversely, barriers including lack of awareness about treatment options and fear of legal consequences hindered initial treatment seeking. Acknowledgment of treatment needs led to greater engagement, while lack of perceived needs hindered it (Muslim et al., 2025). For the habits this course addresses, the core paradox is that these habits function by preventing the individual from perceiving that they need to change. Victim thinking reframes the problem as someone else's fault. Diversion redirects attention away from the behavior that needs examination. These are organized defenses against the perception of need that would initiate the change process.

The paradox Samenow describes — that the habits blocking change also block the client's awareness of needing to change — has a measurable correlate at the item level. In a study of methamphetamine-dependent adults, those who denied current use despite acknowledging substance-related problems (SCID item 6) scored significantly higher on Precontemplation, the stage marker for entrenched denial (Rice et al., 2022). Notably, the paper's overall correlation runs the other direction — higher total SCID severity tracked with lower Precontemplation scores — but the item-level

finding is the clinically meaningful one: when a client minimizes ongoing problems while continuing to use, denial spikes regardless of how their summary severity score reads. Diversion and generalization operate the same way: the more the behavior costs, the harder the tactics work to keep the cost out of view. Self-report alone will underread denial in these clients on any single global measure, which is why external corroboration and structured confrontation of the tactics are not optional.

The positive psychological resources that must be cultivated to replace habitual defensive patterns were evaluated in a 2025 systematic review of 36 positive psychological interventions across 30 publications, with meta-analysis of 8 randomized controlled trials. While these interventions appeared feasible and engaging, their effects on substance use outcomes were small and nonsignificant in randomized trials (Carlon et al., 2025). For the habit change process this course teaches, breaking habitual patterns requires more than teaching new skills — it requires immersion in a community and process that makes the old habits functionally unnecessary. The habits block change because they serve a protective function. They will only be abandoned when the individual finds something more reliable to replace them with.

The therapeutic relationship itself is one of the conditions that determines whether habitual thinking can be confronted productively. In 265 justice-involved adults with co-occurring mental illness and substance use disorders, the strength of the working alliance moderated measurable reductions in general, reactive, and current criminal thinking, alongside improvements in depression, anxiety, and anger symptoms (Scanlon et al., 2022). Confrontation of tactics like attacking and casing people out lands differently depending on the alliance underneath it. Without that relational foundation, pointing out a client's victim thinking reads as one more attack to defend against; with it, the same observation becomes usable material.

The best-studied method for surfacing ambivalence in substance use treatment has sharper limits than the field has historically claimed. A 2023 Cochrane review of 93 studies and 22,776 participants found that motivational interviewing produced only small-to-moderate gains over no intervention, weaker effects at follow-up, and no clear improvement in readiness to change or treatment retention compared with treatment-as-usual (Schwenker et al., 2023). For the tactics Samenow identifies, this matters: a technique designed to roll with resistance will not, on its own, dismantle habits whose entire function is to keep resistance intact. Direct naming of the tactic — the kind of work this course trains facilitators to do — is not redundant with motivational interviewing. It addresses what MI alone does not reliably move.

The broader evidence base for whether habitual behavioral patterns in justice-involved populations can change was established in a 2024 randomized controlled trial examining which individuals benefit most from structured cognitive-behavioral interventions. Among 341 justice-involved veterans, those with recent incarceration and recent convictions showed the greatest improvements in criminal associations, employment, and substance use. Veterans with elevated psychopathic traits also demonstrated greater reductions in substance use (Blonigen et al., 2024). The clients whose habits have most recently resulted in incarceration may be the most amenable to intervention — not despite their recent consequences, but because of them.

The structure of criminogenic thinking itself — the scaffolding that holds habits like victim thinking and attacking in place — was mapped in a 2025 psychometric study of 364 incarcerated Portuguese males with a mean age of 37.88 years. Using exploratory factor analysis on the Criminogenic Cognitions Scale (KMO = 0.82; Bartlett's $\chi^2 = 1,841.2$, $p < 0.001$), the authors identified a 15-item, two-factor

structure: Short-Term Orientation and Responsibility Evasion, paired with Authority Resistance. Both dimensions showed convergent validity with antisocial traits, moral disengagement, and low self-control, with composite reliability ranging from 0.74 to 0.91 (Pereira et al., 2025). The factor structure confirms what the Samenow framework has long argued clinically: the habits this course describes are not isolated tactics. They cluster together as an organized cognitive system. Responsibility evasion — the engine behind victim thinking, diversion, and generalization — and authority resistance — the engine behind attacking and casing people out — are empirically distinct but correlated dimensions. A client who evades responsibility in one domain will tend to evade it across domains. Treatment that targets only a single habit in isolation will confront the rest of the structure still standing.

The developmental window in which the habits of moral disengagement are most modifiable was quantified in a 2025 longitudinal study analyzing data from 1,349 juvenile offenders in the Pathways to Desistance Project. Using a random intercept cross-lagged panel model that controlled for stable individual differences, Chen and Sutton tracked the reciprocal relationship between moral disengagement and antisocial behavior across three age bands. Between ages 16 and 18, disengaged thinking and antisocial behavior predicted each other in both directions — a two-way traffic where cognition and behavior reinforced one another. Between ages 19 and 21, only antisocial behavior predicted moral disengagement in the following year; the cognitive targeting direction had already closed. Between ages 21 and 23, no significant cross-lagged effect was detected in either direction (Chen & Sutton, 2025). The clinical implication is direct. The tactics this course addresses are most amenable to cognitive intervention in late adolescence. By the mid-twenties, the habits have stabilized into behavior patterns that change behaviorally before they change cognitively. Earlier intervention carries a cognitive leverage that later intervention does not.

The neural gap between wanting to change and actually changing — the territory where diversion and generalization operate — was measured directly in a 2025 fMRI study of 67 adults with alcohol use disorder (20 women) followed for up to one year with daily smartphone assessments of alcohol intake and weekly intentions. Ebrahimi and colleagues used a sequential decision-making task to quantify each participant's balance between model-based (goal-directed) and model-free (habitual) behavior, alongside corresponding neural signals in the hippocampus and ventral striatum. Participants with higher model-based behavior, stronger hippocampal learning signals, and weaker ventral striatal learning signals were the ones who succeeded in aligning their actual drinking with their stated intention to cut down; those with the opposite neural signature did not (Ebrahimi et al., 2025). The finding grounds a clinical reality counselors already observe. The client who says "I'll only drink on weekends" and then drinks Tuesday is not being dishonest in the first statement. The habit system in the ventral striatum is operating independently of the goal-directed hippocampal system that formed the intention. Breaking the habits this course describes requires strengthening the goal-directed circuit, not just restating the goal.

The Mechanics of Change: What Replaces a Habit

Understanding why the habits described in this course persist is only half the clinical task; the other half is knowing what actually replaces them. Research on behavior change offers three converging lessons for the facilitator working to dislodge entrenched patterns.

The first concerns the value and the limits of specific planning. Forming an implementation intention

— a concrete "if-then" plan that ties a situational cue to a chosen response — is one of the most-studied volitional strategies for changing behavior. Cooke, McEwan, and Norman (2023) meta-analyzed 16 studies of implementation intentions applied to drinking and found a small but significant reduction in weekly alcohol consumption ($d = -0.14$) but no effect on heavy episodic drinking ($d = -0.01$), concluding that forming implementation intentions "reduces weekly consumption but has no effect on HED." For the habits this course targets, the lesson is that concrete if-then planning can nudge everyday, lower-intensity behavior but is weak against the most entrenched, high-intensity patterns — precisely the ones that Samenow's tactics protect. A client can plan around a routine temptation; planning alone rarely dislodges a defense that has organized an entire way of thinking.

The second lesson concerns reinforcement. Contingency management — providing tangible rewards for objectively verified behavior change, such as drug-free urine screens — has one of the strongest evidence bases in addiction treatment, and its benefits do not evaporate when the rewards stop. Ginley, Pfund, Rash, and Zajac (2021) meta-analyzed 23 randomized controlled trials involving 3,320 participants and found that, at follow-ups conducted after incentives had ended, contingency-management participants remained significantly more likely to be abstinent than those in comparison treatments (odds ratio = 1.22). The authors concluded that contingency management showed long-term benefit in reducing objective indices of drug use above and beyond other evidence-based treatments, and that longer active treatment predicted better long-term outcomes. This directly counters the common objection that reinforcement only works while someone is paying — the new behavior, sustained long enough, begins to hold on its own. For habit change, the implication is that structured external reinforcement can carry a client through the period during which a competing routine is still too weak to stand unassisted.

The third lesson concerns how new habits are actually built. Ma, Wang, Pei, and Piao (2023) meta-analyzed 10 randomized trials of habit-formation interventions and found that deliberately building a new cue-response routine significantly increased habit strength ($SMD = 0.31$), with larger effects in the first twelve weeks than afterward — automaticity develops but requires sustained cue exposure to consolidate. Notably, their meta-regression found that a problem-solving component was positively associated with effectiveness, while reliance on social reward was negatively associated. Helping a person work out how to enact a new routine in the face of real obstacles builds a durable habit; external praise does not. For the facilitator, this maps onto the clinical reality that the habits blocking change are dismantled not by insight or encouragement alone but by the repeated, cue-linked practice of a competing response, supported through the vulnerable early window when the old pattern is still stronger than the new one.

Taken together, these findings sketch a realistic mechanism of change to set beside Samenow's account of why the habits persist. The tactics that block change are replaced neither by willpower nor by understanding alone, but by a combination of specific planning for manageable situations, structured reinforcement to bridge the early period of weakness, and the patient, problem-solving repetition through which a new cue-response routine gradually becomes automatic. The habits described in this course are strong because they have been practiced for years; the routines that replace them must be practiced too.

Human nature is complex.

There are no simple solutions. No single approach can meet all the needs of all the people we serve.

The material presented here has proven valuable as an independent program -- as well as a component -- a complement -- for programs of many kinds.

Change is never easy. It requires motivation, effort, support and time. But it is important for us -- and our clients -- to remember that change is possible.

-- Stanton E. Samenow, Ph.D.

This course has been developed utilizing concepts from Dr. Samenow's writings and dialogues from group sessions conducted by Dr. Samenow. The dialogues used are from the first three segments of a video series featuring Dr. Samenow's work known as "Commitment to Change." In group settings and in individual interviews, convicted felons -- men and women -- interacted with each other and Dr. Samenow. This information has been edited where necessary to better fit within the context of written materials as opposed to the verbal format in which it initially occurred. All dialogue and information from these videos are identified when used in this course. Additional information has been added to expand on or clarify various aspects of Dr. Samenow's work.

Introduction

In this course we examine habits that block change. Dr. Samenow addresses specific tactics people use to block change and to protect current ways of thinking and behaving. Tactics is an apt choice of words, because just like tactics for winning a football game, or tactics utilized in warfare the tactics used to block change and protect behaviors are tried and true methods the offender has employed to achieve their goals. Much practice has gone into these tactics, like the kind of drills sports teams and military units practice over and over again to ensure success.

Many of these tactics have been used so often that the people using them may not be consciously aware of what they are doing. They are simply responding in a manner that has proven successful in the past. This is one of the key elements

of cognitive therapy, identifying these tactics, pointing them out to the clients, labeling the tactics, even explaining what they are doing by using of the tactic and why it is effective. The danger with these tactics is that while often useful in the short term, they block change and do not lead to overall happiness and success.

Dr. Samenow will explore in detail the tactics of victim thinking, attacking, and diversion. Everyone has seen these tactics in action, either in conversations with others or at the very least on the trashy talk shows or “Judge” shows that appear on daytime television!. It may not be a way to live happily and achieve your goals, but it does make for high drama.

Victim thinking is an orientation toward life that goes something like this, “It doesn’t matter what I do, things just never work out right. Why should I even bother when (my wife/husband, my boss, the dope dealer, my probation officer...) has all the power.” Victim thinking is the belief that not only do I not have any power over my life, **SOMEONE ELSE DOES**. If my wife would just get her act together everything would be fine. If my boss would just get off my butt, everything would work out OK.

This is victim thinking. The payoff for victim thinking is never having to take responsibility for anything, because after all, someone else has all the power.

Attacking is flipping things around, making the other person the problem. If a person is confronted about a behavior that person goes on the offensive, charging into battle and blaming the person who has confronted them. This is another tactic to get the focus off of their behavior.

Diversion is simply changing the subject, once again getting out from under the spotlight cast on them by any attempt to address their behavior. By shifting the focus to someone else, they dodge the bullet of accountability.

You will see, through group work, dialogue and role plays,, how these methods of blocking change work.

Myriad ways to block change exist and can be used with great efficiency by those who want to avoid changing their behavior. Other ways of blocking change are controlling others, and lying to one’s self, minimizing, casing people out, and generalization.

Controlling others and lying to one’s self are rather obvious ways of getting the focus off of one’s behavior. Some are much more subtle. Minimizing is a defense mechanism whereby a person accepts that a problem exists, but avoids accountability by assuring everyone that it is not that much of a problem,

everyone is just overreacting. Yes, this is an issue, but not that much of an issue. Once again, a tactic designed to block change.

Casing people out is an interesting skill that many offenders develop. This has to do with reading people and then feeding them what they want to hear. This is a subtle and sophisticated tactic. Offenders can even appear compliant when they are actually being resistant through their compliance. On the surface level they seem to be accepting what group members or the therapist is saying, but actually they are feeding everyone “therapeutic cookies” and, although talking the talk, have not changed at all.

Generalization is a tactic that blocks change. An example is thoughts or statements such as everyone is doing it, why not me? Some people can generalize to the point of absurdity, thereby diluting the initial discussion of their own behavior.

This course focuses on these types of tactics and habits that block change. You will see examples of them, and examples of how to work with them.

Dr. Samenow works with group members on ways to overcome tactics. He explains the details of how errors in thinking can lead to actions that do not result in happiness or success. Thoughts trigger actions and actions have consequences.

This is as close to a non-negotiable statement as you will find in cognitive therapy. Thoughts lead to actions. Many people have trouble truly understanding this initially. Often, because the emotions/feelings are so strong it seems that feelings lead to behavior. A closer examination will show that the thought comes first, but this may need to be made clear through examples and by working through scenarios before everyone really comes to view this in the same way.

One of the best ways to assist clients to make the connection between thoughts and feelings and behavior is to work backward from the behavior to the feeling and then ultimately to the thought. What people are aware of experiencing, and remember well, is the emotion and then the behavior and the consequences of the behavior. Since the feeling is so strong, and the thought is likely to be an automatic thought they are not even aware of having, it takes time and effort to assist them in slowing down events enough to find the thought in the process.

Again, by working backwards, you can help clear this up for your clients. If they remember feeling rage then explore thoughts that might lead to feeling rage and see if any fit for them.

For example, I’m at the store and someone cuts in front of me in line. I get angry. Handled well perhaps I say something like, “Excuse me, but there is a line here,”

and the person realizes their mistake and moves. Handled poorly, I say something not so nice and we have a conflict. Is my anger an automatic response to someone cutting in line or is it a result of my thoughts.

Many will honestly experience anger in this situation to the other person's behavior, cutting in line. They cut in line and I get angry, a direct, causal connection.

Upon further examination we will likely discover that my anger is not a direct reaction to someone cutting in line but a response to automatic thoughts that I have so quickly I am not even aware of them, or that I hold a core belief, a constellation of thoughts about a particular issue, like fairness, or manners, or how we should behave in public. Perhaps I personalize the event thinking something like, "He is disrespecting me, I can't let him get away with that," or something of that nature.

It is possible he did not see me, or he was with the other guy ahead of me and had just returned with a last minute item. If so, he is not cutting in at all. Even if he is just being a jerk, my feeling response is tied to some thought (he can't treat me like that, etc.) that results in my getting angry. These types of situations are best illuminated by slowing down the events and working backward from the feeling toward the thought, however fleeting or deeply buried, that was my initial response to the event. Steadily pursuing this course will lead to identifying thoughts or core beliefs that underlie behavior.

Pay close attention to how Dr. Samenow works with the clients around these issues as he points out the tactics they use, the habits that block change and ways to begin to change this process for more positive outcomes

HISTORICAL OVERVIEW

In the 1960's and 1970's two doctors, one a psychiatrist and one a psychologist began working with individuals at a hospital for the criminally insane in Bethesda, Maryland. Dr. Samuel Yochelson was a psychiatrist who had had a successful private practice for years in Buffalo, New York, and who had also appeared regularly on a local television show informing the public about psychiatry. In his mid-50's Dr. Yochelson decided to take on a new challenge and leave the comfort and security of his private practice in search of making a more lasting contribution to the field he had made his life's work.

Dr. Stanton Samenow is a psychologist who had accepted suggestions from Dr. Yochelson as a doctoral student concerning a dissertation on college dropouts. Dr. Samenow had found that using standard procedures, practices and theories were not leading to significant results with the adolescents he was working with

early in his career. Thus, he decided to abandon his work with adolescents for the opportunity to join with Dr. Yochelson and his project at Saint Elizabeth's Hospital for the Criminally Insane.

In the beginning, Dr.'s Yochelson and Samenow were intent on finding the psychological and emotional causes of criminality. Both drug users and non-drug users were studied. Over time what began to emerge was rather surprising. First, it seemed that regardless of the amount of insight attained about early conflicts or trauma in life, rather than leading to more appropriate behavior, such insights were often used as excuses for ongoing patterns of violations inside and outside of the hospital setting. In fact, early in their research efforts, they noted that many of the offenders participating in the group never stopped offending.

Second, while a substantial number of the offenders came from backgrounds of poverty, abuse and neglect, the majority had siblings from these same backgrounds who had not become criminals. Also, there were many who had caring families that had done everything they knew to do to help these individuals, but to no avail. These facts made the doctors begin to turn away from focusing on a deterministic view of criminality (childhood abuse and trauma), to one that focused more on the lifestyle choices offenders make.

Third, while it was believed that these individuals must suffer from terribly low self esteem resulting from experiencing a vast array of failures in life - ranging from school to work to personal relationships - it became obvious over time that the opposite was the case! Most had highly inflated views of themselves and their abilities; thinking themselves smarter and better than others.

Other favorite theories, such as the role of peer pressure and "falling in with the wrong crowd," or that being denied the opportunities others have in life had driven these individuals to crime, began to crumble as well. It turned out that these individuals were not so much failed by their schools as they failed to make any effort toward school; they didn't "fall into the wrong crowd," they sought out the wrong crowd. And rather than being highly impulsive or compulsive people who couldn't control themselves, they tended to be highly controlled and "opportunistic" in the commission of crimes.

Slowly, Dr.'s Yochelson and Samenow began giving up their theories of psychological and sociological causes for crime, and began looking at the thinking patterns and attitudes that led to it. They began focusing on the criminal's **choices**, and his or her rationalizations and justifications for such behavior. They began mapping the worldview of the criminal. Ultimately, they found a variety of thinking errors that criminals had in common regardless of age, race, social class or educational background. Their search for the cause of crime and what they eventually discovered became their landmark work *The Criminal*

Personality, a three volume set outlining the process by which they arrived at a new view of the criminal and the best way to treat him or her.

At the very core of this approach is the idea of “afflicting the comfortable, rather than comforting the afflicted.” According to this approach, what leads to lasting change in the criminal offender is becoming absolutely fed-up with him or her self - filled with self-disgust about who or what they have become. In his or her past, the criminal (very much like the addict) has had instances of self-disgust, but this has not lasted or resulted in behavioral change. Therefore the offender must – in a matter of fact and respectful manner – be constantly reminded of the consequences of his or her actions, the damaged and destroyed lives, and the fact that continuing in the same mode will lead to a life of more and more incarceration for longer periods of time. Other than accepting this as his or her lot in life - or committing suicide - change is the only option that remains. Those who have worked primarily with addicts will notice that these same dynamics apply to the process of change with addiction as well as with criminality. In fact there is a saying heard in AA clubs across the country that, “If you don’t remember your last drunk, you haven’t had it.” This is a reference to the need for the alcoholic to constantly remind him or herself of the devastating consequences of his or her past behavior.

What was also learned in this landmark research is that the criminal offender is constantly sizing up others, and that this remains true when he or she enters a treatment program as well. He or she sees everything in terms of power and control, contests of will, and winning and losing. Therefore, rather than concerning themselves primarily with showing empathy or developing rapport, Dr.’s Yochelson and Samenow were more concerned with direct, but factual discussions in which they revealed what they knew about the criminal’s M.O. and mindset - in many instances better than the criminals themselves.

They learned not to buy into the criminals’ attempts to portray themselves as the victims rather than the victimizers (though some excel at this), they learned not to allow their efforts to be diverted by an array of irrelevant matters and issues criminals will bring up to derail the therapist, or to allow themselves to fall victim to the tactics of attack that are often used to put the therapist on the defensive.

They laid out what they had learned about the offenders with whom they worked - that they (the offenders) tended to be secretive even as children, took great pride and pleasure in being able to fool others with their “slickness”, demanded the world bend to their wishes rather than trying to fit themselves better to the world, were highly critical of others but had a “glass jaw” when it came to taking criticism themselves, and tended to see themselves as unique individuals to whom the normal rules of society do not apply. Again, those who work with addicts will notice the commonality of many of these traits. In fact, most of these

traits can be thought of as running along the lines of a continuum, from mild to severe as demonstrated in the diagram below:



Where addictions and/or criminality are concerned, the degree of severity of these traits can have a great deal to do with the individual's ability to "hit bottom" – that is to develop enough self-disgust or disturbance to their own self image, to motivate change.

Additionally, Yochelson and Samenow let the offenders with whom they worked know they did not expect them to be fervently committed to change from the outset. In fact, they often revealed to these clients that they knew they had always viewed the world of "straights" as boring, dull and a fate worse than death. (Again, those who have worked with addicts will recognize that this is common to how many feel in the beginning stages of their recovery. In fact, motivational interviewing has made much of the counselor's ability to recognize "ambivalence" on the part of the client in the early stages of the change process.)

However, returning to the fact that ultimately, the criminal's way of life had never led to anything more than fleeting satisfaction or happiness, and that without change they faced a life of increasing time incarcerated, their choices were few. They did not berate, browbeat, attempt to humiliate or ridicule the men and women with whom they worked, but treated them with respect. Nonetheless, they were firm and matter-of-fact about unmasking the façade of respectability these individuals tried to put on.

A Key to Change: YOUR THOUGHTS

The good news is we can change. None of us needs to be a prisoner of our thoughts or our behaviors.

Think about the last 24 hours; can you remember a specific situation when you felt angry? Think about what you said – what you did. What happened as a result – what were the consequences? What would have happened if you had acted on your thoughts (for instance, lashed out in anger), rather than controlling your actions?

Can you think of a recent event that you would like to re-live, if you could, in order to do things differently? What trouble resulted? What could you, or would you have done differently?

Think of a recent temptation to do something that you knew was wrong. Can you remember what you thought before you decided what to do? What was the temptation? What actually happened? When stopping to look back, are you happy with how you handled the situation? If not, how could you have handled the situation differently? Would this have led to a different result? Would the result have been better or worse? What role would changing your thinking about the situation have played in changing the outcome?

Consider the following basic tenets of the cognitive-behavioral approach:

- Some thoughts lead to results we don't want.
- Thoughts that lead to unwanted trouble are considered "errors in thinking."
- By teaching offenders to become aware of their thoughts that lead to trouble, we can teach them to catch errors in thinking before they act.
- They can stop and remember the trouble their actions may have caused in the past, and forecast the trouble those thoughts may bring in a current situation or in the future.
- By being aware of the full range of consequences from past attitudes and actions, clients can become acutely aware of the heavy price they or others have often paid for their destructive acts.
- As has been identified in other treatment approaches, counselors often assume that because clients have entered treatment, the work of identifying these dynamics has already been accomplished – that is, these dynamics are obvious and known to the clients. However, because a large percentage of clients (especially when mandated to treatment) enter treatment in the "precontemplation" stage, many have not truly considered the full ramifications of their actions on others or even on their own lives.
- Beginning to see the role of thinking in keeping us locked in destructive patterns of behavior is often what provides the motivation and the commitment needed to change.

When any of us change our thinking, we change what we end up doing. A major roadblock to recovery is the temptation to take a shortcut in order to accomplish something of value. But by stopping and catching thoughts – before acting – our clients can begin to take a different direction in life.

Part 1

Crucial Tactics Revealed

Inmate: "I see all the gray in my hair, and you know, I think: I ain't got nothin' to show for it. All I got is war stories from on the streets and shooting dope and robbin' and stealin'."

Female Inmate: "You know, I thought that the money, the lifestyle, everything was good when I was out there. While it lasted. And where did it get me? It got me prison; I don't have anything."

Inmate: "When I'm in my cell, and I'll be wondering, 'Is this my destination? Is this it?'"

Female Inmate: "I would hate to think this is it for my life."

Inmate: "You know, I have nothin' in my life to show anything good."

Female Inmate: "This is no kind of life. This is not where it's at."

Female Inmate: "I would like to do more things. Be something."

Inmate: "It's time to change. If I don't try to change from the lifestyle that I've led, I'll be here the rest of my life."

Inmate: "I have to change. Otherwise, I'm going to die in prison."

Is change really possible? Dr. Stanton Samenow knows that it is. He has spent a lifetime with men and women who have been in trouble, with crime, drugs, and alcohol. He has helped a great many to change their lives. A few years ago, he met with men and women from two institutions who were willing to explore the possibility of change. This information is covered in the CEU Matrix course *Commitment to Change: Overcoming Errors in Thinking*. Some of the people who participated in that course actually made a commitment to change. The following excerpts are from interviews and discussions conducted during that course:

Roger: "If I do take a shot of dope, I'm going to have to ask myself: 'Is it worth it? Is it worth the rest of my life?' Right now the frame of mind that I'm in, no, it's not worth. And it's not worth all the time I've missed with my kids, my wife, and this has been right now the hardest time I ever did. Out of about 14, 16 years that I've got in, this is the hardest time I've ever did because of the things that I'm aware of that I've lost that I can't get back."

Roger was released in 1995. He successfully completed parole. He has restored his relationship with his family.

Karen: "I know it pains my family to put that ink to paper. Because you have to write 'correctional' on there. It's like, 'I can't...because she's locked up. I can't touch her, I can't love her.'

Karen has successfully completed 4 years of parole.

Dennis: "I just shut the world off at that time and allowed the anger to flow. And at that point is when I took the life."

Dennis: "I used to lash out at people because I couldn't hurt myself. I would go out and hurt somebody else, because of what I didn't like in myself. But as I see today that the only way basically that I'm going to change that, is to start to liking myself."

Prior to his release in 1995, Dennis arranged to go to a vocational school, paid for by grants. He now works as a certified welder. Dennis was married in 1996.

While some people succeeded, others did not. During the first course, Jeffrey talked about how to change a behavior that brought him back to prison.

Jeffrey: "The way to change your behavior every day is to stay aware of the way you're thinking every day."

Jeffrey is now serving six years. Here he considers what brought him back.

Jeffrey: "I think the main reason that I'm back in here is because I went back out to the same neighborhood and started doing the same things I was doing before I was in here last time. I didn't change my friends or the things I was doing. I went back out and started using drugs again, and ended up right back here again on a new case."

In the first course we met Danny, who talked about changing his thinking to avoid the same old problems.

Danny: "My thinking's caught up with me a little bit; so it's got to change, or things are going to stay the same. And that's where I've changed mostly, is realizing that the more I think the same, the more of the same is going to happen."

Now serving 13 years, Danny identifies the thinking that brought him back to prison.

Danny: "When I got out of a halfway house, I got a job managing a bar. Real smart move, huh? And I got about three months into my job, and somebody offered me a shot of peppermint schnapps, and I thought, 'Well, it's just schnapps...' and it was off to the races. Three hours later I was on the phone looking for cocaine, and it was just a mess from there. I just rationalized my way into that one stupid move, and I was just right back to it, as bad as I've ever been before."

Destructive thoughts lead us to destructive actions. In Samenow's first course, we saw how a certain kind of thinking can keep people trapped in destructive lives. We call those thoughts 'errors in thinking.'

I'm a victim of others

Inmate: "I don't like to work. That's all of it. You can stop that right there. I don't like to work."

Inmate: "Next time, I'll be lucky. Next time I won't be all hooked and doing day to day crime. Next time, I'll do 'the big job.'"

Inmate: "I hid behind a relationship, a bad relationship."

Female Inmate: "I didn't have no dad or no older brothers to show me right from wrong."

In this course, we'll actually see how destructive thoughts lead to destructive actions: ways of acting that keep people stuck. We call these ways of acting "Tactics: Habits that Block Change."

Tactics: Habits that Block Change

The first time that each member of the group met Dr. Samenow, the inmate participated in a one-on-one interview in which Dr. Samenow asked some personal and difficult questions. Later, when they gathered as a group, certain men had some strong feelings about the interviews and questioned the value of these sessions.

GROUP SESSION

Dr. Samenow: Believe it or not, as I was doing these individual interviews, I was trying to put myself in your place. I mean, I came in here, didn't know any of you, had these very quick interviews, made a number of statements, and asked a number of questions. I really want to get feedback from you about your experience during these interviews.

Ernie: "I don't think any of us were prepared for you at all, in any way, shape or form. When I walked out of here earlier today, I actually considered walking down the steps and going to the cell house and not coming back."

Dr. Samenow: I'm glad that you didn't, and I'm glad that you're telling about it.

Ernie: "See, the questions that you're asking, that's what people treat us like down here, OK? Then we got to sit in a class five days a week and get s*** thrown down our throats, OK? Now listen to me – and then when we say something, no matter what we say, we're wrong, because the guy standing up there – he's right all the time, OK? No matter what we say. 'Well, you're in error. You're not thinking right. You had your guard up. You...' Whoa, whoa, whoa, whoa, whoa. I understand consequences and responsibilities and all that stuff. But live my shoes, walk my shoes, and then you say what you gotta say to me. So anyway, anger comes out. You know, all these other things--anger, resentment, but you wanted to know what's going on through my head. You got what I'm thinking, what I'm feeling."

Dr. Samenow: I asked for it, and I got it.

Ernie: "You got it."

Dr. Samenow: "I also feel the way Ernie did - I went back here, looked out the window and said, am I coming back here at lunch or what? I didn't mention it to anybody else, but it was in my head."

Inmate: "I'm going to go on the flip side on that, because I felt defensive, but I didn't feel angry about it. I kind of felt different in the sense that it was good, because it was confronting me."

Ernie: "I just think that we were not given what we should be given just for sitting here, OK? I mean, it's a step coming forward, and those people back there who don't come think we're stupid fools for even sitting in here. 'Aw, you go over there, playing that game,...for who?' OK, you didn't promise us no rose garden. You didn't even promise us something to eat, OK? I mean, or any parole. Do you understand what I'm saying? So evidently we're either in here doin' it sincerely, or we're playing a game on our own selves."

Dr. Samenow: All right, let me respond to that. Number one, I have been totally impressed by the sincerity of people doing this. And every single one of you, I think, maybe one exception, maybe not, said that you were doing this for two reasons. One, to help yourself, and also with the hope that it would help somebody else. And I have no reason to disbelieve that.

How can we make a difference in the lives of habitual offenders and those involved with substance abuse? How can we help youth and others who are at risk for destructive lifestyles? What interventions can have a meaningful effect?

In the 1960's those questions were asked by Dr. Samuel Yochelson, a much respected psychiatrist, and Dr. Stanton Samenow, a young clinical psychologist.

To discover what interventions could make a meaningful difference, they embarked on the longest in-depth research program with habitual offenders ever conducted in North America. Their findings: many traditional approaches were not effective for this population. Over the years, a striking observation emerged: habitual criminals nearly always demonstrated unique patterns of thinking — and behavioral “*Tactics*.” Frequently, these *Tactics* prevented them from looking honestly at their “*errors in thinking*” — thoughts which did not accurately reflect reality — and led to actions with destructive consequences. They also blocked any possibility of change, and so kept people stuck in destructive lives.

Could habitual offenders learn to correct these errors and eliminate their destructive *Tactics*? If their thinking and *Tactics* *did* change, would it affect their behavior? Many more years of research yielded promising answers to both questions. *When the desire to change is present*, and given a disciplined program *over time*, it is possible for habitual offenders to change their lives. Many graduates of such programs — which are now conducted in several countries — are leading responsible, productive lives.

The corrections community has embraced this approach in many ways — along with educators, youth workers and other mental health and social service professionals. Programs and workshops are sponsored by the Federal Bureau of Prisons, NCI and Departments of Corrections in a great many states. Many professionals, publications and programs have built on the original research of Yochelson and Samenow.

Some Habits Keep Us Stuck

Changing a habit is very hard.

When we practice the same behavior over and over again, it becomes a habit. Some habits are useful; they help us to get our mental and physical needs met (regular work, food, exercise, rest). Some habits seem to work for us in the short run — but eventually cause harm to us or others (stealing, lying, violence).

If we want to change, an important step is to become *aware* of habits that harm us and others. Then we have to learn how to stop the harmful habits — and learn new ones.

Some habits (lying, bad temper, blaming others) actually *stop* us from making changes — they keep us stuck in the same old thinking and actions.

When our lives becomes so painful that we can't tolerate it any more, we may realize our need for responsible change.

Tactic: ATTACK – “You’re the problem, not me”

GROUP SESSION

Dr. Samenow: Nearly all of you agreed to participate in an individual interview which we would then use in this class. The purpose of this is to identify tactics. What I mean by tactics are ways that you behave that really prevent change, that prevent people from communicating, that allow you, if you choose, to hide from others.

INTERVIEW

Dr. Samenow: What is your most serious convicted offense, Dan?

Dan: “First degree attempted assault with a deadly weapon.”

Dr. Samenow: And how many times have you been incarcerated?

Dan: “I first got locked up when I was 13 and I went through 13 placements, group homes and halfway houses, drug rehabs, psych wards, detention facilities.”

Dr. Samenow: How old are you now?

Dan: “I’m twenty-four.”

Dr. Samenow: So the 24 years of your life, how many of those years, if you added up all the time, would you be somewhere, like a hospital, detention center, or jail?

Dan: “Seven or eight years.”

Dr. Samenow: So about a third of your life?

Dan: “Yeah.”

Dr. Samenow: Are you a drug user?

Dan: “Yes, I am.”

Dr. Samenow: What drugs have you used?

Dan: “I drank; I have a real big drinking problem. Marijuana. Methamphetamines. Cocaine. LSD. Taken over the counter medications.”

Dr. Samenow: Why do you think that you keep coming back to one institution after another? Hospital, detention center, now here?

Dan: "I wanted everything when I wanted it. I didn't want to wait for anything."

Dr. Samenow: If we had a videotape of your life, let's talk about some of the things we might see on that tape. Would we, for example, see a pattern of stealing?

Dan: "Probably. Yeah, you would."

Dr. Samenow: Would it be fair to say, accurate to say that there would also be, even as a kid, a pattern of violence?

Dan: "Yeah."

Dr. Samenow: Well, let me ask you this. Do you think you're a good person?

Dan: "Yeah, I think I'm a good person."

Dr. Samenow: OK. How do you square this statement: 'I think I'm a good person', with all the things that you've done?

Dan: "I don't like that question."

GROUP SESSION Subsequent to Interview

Dr. Samenow: All right. Do you think that there was anything that you said that could interfere with change?

Dan: "I don't know - I felt real defensive when you asked that question."

Inmate: "I think I'm a good person, so I can understand. It's hard to confront the fact that I was a screw-up. It's hard to admit that. And I want to replace all the times I screwed up with the good times, the good things that I've done. In order to change, I've got to confront those issues. And that hurts."

Dr. Samenow: Now, this point has been made by both of these people. Dan said he felt defensive, which is understandable. Can anybody think of something that he did that indicated how offended he was and how defensive he felt?

Inmate: "He said, 'I don't appreciate you asking that question.'"

Dr. Samenow: Yes, and his exact words were, "I don't like the question."

Inmate: “Exactly, so that’s a defensive posture right there.”

Dr. Samenow: Right. So the tactic here is, when you’re on the defensive, you attack somebody else.

GROUP SESSION

Dr. Samenow: Can you think of any other situations where either you have used ‘attacking’ as a tactic or you’ve seen it used?

Inmate: “Sure. They ask you, like, ‘Why do you keep on doing this?’ and you go, ‘Well, you’re doin’ it.’ Or ‘Do you think you’re better than me?’ You can attack them back with the same question...to cover it up, to keep them from asking you that question again.”

Dr. Samenow: Which of course is one purpose of a tactic: to hide or to cover something up. Can anybody else think of a time where they’ve gone on the offensive? When they’ve attacked the questioner or the person who was holding them accountable, rather than deal with the issue?

Dan: “I cheated on my daughter’s mom a lot. My daughter would find out and she’d say, ‘Are you doing this? Why are you doing this? Is this true? Is this not true?’ I’d be like, ‘Why are you asking me that? Why would you ask me that? Why would you ask me if I cheated.? Look at everything that I’ve done for you. Why would you ask me that? I don’t like that question. I don’t think you should be asking me that.’ And then turn it around to where I didn’t have to answer it, so that she had to defend her position to me when she was wanting explanations from me in the first place.”

Inmate: “Me and my ex-wife are pretty good at that, attacking each other. She’d attack me for not being there when my three kids were growing up, Then I attacked her with ‘Well, you haven’t allowed them to see me. You’re the one that’s kept me from getting closer and building a relationship with them.’”

Dr. Samenow: So the point is that a tactic is a behavior. And it’s a behavior that a person uses instead of facing up to his own shortcomings. He does something to shift attention away from himself.

A tactic is a way to hide, to get ourselves off the hook. If we want to change, then saying “you’re the problem, not me,” only keeps us stuck.

The same tactic showed up when the group tried role playing. Watch for the tactic of ‘attack’ as a parolee confronts his parole officer.

ROLE PLAY

Parolee: "Well, I don't think you understood what I meant about jobs that I wanted. I don't like the jobs you sent me to.."

Parole Officer: "Well, first of all, do you know that you're on parole and part of your parole condition is that you seek and maintain employment?"

Parolee: "You're supposed to help me, I'm not supposed to help you, you know?"

Parole Officer: "OK, didn't I give you the three interviews to go out and show up and talk to these people about prospective jobs?"

Parolee: "Yeh, but you know the interviews that you gave me - first of all, the lady, she's got this squeaky voice - eek, eek, eek - I can't work for somebody like that."

Parole Officer: "OK, so what you're trying to tell me is that it's everybody's fault that you didn't show up at your appointment."

Parolee: "No, I didn't say that. I just said you need to look at what I'm asking, what I want, what I need. I can't make it out there if I try to work with somebody else that doesn't understand me. You're not understanding me, are you?"

Dr. Samenow visits a nearby correctional institution for women. In the same role play scenario, women playing the parole officer and the parolee, came up with the same tactic as the men.

Parolee: "The first job interview I had was at a restaurant. I didn't think I would like waitressing; it's not enough money. And the other one was secretarial, and I do not like to type."

Parole Officer: "You don't want to type, and you don't want to be a waitress. Well, the third one was in construction. What's wrong with that?"

Parolee: "There's nothing wrong with it."

Parole Officer: "Is there any other thing that I can do to help you so that you can get to these interviews? You know, we need to do something here. You've got to get this together. You've got to do something."

Parolee: "I think you're being a little pushy on me."

GROUP SESSION

Dr. Samenow: In that very well-done role play, what did you observe the parolee doing that is an obstacle to change?

Female Inmate: “She turned it around, and she tried to say that it was the parole officer’s fault.”

Dr. Samenow: One tactic that the parolee deployed right then and there was to do exactly what this lady said, to turn it around and make it the parole officer’s problem. In fact, do you recall what the parolee accused the parole officer of? Anybody remember?

Female Inmate: “She accused the parole officer of pushing her too hard, to put the guilt on her.”

Dr. Samenow: Yes, exactly. She turned it around and tried to make it the shortcoming of the parole officer by saying, “I think you’re being pushy” The tactic here is: when you’re on the defensive, you attack somebody else. And that is exactly what occurred.

When we shift the spotlight from what we’ve done to some thing or someone else, we’re saying, “You’re the problem, not me.” It’s a habit that blocks change.

We know that change is possible; people have turned their lives around. But change is never easy.

Why is change so difficult? What are the things that keep us *stuck*?

One of the habits that blocks change is *attacking* other people with words. We say things like, “You’re the problem — not me.”

How does a verbal *attack* block change? If you’re talking to someone whose job is to help you — a counselor, group leader, P.O., boss — you’ve pointed the finger at them. You’ve cut them off; built a wall. You’ve taken the spotlight away from yourself.

One of the men in the video says,

“If I attack him, I keep him from asking that question again.”

We can’t begin to change until we take an honest look at ourselves.

Looking at ourselves — things we’ve done — how we need to change — is *painful*. One way to protect our feelings is to blame or attack the other person

with words. We're in danger of using that tactic when we feel unsafe, exposed, or on the spot.

If we truly want to be free, we have to do something that is very difficult: look at the destructive things we've done and say, "*I did that. I want to change.*" We have to admit — to ourselves and to people who want to help — that we are responsible. Then change is possible.

Questions to consider using your experience and perspective.

Tactics are behaviors that people use when they feel exposed or on the spot. Children sometimes use Tactics as a way of coping; they can become a lifelong habit.

The Tactic of verbal *Attack* is one we're likely to see often. As agents of change, we may encounter it daily. If we have any interaction with convicted offenders or clients in treatment, we need to be able to recognize this Tactic, and not take it personally. We need to see it for what it is: an attempt to "get off the hook" — to relieve discomfort — by shifting attention to someone else.

When clients use Tactics, they avoid looking at themselves and taking responsibility. That's why Tactics block change. Clients will need to understand this before change can be effective. When they attempt to use this Tactic, it is important that we assist them to *put the focus back on them*.

Whatever our position — staff or administrators — if we have any interaction with clients and/or convicted offenders, we need to be able to respond effectively to this Tactic.

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The following questions are designed to help you think about situations when this *Tactic* arises — and consider effective ways to deal with it.

Recall a recent situation when a client/offender used this *Tactic*. How did the client/offender act? Write the exact words (as close as you can recall) that he or she said to you:

How did you feel?

How did you react? What did you say or do?

How did you (or could you have) put the focus back on the client/offender?

Tactic: DIVERSION — “I’m changing the subject.”

During the same role play at the women’s facility, the two players came up with another tactic, another way to block change.

Parole Officer: “We’ve gotten you a bus pass, we’ve given schedules, I’ve set up interviews, and you repeatedly don’t go. You just blow it off like it doesn’t even matter. Do you want to stay out?”

Parolee: “Yes, I do. It does matter to me. But I would like to work outside. That’s the kind of work I like to do.”

Parole Officer: “Well, I’m sure we would all like to have a primo job that makes us extremely happy. But right now, you need to get it together. You need to get something that’s going to work for you, so that you can get on your feet, so that you don’t go back in the system. And so I don’t have to sit here with handcuffs and lock you up again and throw you back in.”

Parolee: “Do you like your job?”

Dr. Samenow: What did you observe the parolee doing that is an obstacle to change?

Female Inmate: “She was very defensive and very aggressive there at the end, when she turned around and she said, ‘Well, do you like your job?’.”

Dr. Samenow: You have just identified another tactic. When the parolee turns to the parole officer and says, “Do you like your job?” this is really a diversion from the point. What does this have to do with anything? Nothing at all. It gets the focus off the parolee, and changes the focus to whether the parole officer likes her job – as if that matters in this situation.

Diversion. Changing the subject. Another way to steer attention away from ourselves. Back at the men’s facility, the group considers examples of diversion.

GROUP SESSION

Inmate: “In ’94 I was on parole, and I was working at the Red Lobster making cash every night. I’m a crack addict, and I’d walk through Capitol Hill. If you know anything about that area, it’s crack-infested. And after about six weeks, I fell, I relapsed, and I bought some crack one night. My girlfriend would be at home when I would come home. My girlfriend knew I had cash every night, and she knew that I would have anywhere between \$130, \$150, anywhere in that area. So the first thing I did when I

walked in is I gave her forty bucks, to try to keep her from asking me about the rest of the money.”

Dr. Samenow: Can you tell me why, then, diversion as a tactic gets in the way of change, big time?

Inmate: “It allows you to look at everything except for the problem at hand. It allows you to take control of the situation to where you don’t have to look at yourself. You have some other thing that you’re doing to keep as far away as possible from the truth of the matter.”

Dr. Samenow: Diversion is really a control tactic because you are the one who knows, you are the one who has the person in the palm of your hand as you are telling that person certain things to lead that person off track. Other thoughts about how diversion as a tactic interferes with change?

Inmate: “You’re lying to yourself. You’re lying to other people, all around you. I lied a lot before. It’d just be getting back in the same cycle all over again. Then I’d start doubting myself again, and then it would just be one excuse after another.”

Inmate: “When I’m using diversion against somebody, what will keep me from changing is: I enjoy it. I actually enjoy using it. I mean, I see the power, I see the thrust of ‘Yeh, another one bites the dust--again, I won’. That keeps me from wanting to change, by using those tactics. They work.”

Dr. Samenow: Good point - there’s an excitement to it, that you can really get somebody going and just watch them buy it right before your very eyes. So really diversion isn’t just shifting the subject. It’s the power. It’s the control. It’s turning something back on somebody by diverting attention away from ourselves. The issue is never faced.

Diversion

- **Changing the subject**
- **Controlling others**
- **Lying to ourselves**

Has this ever happened to you?... You try to talk with someone about something important — and they change the subject. That’s the tactic of diversion.

Changing the subject is another way to shift the spotlight away from ourselves.

We do it when we don't want to feel exposed. We try to force people to look at other things, not what is really happening. We try to avoid dealing with the truth. We try to fool family and friends, counselors and others who could help us — if we would let them.

People use diversion to control a situation — and hide from the truth. It's another habit that keeps people stuck in destructive lives.

Some people enjoy using diversion tactics. They believe they have won or defeated others. They feel powerful and look for opportunities to practice this tactic.

We can even use this tactic with ourselves. We try to avoid facing the truth about what we've done and what it has cost us and others. We may come to believe our own lies and excuses.

We might say we want to change. We might try to look as if we're changing. But reality shows whether we've truly changed — or whether we're only fooling ourselves.

If we're serious about change, we need to notice every time we use this tactic. Then we can stop changing the subject — and be honest with ourselves and others.

Then we can begin to take responsibility for our actions. That's a giant step on the road to becoming free.

Questions to consider using your experience and perspective..

In any situation — wherever we encounter *Diversion* tactics — we can call attention to their use. We can encourage clients to change course and take responsibility for their actions.

For example, saying, "*Mr. Jones this problem is not about me, it's about you,*" can be enough to keep the discussion on track.

Remember not to take it personally, even if the client tries to make it personal! Underneath his attempt to manipulate you away from the subject at hand is his fear of being exposed. Be professional and remain calm.

Describe a recent situation when someone used the tactic of *Diversion* on you. What did he or she actually say or do that demonstrated this *Tactic*?

How did you deal with the situation; what did you say or do?

How might you deal with that situation today?

Diversion is another way of changing the subject, moving the spotlight away from ourselves. Diversion is a way of controlling others, and diversion is a way of lying to ourselves, to avoid looking at our need to change.

Tactic: MINIMIZING – “It’s no big deal.”

INTERVIEW

Steve: “I’ve been in and out of the prison system since November of 1991. My sentence was six and a half years.”

Dr. Samenow: “And why ‘in and out of?’”

Steve: “I paroled twice and been revoked.”

Dr. Samenow: “Why?”

Steve: “Technical parole violations.”

Dr. Samenow: “By that you mean?”

Steve: “Drug use one time, hot urinalysis, and curfew violation laws and changing addresses without parole officer approval, and that’s why I’m here today.”

Dr. Samenow: “OK, when you say technical parole revocation, the fact of the matter is that these are violations of parole, and very basic conditions. And I gather they were repeated, not just one curfew?”

Steve: “Correct.”

Dr. Samenow: “Right, so there was a pattern of these.”

Steve: “It was really kind of crazy. I went on a binge one night, and the person I was obtaining crack cocaine from was three blocks away. I was trapped in that addictive behavior, so I ran three blocks up, got some crack, ran back to my house, thinking ‘Well, I’ve only been gone five minutes, it’s not going to create too big of a problem.’ Then when I’d smoke all the crack, I’d run back up and get some more, and so I accumulated some curfew violations.”

Dr. Samenow: “So when you said ‘technical violations,’ actually it sounded as though these were fairly minor things, but the fact of the matter is, they weren’t minor, because they all added up.”

GROUP SESSION

Dr. Samenow: Steve, do you think that there was any tactic that you were using in response to my question?

Steve: "Yeah, I do. I think I was being kind of evasive, not wanting to suck up to the truth of the stupidity that I was engaged in. I did this, I created it, I didn't have to. And the bottom line is, I knew what it took to keep me out; and I chose not to do those things."

Dr. Samenow: OK. Other comments?

Inmate: "When you first asked him, 'What are you in here for?' He said, 'Well, I'm here for technical parole violations.' And then you had to prod a little bit, and then he was like, 'Well, had a curfew violation, had a hot UA'. And then you probed a little bit further, and then he was, like, 'Well, it was several curfew violations'. It was kind of like he said, being evasive."

Dr. Samenow: Other thoughts or observations on that interview?

Inmate: "Using the word 'technical violation' - what does that mean? Technical? What's technical about it? It's a violation. And he knew what he was doing."

Steve: "I was minimizing. Cocaine use is wrong. I know it's wrong. It's got me in so much damn trouble. And I was minimizing...I was only gone ten minutes. That's a bunch of bullshit. The fact was I shouldn't have been gone. The fact was I shouldn't have been using drugs. I'm trying to minimize not only that experience, but a lot of things in my life, as if they were no big deal. And that's important when I'm confronting change because my attitude was happy-go-lucky, what-the-heck-can-they-do-to-me type attitude, and look what they did to me. Look what it got me, and it ain't worth it. And this is what's really come and hit me in the face, making me want to change."

Dr. Samenow: How does minimization block change?

Inmate: "Cause you don't look at the severity of it. You make it look as small as possible, as insignificant as possible, so that, one, it's easier to deal with, and two, you can always say, 'Well, it wasn't that bad'. It was like, when I was robbing convenience stores, I'd go into the store and I wasn't holding up the person there. I wasn't hurting anybody else. I was taking from a corporation. It's like minimizing, saying 'Well, no I didn't hurt this person.', but I did."

Dr. Samenow: Can anyone in this room think of an instance in which he used this tactic?

Inmate: "As a dope dealer, you think, or you want to be able to say that you're not giving it to the kids, or you're not hurting nobody. But then you

tell yourself, 'Well, if I don't sell it to them, the guy down the street will sell it to them, so I might as well go ahead and do it, might as well be me that's collecting the money'."

Dr. Samenow: You, in a sense, minimize it even to yourself.

Inmate: "Yes."

Dr. Samenow: Any other thoughts or recollections about how you used this tactic to try to convince others, or yourself, that something that really was of some seriousness, maybe big time seriousness, was really no big deal.

Inmate: "Isn't it a minimization tactic to say that we did this because we were drunk or we were high? Isn't it ? Because I know for a fact that this is what I used to do. For the case I'm in here on now, had I not been under the influence of drugs, I would have acted in a totally different way. Is that not minimization in itself?"

Dr. Samenow: I would give you my answer to it, but I'd like some answers first.

Inmate: "I'm sure that this probably is a form of minimizing, but in reality, there's also some truth to it. I mean, we do change, our behaviors change; and no one else has drilled this in me more than my own family. You are a different person when you are this way, OK? Your attitude changes, you're not the same individual."

Dr. Samenow: His point is to say, 'Well, the drugs did it, the alcohol did it'. What you're not taking into account is that you were the one that chose to use the drugs and the alcohol knowing that certain things might happen.

Inmate: "The way I like to minimize is like when I drink I get in trouble, and then I say, 'Well, I don't get in trouble all the time.', so I continue on drinking."

Inmate: "This may sound crazy to some people, but sometimes it's easier in here than it is out on the streets. And I don't know how to say it, but if I'm out there, and I think to myself, 'Well, I'm having a hard time. I can commit a crime and I might get away with it. But if I don't get away with it, it's really no big deal to come back to the penitentiary'."

Dr. Samenow: Alright, so the minimization...can you pinpoint it exactly?

Inmate: "It would be that it's really no big deal to give up my freedom to come back to the pen."

Dr. Samenow: OK, that's a great example of where you're minimizing it to yourself, or after the fact, maybe, to others. Either way. And so minimization is yet another tactic. It's a frequent tactic, and it's a powerful tactic. Unfortunately it can be a very effective tactic, but effective for the wrong things. Of course, in the long run, it rarely is effective at all.

Minimizing, saying or thinking "it's no big deal," keeps us from looking at ourselves. It can stop us from making changes, changes that can lead to greater freedom.

These are the tactics we've seen in so far.

Attack

"You're supposed to help me. I'm not supposed to help you."

"I think you're being a little pushy on me."

"You're not understanding me, are you?"

Diversion

"Do you like your job?"

"I gave her forty bucks to try to keep her from asking me about the rest of the money."

Minimizing

"It's really no big deal to give up my freedom, to come back to the penitentiary."

"And you tell yourself, 'Well, if I don't sell it them, the guy down the street will sell it to them, so I might as well go ahead, it might as well be me that's collecting the money.'"

"Technical parole violations."

"When I drink, I get in trouble and then I say, 'Well, I don't get in trouble all the time', so I continue on drinking."

Tactic: MINIMIZING — “It’s no big deal.”

When people do something destructive, they often say, “Sure, I did it. But it was **no big deal.**” They try to **minimize** what they’ve done.

Example: “When I rob a store, I’m just robbing a business, not an individual. Nobody gets hurt.”

Fact: The people in the store are being harmed, perhaps not physically, but emotionally.

Would you want your wife or husband— or your child — in a store while it’s being robbed? The store owner is harmed because customers get scared off. People in the neighborhood feel afraid, long after the crime.

Example: “If I wasn’t drunk or stoned, I wouldn’t have done that.”

Fact: We **choose** to take drugs or drink — knowing that certain harmful things might happen. If we have had problems in the past while under the influence, we know we are taking a risk of those things happening again.

If we tell ourselves, “It’s no big deal,” then we can do what we want — and pretend not to see the consequences.

Example: “If I get caught committing another crime, it’s no big deal to go back to prison.”

Fact: Years spent living in an institution is time away from family and friends. It’s lost time. We can never replace it. There is also the danger that we will become people who can only function in an institution.

How does this tactic keep us stuck? It allows us to lie to ourselves — to hide from the truth. If you want to change, look at the *truth* of what you’ve done. Then you’ll have *reason* to change.

A good place to begin is by looking at the times you’ve used this tactic.

Questions to consider using your experience and perspective.

Minimization tactics can be very subtle. Initially, the tactic might appear to be a reasonable excuse. Sometimes it’s as simple as, “I forgot,” or “I didn’t know.” These are not reasonable excuses for people with deeply ingrained, irresponsible habits. These are excuses they use to prevent themselves from changing.

Minimization tactics can also be very direct and obvious: *"I did not do what I'm accused of."* Or, *"I was only driving the car; I didn't know they were going to rob someone."*

We need to listen carefully to what is being said. We can agree that everyone forgets things at times, and we can point out that it is our responsibility to remember. For example: *"I understand that you may have forgotten your appointment. But it is **your responsibility** to make it to these appointments. What can you do to make sure you get here on time?"*

Describe a recent situation when someone tried to minimize their actions or escape responsibility. What did they say or do that demonstrated this tactic?

How did you deal with the situation?

At times, we've all used this tactic on *ourselves*. Describe a time when you did that (for example, to avoid quitting smoking or losing weight or some other habit). What were the words in your head?

How might you react to the same words in your head the next time you use them?

Part 2 More Tactics

Change is never easy. It happens in small steps. But it can happen. Thinking does change.

Inmate: “You wake up with the realization that it’s not about you anymore, you know. You tried it your way, and all you did was hurt people.”

Inmate: “I can kind of put myself in people’s position that I robbed, and put a gun in their face, and figured, ‘Well, I’m not hurting them, not physically hurting them’. But now I can think that I really did traumatize them by putting that gun in their face.”

Inmate: “The only thing that I’ve ever really been committed to was pulling crimes, making that all-American easy buck, so to speak.”

Inmate: “Nowadays, I look back and I say, ‘Well, that’s not totally what I really wanted to do. I wish I would have changed back in the days. I wish it would never have taken so long to make these changes’.”

Female Inmate: “Everything that I did in the past, I don’t want that any more. I don’t want that lifestyle. I want to move on.”

Inmate: “I would always go back to the same neighborhood and the same friends. You see, I wouldn’t change it. But now I don’t want that. I don’t want it.”

Inmate: “My attitude was happy-go-lucky, what-the-heck-can-they-do-to-me, and look what they did to me. Look what it got me. And it ain’t worth it, and this is what’s really coming up, hit me in the face, making me want to change.”

Earlier in this course, the group looked at three tactics : attacking, diversion, and minimizing– habits of thinking and acting that block change.

Next, the group considers three common tactics.

Tactic: CASING PEOPLE OUT – “I’ll feed you what you want.”

INTERVIEW

Dr. Samenow: “What have you changed about yourself?”

Ernie: “Everything. I believe my change has been a full ninety degree change.”

Dr. Samenow: “All right, so, if you’ve changed everything, what is there left to change?”

Ernie: “There’s always going to be additional change on top of the changes, change to continuously better.”

Dr. Samenow: “OK, specifically, what do you still have to change?”

Ernie: “Um...OK, well, I guess I still get angry.”

GROUP SESSION

Dr. Samenow: Ernie, what comment do you have about yourself.

Ernie: “I’ll leave it open to the floor, they can have it.”

Dr. Samenow: Fair enough. Let’s see who has a comment.

Inmate: “In your interview you seem pretty vague. You were defensive and became evasive. It didn’t seem like you really wanted to be honest and open with him.”

Inmate: “It just seems like you were like ‘who are you to ask me this question, and I’m not going to tell you anything. I’m only going to tell you what you want to hear, and not what I want to tell you.’”

Dr. Samenow: What about that observation that in part, at least, you were trying to figure out what it was I wanted to hear, and then to give me that?

Ernie: “I believe that had a lot to play in it. Like, who are you that I have to tell or prove what I’ve changed, OK? I’ll be the first to admit that I was on the defensive with you.”

Dr. Samenow: So what you do, in part, to get me off your back, is you feed me what you think I want to hear, in a sense to shut me up, and move on with this.

Ernie: “Right.”

Dr. Samenow: OK, well, let me ask you this. Can any of you think of circumstances in which you were talking to somebody and what you decided was the best thing to do here is to try to figure out what they want to hear and feed it to them and get rid of them, or avoid a confrontation?

Inmate: “My probation officer. He’d be like, ‘Well, I think that you should do this; maybe go to another drug and alcohol class; maybe you should attend an AA meeting.’ And I’d say, ‘Oh, yeah, sir, OK, no problem.’ And it was no big deal—with no intention of doing it. But that’s what I would do just to kind of manipulate him.”

Dr. Samenow: OK, good example. Others?

Inmate: “The last time that I got out after a ten year gig, all I could think about was how to better con my parole officer and pacify him so I could get him off my back, so that I’d be able to do the things that I wanted to do. Finally, I ended up getting a job just to pacify him, and once that I seen that he was kind of going along with it, I just started going off to the side and started doing the things that I wanted to do, which was petty thievery, minor robberies, burglaries, hustling, selling drugs. You know, doing the things that I wanted to do. But now that I stop and think about it, if I were to continue to keep doing right like he was telling me, I wouldn’t be in this situation again.”

Dr. Samenow: Let me zero in on the word “pacify,” because you used that word twice. By feeding the parole officer what you thought the parole officer wanted to hear, that is in effect what you were trying to do--pacify the person, get the person off your back. You get the person to believe you were doing what you were supposed to do.

Inmate: “In an institutional setting, you’re going to use that tactic. If you’re sitting in front of a case manager, and your case manager is discussing the options of sending you to community corrections, sending you anywhere other than prison, it seems to me only natural to stand there and tell that guy you’re going to go by every rule, every whatever he’s bringing up. You’re going to tell him everything he wants to know because you want to get out of this situation.”

Dr. Samenow: Sure. If he wants to know that the moon is made of green cheese, you’re going to tell him that.

Inmate: “Absolutely, even though in the back of your mind, you know damn well you’re not going to go by everything he’s telling you.”

Dr. Samenow: All right, that's a point well taken. But what if you continued to feed people what you thought they wanted to hear, in order to mislead them, what would the likely outcome be?

Inmate: "If I'm going to tell you what I think you want to hear, then I'm really not being honest with you or myself. It's all a big lie. You know, most of these tactics that we've said : diversion, manipulation, minimization, vagueness, all that - it's not telling the whole truth. In fact, when we're doing that, we're not being honest with ourselves, which will lead us back into the behaviors that brought us here in the first place."

Dr. Samenow: So all of this, it seems to me, goes against changing to become a responsible person, because you're constantly casing people out: what do they want to hear, how does this sound to them? And any of us that do this, we're not facing up to who we are, what we are, and what we need to change. And so this is something that helps bring people back to institutions, if they persist in it.

Casing people out, feeding them what they want to hear is a common tactic.

Inmate: "Oh, yeah, sir, OK, no problem."

Inmate: "I ended up getting a job just to pacify him."

But feeding them what they want only closes the door to change.

When we "case people out," we look for their weakness. We listen for what we think they want to hear. Once we think we understand what the person wants, we feed it to them.

We're hoping to get something from them — or to get them off our back.

If we want something from them, we may say something to put their fears at ease, or give them confidence in us, or tell a lie to satisfy them.

Example: To a Parole Officer — *"Oh yes sir, I'll do everything you have lined up for me."*

Reality: We might have no intention of doing what we promise.

If we want to get them off our back, we feed them what we think they want to hear — hoping they will leave us alone, move on or stop confronting us.

Example: We comply with *some* of the conditions of parole or probation to convince our P.O. that we're making progress. Meanwhile, we continue to get high or do crimes.

Reality: Our compliance may be a smoke screen. In reality, we may be doing dope or drinking or breaking the law. Eventually it quits working, when our addiction gets out of control, or we're caught committing another crime.

Some of us learn at a very young age how to case people out and feed them what we think they want to hear. We learn how to manipulate our parents, school officials, probation officers and the courts. It becomes a habit: we do it automatically. We may not even be *aware* we're doing it.

In an institution, we have many opportunities to practice this habit. We tell case managers, parole boards and family members what we think they want to hear — in the hope of being released sooner. We might have no intention of honoring those promises or conditions of release.

Casing people out, feeding them what they want, often works — in the short run. But if we continue to use this tactic, we will eventually fail, because we're not facing the truth. If we really want to change and be free, we have to *realize* when we're using this tactic — or about to use it — and have the courage to deal with the truth.

Questions to consider using your experience and perspective.

This tactic is one you've seen — or will see — often: offenders or clients try to figure out what you want to hear, then tell you all the "right" things.

One reason it's common is because it often works.

This tactic can include telling only *part* of the truth, to "look good" and conceal true intentions or past actions. Many tactics can be combined, such as lying, vagueness and changing the subject.

Becoming more aware of this tactic allows us to gain an important insight. It can help us to distinguish between *temporary compliance* and a true desire to change. The difference may not be apparent at first. But there is a simple test: time. Time and behavior eventually show whether a person is sincere. Our objectivity and professionalism can keep us from being too gullible or too cynical.

If you suspect someone is not sincere, only feeding you what you want to hear, how would you deal with it?

Consider the following example: *“Mr. Jones, you said you’re willing to comply with these conditions. Tell me how you plan to do this.”*

- A. What insights could you possibly gain by asking this question?
- B. How would you monitor this client’s progress?

Tactic: GENERALIZATION – “Everyone does it. Why not me?”

ROLE PLAY (Ricklin Bussard – Corrections Counselor)

Ricklin: “OK, we’re going to do a situation that would happen at Diagnostic, a person coming into the system. I’ll be the person asking the questions of the inmate. We’ll have a volunteer come up, please.”

Corrections Counselor: “Mr. Jones, I’m going over your file here. I do need to ask you about this grand larceny charge. According to my record, it looks like you were apprehended with a lot of jewelry in your pocket, walked out of the store, and obviously were found guilty on this charge. I need to know if this situation is accurately reflected here in these charges in this report.”

Inmate: “Man, I don’t even know why I’m here. You know, I had some stuff under my coat, I walked out, and I just forgot to pay. Man, you know, anybody can make that mistake. It was a mistake. Why am I here?”

Corrections Counselor: “You’re here because you were found guilty of grand larceny. Because you had over two thousand dollars in jewelry in your pocket.”

Inmate: “That’s a bunch of baloney, man.”

Corrections Counselor: “So what you’re saying is you didn’t do this crime?”

Inmate: “Man, look, haven’t you ever had like somebody’s given you change, and they gave you more change that would you should’ve got, and you kept it?”

Corrections Counselor: “Well, there’s been times, yeah. You know, you go to the drive in. They give you maybe too much change, and you don’t realize till you get home. But they’re not going to get you for grand larceny.”

Inmate: “Exactly. But why am I in here, and you’re not?”

GROUP SESSION

Dr. Samenow: Any comment about a tactic in that segment?

Inmate: “Diverting the attention off what he did and onto, ‘Well, I’m not the only one that’s ever done this. There’s plenty other people that should be in here because I shouldn’t be the only one.’”

Inmate: “He minimized his theft by basically telling the counselor, ‘Well, you’re a thief, too. You are no better than me. You are exactly like me,

only I got caught, and you got away. So what is the difference between your little two dollar skit to my two thousand dollar skit?"

Dr. Samenow: Yeah, he's taken a point and generalized it to a place where it's absurd. It's like saying that a person who's an alcoholic and a person who has one beer week are the same because they're both drinking alcohol.

Inmate: "The absurdity to me, is the key. Comparing two thousand dollars and intentionally stealing two thousand dollars worth of jewelry, to even if it was twenty dollars in excess change from a store."

Dr. Samenow: Somebody else had a comment on this, generalizing a point until it becomes ridiculous or absurd.

Inmate: "I was in court here not too long ago, and I had raised my right hand. The bailiff says, 'Do you swear to tell the whole truth?' And I said, 'Well, only if I can tell it like President Clinton.' If I would have went in front of a grand jury and swore in and didn't tell the truth, I'd be doing fifteen to twenty years right now for not telling the truth."

Inmate: "You know, when we sit here, we say, 'Well, they can do it; we can do it. They can get away with it, why can't we?'. Those guys that are supposed to be superior to us and better than us. Again, it's not an excuse, but these are things that go through our minds."

Dr. Samenow: All right. Those are things that go through your mind. But the point is, all of us have to decide how we're going to lead our lives, regardless of what the President does, what a guard does, what the president of a bank may do. You can find corruption in any field. I mean, there are crooked psychologists, right?

Inmate: "No!"

Dr. Samenow: Yes, I kid you not! There are crooked ministers who will help themselves to the collection plate. Let's say that you bring up the point that somebody in a position of power does what you're doing, and they've gotten away with it. OK, and that's a fact; that's not disputable. But if you're bringing that up to get away from your issue, then that is a tactic. Because we can't change the guy out there. I mean, we're not dealing with it. But we are dealing with you and your life.

Inmate: "Everything you're getting to in this whole week has been accountability, accepting responsibility for our actions and our choices. To keep yourself focused on making your change, and still dealing with everything on a daily basis, and that ain't easy. It's a rough thing here."

Dr. Samenow: Well, actually, I would go a step beyond that. It isn't easy. It is, I believe, the hardest thing that any of us can ever do. We are the way we are. We have developed certain habits over many years, as has been point out, even going back to childhood. If you decided just to brush your teeth differently, just take that - you've been brushing your teeth a certain way your whole life. And if you just decided you were going to brush your teeth differently, every single time you picked up a toothbrush, you have to start thinking about the habit and how you were going to do it differently. Now that would be just to brush your teeth, but we're not talking about anything that small. We're talking about changing a whole way of facing life. A whole of thinking. A whole way of dealing with ourselves and other people. I would say it is *the* most difficult thing that a person can do.

Inmate: "I really have to keep the focus on me, if I'm going to change. It's not easy. Believe me, it's not easy. But striving in that direction, trying to really, really change that attitude of throwing the focus on other people, using them as examples. Well, so and so did this, or these people do that. This administration is like this. But what about you? Change - first you've got to change within. You can't change nothing around you. The only thing that you can change is yourself and what you deal with every day of your life, keeping the focus on yourself."

Dr. Samenow: Exactly. That's why equating two things--what you have done and what somebody else has done, or even allegedly has done, gets you absolutely nowhere because you're going away from yourself.

The tactic is generalization, saying to ourselves or others: everyone does it, why not me?

Inmate: "What is the difference between your little two dollar skit to my two thousand dollar skit?"

Inmate: "Well, if they can do it, we can do it. If they can get away with it, why can't we?"

Generalization - it's one more tactic to take the spotlight off ourselves and our need to change.

If you like the life you have, keep doing what you're doing. If you want to change, find out *how you get yourself into trouble*.

One of the surest roads to trouble is to avoid the truth; to lie to yourself. Then you won't have to face what you've done. You won't see any reason to change.

If you want a different life, have the courage to look at the ways we lie to ourselves and others. There are many ways we can lie. Every Tactic is a way to avoid the truth.

Saying, *"Everybody else does it. Why can't I?"* is another way to cover up the truth about destructive acts. It's a way to avoid our own responsibility.

Example: *"You kept a dollar in change that didn't belong to you. You're no different than someone who robs a bank."*

Fact: It's true that keeping change that does not belong to us is a form of stealing. Honest people find a way to return the money. Still, saying a simple mistake or a small slip is the *same* as bank robbery is absurd. The possible harm to ourselves and others is enormously different. It's an easy way to hide from the truth.

It's easy to find reasons to justify illegal or immoral actions.

Example: *"Look at all the politicians who lie and steal. I'm no worse than they are. If they can do it, why can't I?"*

Fact: It's true that there are cases of politicians and others in authority who have been caught lying and stealing. But if we want to change, we must look at *ourselves*. *We can only control and change our own behavior*. No matter what others do, personal change requires **keeping the focus on ourselves**.

Questions to consider using your experience and perspective.

At one time or another, nearly all of us have been skillfully manipulated — or at least distracted by this Tactic.

Maybe you're discussing a client's inappropriate behavior. He becomes defensive; the next thing you know, he's talking about *other* people's misdeeds: fellow offenders, the corrupt legal system, dishonest judges or "mistakes" *you've* made. He's describing a world in which lots of people do wrong, but *everyone else is getting away with it*.

If we focus on the merits of what the client is describing — and some of it could well be true — we've missed the point. The client has just done a magic act, making his own inappropriate behavior seem to disappear. What does *"Everyone does it,"* have to do with the *client's* behavior? Nothing at all.

As we become more alert to this Tactic, we can be more effective; we can keep the focus on the client and his or her responsibility. We can use our judgment in deciding the direction and length of the discussion. Rather than allowing sleight-of-hand to make the truth disappear, we can shine a spotlight on it.

The questions and situations below provide an opportunity to consider ways to become more effective:

You have limited time. You see a client violating a minor rule; you are inclined to give a warning. You bring the infraction to his/her attention. How would you handle each of these responses?

A. The client says, *"I didn't do it."*

B. The client continues to argue. He says, *"Everybody does it. Why are you picking on me (or my group)?"*

Tactic: SILENCE – “I reveal nothing.”

In the following role play, correctional counselor Rickland Bassard plays an officer shaking down an inmate's cell.

ROLE PLAY

Corrections Officer: “OK, Mr. Jones, I got a list of a bunch of things. I've got extra linens, I've got these pictures you're not supposed to have, I've got a lot of extra canteen that shouldn't be here. We got all this going on. Why is it that we've got to come to your house all the time? We've got to find this every time we come here? Is there something you don't understand? Is there something I can do to prevent this from happening on a regular basis?”

Inmate: “No.”

Corrections Counselor: “Is there anything I can do to get you to work with us a little bit here?”

Inmate: “Whatever.”

GROUP SESSION

Dr. Samenow: The tactic? What do you see?

Inmate: “He used the silent treatment, like a lot of us do. He's just saying ‘What a jerk.’ In his mind. But you could see it in his face, his gesture, like, ‘I'd just like to reach over there and just strangle this guy.’”

Inmate: “I see that by him being silent, he's taking control of the situation there. In here, it's better to do something like that in the way that he was doing it because it doesn't cause no problems. And you're not getting yourself caught up to whereas you may end up with a report for verbal abuse. So I think, the tactic that I see there was silence.”

Inmate: “When you play that silent treatment with them, it pisses them off. You know what I'm saying? So we're using that tactic, the silent treatment, so to speak, silence or whatever, in a way we're both playing a game here. And by me or Red, since he was in the role there, he's saying, ‘OK, do what you want to do?’ – in his mind – ‘I ain't hearing you, I ain't paying attention to you’ and shrug the old shoulders. And that, in reality, gets him pretty hot under the collar.”

Dr. Samenow: So there are three purposes of silence that have been identified. One is silence so that you don't reveal anything about yourself that you don't want to reveal. Two, silence to control another person. And three, silence as a

weapon to kind of get at somebody. How did you feel in the role play, actually, when you said 'Whatever?' Did you feel in charge of the situation? That you were essentially controlling that transaction or did you not feel that?

Inmate: "Actually, yes I did. I felt like I did control the situation because I didn't have to deal with this guy any more than a few minutes. Then he was gone, and I was back into whatever I was doing in the first place. So I took an authority figure and made him look about this big. And that made me feel like, cha-chang, I win."

Dr. Samenow: See, I think that that is actually the major purpose, because what you do is you basically reduce the other person to 'What can he say? What can he do?' And as you just finished saying, you made him feel, at least as you're thinking about it, that big.

Inmate: "I use that tactic a lot, and that's my way of saying 'I don't want you to get to know me and I don't want to get to know you'."

Dr. Samenow: OK, but if you were to do that, let's say with a counselor, which would be a different situation, what would be the result there?

Inmate: "It probably wouldn't be to my benefit to do that with a counselor, because a counselor is there, I believe, to help me. And if I don't open up to the counselor and let the counselor know what my problems are, what have you, then how can the counselor help me?"

Dr. Samenow: How might silence be used as a tactic to prevent change? I shifted the focus a little; we're now not talking so much about this particular role play, but as a tactic, how does silence interfere with change, or does it?

Inmate: "I think by being silent like that, you're not opening yourself up to anybody else's constructive criticism. You're not allowing yourself to be open minded to any kind of change whatsoever."

Dr. Samenow: You know what it would be like? It would be like going to a medical doctor with a sore throat and the doctor says, "Open your mouth and let me look." And you say, "No." You have to look in the mirror, acknowledge your problems. So if you were silent, it would go against changing because number one, you wouldn't even start to put your cards on the table. You wouldn't even start to talk to that counselor. You wouldn't even begin to let that counselor know who you are. Instead, you would be using silence to conceal things. You would be using silence to control the meeting, because if you didn't talk, he could do nothing. And you might be using silence as a weapon to reduce him, at least in your own eyes, to about this big. So if you were doing any of that with a

counselor in a program for change, this would be essentially shooting yourself in the foot. And these would be barriers to change.

Have you ever been on the receiving end of the silent treatment? You want to talk. Or to argue — you have things to say. And the other person won't talk. End of discussion. How does it feel?

Have you ever been on the *giving* end of the silent treatment — when you just refused to talk? Some people say they feel powerful when they do that; the other person feels frustrated and angry.

Silence is putting out this message: *"I'm not listening to you. I'm not interested."*

Why do we use silence in that way? Here are some reasons:

- to avoid talking with someone we don't trust.
- .to keep others from knowing who we are and what we're about.
- to avoid being confronted or taking responsibility for our actions.
- to make ourselves feel powerful and try to control the other person: *"I win; you lose."*

Sometimes silence is a way to stay safe. But when we're talking with someone who could help us change, it shuts them out. Silence builds a wall — and we're likely to stay stuck in our old ways.

This habit prevents us from being open to criticism, and from getting help we could use. Is it smart to keep using silence?

If you have used this tactic, are you willing to give it up? Are you willing to be more open? Only you can decide.

Questions to consider using your experience and perspective.

You've probably seen this tactic often: a client remains silent, in an attempt to control the situation. Think back on some of your confrontations. How often is the silent treatment their tactic of choice?

What message were they trying to convey — "I don't care;" "I'm not listening;" "I won't give you the time of day;"? An offender in the video said, *"I try to make them feel this small — to get up under them."* At times, they might make headway in accomplishing this goal.

Just as we remind our clients that they are responsible for how they feel and how they react to a situation, we know this also applies to us. We might become frustrated at times and have difficulty dealing with this tactic. We might need to remind ourselves to not take the client's behavior personally.

To confront this tactic, some professionals have had success with putting things down on paper. For example, if a client refuses to talk with us about a situation, we can inform them of their options. If they continue in their silence, we can show them their options in writing. They can sign the form agreeing to comply. If they refuse to sign the form, we document their refusal to comply.

Other confrontations can be less formal. If we make a statement and the client refuses to acknowledge, we might simply state, "*Mr. Jones I take your silence as agreement. Thank you for agreeing with me.*" Sometimes that will elicit a response. Choose a method that fits for you, the person and the situation.

What are some other ways you could respond to silence?

List some of the reasons we need to be objective (avoid taking it personally) when confronting clients. What might be some benefits?

Three Common Tactics

Three common tactics, habits of thinking and acting that block change. First, *casing people out*, feeding what we think they want to hear.

Inmate: "Oh, yeah, sir, OK, no problem."

Second, *generalizing* to the point of absurdity.

Inmate: "Well, if they can do it, we can do it. If they can get away with it, why can't we?"

And third, silence. By remaining silent I reveal nothing and I control the situation.

Inmate: "So is there anything I can do to get you to work with us a little bit here?"

Inmate: "Whatever."

Three common tactics that block change. In the next Part of the course, the group considers what it takes to overcome these ingrained habits.

Inmate: "It's OK for me to not smoke that joint, not take that drink."

Inmate: "I'm the one that created the mess. So if I was willing to create it, I should be willing to take the responsibility for the consequence of it."

Inmate: "It's really hard to get accustomed to tell on yourself. Did you hear what I said? To tell on yourself."

Part 3

Ways to Overcome Tactics

Inmate: "It's not easy to look back at things we've done."

Inmate: "I remember walking into a convenience store, putting a gun in a lady's face, telling her to give me the money, and watching her cry, like it was no big deal. And these things haunt you. And eventually it's like, 'I don't want to be remembered for hurting people, because I don't like to hurt people'."

Female Inmate: "There's some things that I used to think were cool: hanging out, gang-banging, selling dope, whatever, you know. But when you sit down and think about it, it ain't cool. It ain't gonna get you nowhere."

Inmate: "You know I am a career criminal. You know, I got comin' what I got comin'. I should have learned a long time ago, but being who I was at that time, I just didn't care."

But looking back can help us look ahead.

Female Inmate: "I see people all day every day and they have the rest of their life here, and I don't want that."

Female Inmate: "I don't want to live in a penitentiary and wake up and looking at green and yellow shirts every day. That's not something I want to see any more. I don't want to use drugs because it's not a lifestyle I want. It didn't get me anywhere but a front row seat right here."

In this course Dr. Samenow and the group have worked with six tactics, ways of acting that block change.

The first was the tactic of attack ("You're the problem, not me").

Inmate: "You're supposed to help me. I'm not supposed to help you."

The next tactic was diversion ("I'm changing the subject.")

Inmate: "I gave her forty bucks to try to keep her from asking me about the rest of the money."

Then minimizing (It's no big deal.)

Inmate: "It's really no big deal to give up my freedom to come back to the penitentiary."

Next was a tactic of casing people out ("I'll feed you what you want.")

Inmate: "Finally I ended up getting a job just to pacify him."

Then the tactic of generalization ("Everyone does it. Why not me?")

Inmate: "Well, if they can do it, we can do it. If they can get away with it, why can't we?"

And the tactic of silence ("I reveal nothing.")

Inmate: "Is there anything I can do to get you to work with us a little bit?"

Inmate: "Whatever."

In this Part of the course, the group considers the most important question: how to stop the habits we call tactics.

GROUP SESSION

Dr. Samenow: The fact is, of course, that thoughts are basic. Thoughts trigger action. Behavior is a result of the way that we think. So what triggers a tactic? Well, really, an error in thinking. A tactic is an expression of an error in thinking.

Thoughts Trigger Action – Errors in Thinking Trigger Tactics

Where do our actions begin? In the mind. Thoughts trigger actions. So one key to change is to look at our thinking. With that in mind, the group asked what errors in thinking triggered the tactics we used. Ernie talked about what was in his mind during his interview with Dr. Samenow.

INTERVIEW

Ernie: "What's going through my head is: these guys want something special, specific, and I'm not giving it to them. So to hell with them."

Dr. Samenow: So after 'to hell with them,' then what happens?

Ernie: "Well, the defense is everything. There's no cooperation. No nothing."

Dr. Samenow: Then the tactics are deployed. Let's say you were at a job, and the job was aggravating; and you thought to yourself, the hell with this. Well, as soon as you decided the hell with this...

Ernie: “Right. All the justifications come in and all the tactics, and you might as well throw in the towel and give up and walk out the door.”

Dr. Samenow: It’s a great example because it happens here. It would happen in real life. The thought comes, to hell with it. So I’m out of here, in one way or another.

The error in thinking might be the thought, “I’m angry, so it’s OK to quit. I won’t face a problem.”

GROUP SESSION

Dr. Samenow: All right, any recollection of thoughts preceding a tactic.

John: “When we were doing our interview...”

The following is a section of John’s interview.

INTERVIEW

Dr. Samenow: “Any kids?”

John: “Two.”

Dr. Samenow: “How old are they now?”

John: “One’s 18 and one’s 16.”

Dr. Samenow: “Are you a good father?”

John: “I think I am. They’re not starving.”

Dr. Samenow: “Well that’s good. But my question is, is a good father somebody who’s broken the law and been locked up for six years? I mean, haven’t they been hurt by that?”

John: “Yeah, they’ve been hurt by it. It’s not a perfect world either.”

Dr. Samenow: “What does that mean?”

John: “Well, you know, everybody’s got their problems.

GROUP SESSION

John: “I was coming through that door, and I was already hyped up to be defensive. You know, I was going to give you stupid answers..”

Dr. Samenow: "So you did what?"

John: "I clammed up a little bit. I put that shield in front of me. I wasn't quick to respond to your questions no more."

Dr. Samenow: "That's for sure."

John: "No doubt, huh?"

Dr. Samenow: "That's true. That is what happened. You could practically see the shield descending."

John: "Slow going, too."

Dr. Samenow: "Yeah, because you were very put off. Can you summarize the thinking error that resulted in the shield coming down?"

John: "You know, I was thinking to myself, 'This guy just bops down here and wants to ask me some personal questions. I don't want to answer no more quick questions, and I won't answer no more.'"

Dr. Samenow: I think the thinking error then might be the fear of disclosure. When we are afraid, we are inclined to go on the attack or to shut down. Fight or flight.

John: "Exactly."

Dr. Samenow: You withdrew your participation.

John: "Yeah, exactly. I cut you off."

Dr. Samenow: But it was the fear of disclosure and where that would lead. The error in thinking can be the thought "I don't feel safe. I'll shut down. I won't face the problem."

Inmate: "Listening to what everybody's been saying about this, I mean, it's all true. The error in thinking that I just identified would be putting all suits into that category. Thinking that every time we run into somebody that asks us a question, they're gonna treat us like we were treated before. Thinking that everybody's going to do that to me because that one person did."

Dr. Samenow: And, yet, you would be doing exactly what you would be accusing me or somebody like me of doing, and that is making a judgment. So you're

saying, 'Well, gee, I'm looking down at all these inmates, with my nose in the air'. Then you'd be saying anybody with a jacket and tie that comes in here, they're all the same. So the error in thinking would be making an assumption instead of saying "Well, I really don't know this person, and maybe he is just another person that's gonna screw me. But then again, maybe he's not. So let me not pre-judge him."

The error in thinking can be the thought "they're all the same, so I won't deal with any of them."

Dr. Samenow: It all begins in the mind. We have a certain thought. It may be "I'm not gonna let him in. I'm not gonna tell him anything." And then you act on the basis of that thinking error.

In this Part, so far we've seen that thoughts trigger actions, and every tactic begins with an error in thinking.

Inmate: "What's going through my head is these guys want something special, specific, and I'm not giving it to him. So to hell with them." (I'm angry so it's OK to quit)

"I don't want to answer no more quick questions." (I don't feel safe . . .I'll shut down.)

"Thinking everybody's gonna do that to me because that one person did. " (They're all the same)

What is the story of your life? It is all the actions you've ever taken, day by day, moment by moment. And how do actions begin? As thoughts in the mind.

What keeps us stuck in destructive actions? Destructive thoughts. Tactics that keep us stuck begin as *errors in thinking*.

Here are some examples of errors in thinking — and the tactics they might lead to:

Thinking: "To hell with it..." when we're under stress.

Resulting Tactics: We stop paying attention, or become silent. Or we say "Yes," when we have no intention of following through.

Thinking: "I'm angry, so it's OK to give up."

Resulting Tactics: We refuse to face the problem and become silent. Or we blame or attack others.

Thinking: *"I don't feel safe; I'll shut down."*

Resulting Tactics: We use silence or become vague or change the subject (*diversion*).

Thinking: *"They're all the same."* (people in authority).

Resulting Tactics: We judge people before we know them. We build ourselves up by putting others down. Or we have a low opinion of them, feeding them what we think they want to hear. Or we generalize to a point of absurdity: *"They do wrong things; why can't I?"*

People who want to change their lives have to begin where it all starts: the *thoughts* in their minds. A key step for change is to become *aware* of thoughts that lead to trouble.

Questions to consider using your experience and perspective.

As agents of change, we need to remember that we are fighting a battle on two fronts: helping our clients address their thinking *and* their behavior. How many times have we heard someone say, *"I wasn't thinking, I just did it,"* or *"I couldn't stop myself..."* We might even find ourselves doing something similar at times: we plan to run an errand after work, but drive home out of habit; we find ourselves pulling into the driveway, wondering why we forgot about the errand.

Our habits are a very powerful influence in our daily lives. Almost everything we do eventually becomes a habit of one form or another. If our habits are healthy and responsible, we benefit greatly. If our habits are unhealthy and irresponsible, they can be very costly. Our clients often believe these habits are automatic, instinctive or sub-conscious compulsions which are outside of their control. It is essential to empower our clients with the knowledge that we *do* have a choice. Although change is difficult and requires sustained motivation and effort, it is possible to unlearn old habits and learn new ones.

List some common cognitive skills we take for granted, but our clients might find difficult to develop (such as balancing a check book or finding receipts for income tax):

Which *errors in thinking* or *tactics* might prevent them from doing the tasks you listed above?

BREAKING THE BARRIERS TO CHANGE
Overcoming Our Fears Of Change

How can we begin to change? One key is to become aware of our thoughts. But change itself can be frightening. The group now considers *how* and *why*.

GROUP SESSION

Dr. Samenow: During our discussions, some of you have said that change is frightening. Think about this personally. Why is change frightening to you?

Inmate: "I'm getting ready to get out in like eleven days, and I'm scared to death. I've never been scared of getting out. Usually it's 'I'm getting out, I'm gonna get high, I'm gonna get laid. Everything's cool, I'm going to be free'. Well, now I'm scared. I have no skills. I need to - I just really need to do a lot of different things that I haven't done before." (FEAR OF HAVING NO SKILLS)

Inmate: "We've sat here, and we've talked about all of these tactics. I can only speak for myself, but I've used each and every one of them tactics every day in my life for the past seventeen years. And for me to actually look at it like I have here and say, 'You know what, I have to reprogram my whole way of life in order to accomplish anything besides sitting in this penitentiary'. I can do that. I can sit here because that's familiar to me. But when it comes to something that I've never accomplished, that's a scary thought. That's a big block right there. That fear thing's scary." (FEAR OF FAILURE)

Inmate: "I think that it's frightening, like the fear of the unknown. You don't know what to expect. You know, like, I've been living a certain way for so long. Now all of a sudden, I have to make this big drastic change in my life." (FEAR OF THE UNKNOWN)

Inmate: "I guess my fears would be: am I going to be adequate enough? Am I going to meet other people's expectations? Am I going to be able to live up to the fact that I'm not going to get trust from everybody right away? Say, well, what the hell did I change for if I'm not going to get anything in return. Am I going to be able to bond with my son again? Am I going to just be able to handle all the pressures and not bail and run from them? And I guess that's what I associate it with." (FEAR OF NOT BEING ADEQUATE)

Inmate: "You know, the only way I know out there is to not be responsible. If things get too hard, is to split, say 'See ya'. Maybe the bus is running late. And you get this fear that your PO ain't gonna understand and the halfway house ain't gonna understand. And knowing that that's gonna

bring up all these powerful instincts to say 'I quit'. 'I give up responsibility' and say, 'Who cares any more?'. That's what I'm afraid of, you know, is losing everything that I've worked so hard to gain." (FEAR OF GIVING UP)

Dr. Samenow: Now we have a number of fears that have been expressed about change. So the question is: how can I deal with my fears of change and what change will bring.

Inmate: "I think one of the very first things I would have to do would be to realize that it's OK to change. That it's OK for me not to smoke that joint, not to take that drink, because being an addict and being that compulsive person all my life, it hasn't been OK not to take that drink, not to smoke that joint. Once I realize, hey, it's cool, man. It's all right. You're OK. Then it sets well with me, and I can go on to growth."

Dr. Samenow: The fact is there are only three possible alternatives that exist. Only three. No others. You can go back to drugs and crime. So you know what that is. You can decide not to live at all – suicide. Or you can decide to change even though there are no guarantees. So maybe the best way to deal with the fears of change is to change. In others words, just do it. Now of course that's easy for me to stand here and say. But it takes a tremendous amount of courage to actually go ahead and do it.

The thought of changing our lives completely can be frightening. Why? Consider some of the following issues:

Our fear of leaving an institution without work and living skills

If we spend most of our lives chasing after easy solutions, learning to live responsibly will be hard.

Our fear of trying to change and then failing

Most people leaving an institution have conditions of release. Many have tried to comply with these conditions, but have failed. We look around and see people who spend most of their lives going in and out of institutions.

Our fear of being vulnerable

We have taken some pride in being survivors. We believe that we can always get what we need, regardless of who we have to take it from. If we stop using our survivor tactics, are others going to take advantage of us? Will we become like our victims?

Our fear of the unknown

If we make major changes in our lives, what kind of person will we become? Will we be able to handle painful situations that arise? Will we be able to live up to others' expectations? Will we be able to earn back the trust of others? Will we like and feel comfortable with the person we have become?

Our fear of giving up

After trying hard to change, will we be discouraged and quit? Will we fall back into our old attitudes of self pity? *"Why try?... Who cares?... Who am I kidding?... I can't do this..."* Will our old cravings return and take control of our lives again? Will we be like the people we despise?

Fear is a powerful force that can hold us back in some situations — but it can *help us* in others. My fear of failure (going back to prison) can motivate me to not commit another crime. If we listen to those fears they can stop us from doing wrong. But our personal fears can also be a wall — a wall we *feel* unable to climb. It's tempting to use our fears as an excuse for not changing. Yet, **if we deny these fears, we give them even more control** over our lives.

Change is possible if we face our fears...if we recognize, accept and deal with our fears. We can do this through hard work, refusing to give up, and accepting the help of others. For some, it will not be one day at a time, it will be one moment at a time.

Questions to consider using your experience and perspective.

We know from personal experience how difficult it is to deal with fear. If we have attained some level of maturity, these fears are often more manageable. The less maturity we have, the harder it is for us to manage these fears. Many of the people we work with believe these fears are insurmountable.

How do we help clients address their fears? As with any process of change, it must begin with honesty. Talking honestly with others about our fears can help us to become more aware of them. And it can open our minds to the input of others. This feedback can help us to put our fears into a more realistic perspective.

Some fears are healthy, and some are not. To be afraid of committing a crime because you fear the consequences is healthy. To be afraid of talking to someone you are attracted to is not. One way to help someone see this difference is to discuss the "worst-case scenario." Ask, "If you listen to this fear, what's the worst thing that could happen?" And ask, "If you set aside this fear, what's the worst thing that could happen?"

Example: A man is on parole, and someone invites him to join in on a burglary. He fears getting caught, violating parole, and being sent to prison on a new case. If he listens to this fear, what's the worst thing that could happen? He might say "no thanks" to the burglary, and miss out on getting the illegal money. If he ignores this fear, what's the worst thing that could happen? He commits the crime, gets caught, and causes extreme consequences for himself and others. To prevent this from happening, this person needs to *listen* to his fear.

Example: A woman needs a job, but fears that she will be turned down. The worst-case scenario: she might feel embarrassed or humiliated. This person needs to go for the opportunity and *not* listen to her fear.

List some worst-case scenarios for a client who is getting out on parole for the first time. He has expressed his fear of failing due to a lack of job skills.

Which of the worst-case scenarios you listed could he prevent if he *listens* to his fears? Which of these could he prevent if he *sets aside* his fears?

THOUGHTS TRIGGER ACTIONS – ERRORS IN THINKING TRIGGER TACTICS

We know that change begins with awareness of our thinking. We know that our thoughts trigger actions. And we know that errors in thinking trigger tactics. In the final session, the group takes up the key question: How do we stop using tactics?

GROUP SESSION

Dr. Samenow: What we're going to talk about now is how do we stop using these tactics which are automatic, which have been part of us, and with us, for so long. To stop using tactics, the first step to recognize it after it's happened.

STEP 1: Catch Yourself - "I just used a tactic"

Dr. Samenow: So after you said, "You don't understand," or after you've said, "I don't like the question." Or you sit there in stony silence trying to intimidate somebody or just not disclose. You catch yourself and you think about it. And you think about how you've done that all your life. And what that has resulted in. And even bring back the memory of what this place was like. So that's step one: it's catching yourself after it's happened.

Inmate: "It's not very easy to continue on when you recognize that? I mean, who wants to? I didn't."

Dr. Samenow: That's right - even though you caught yourself afterwards, it's still a big step. It shows that you recognize it, rather than you just go about your business, doing the same old stuff, having the same old results. I mean, you could actually take some satisfaction that you are on the road to making this change. So becoming aware really is the first step. But now what I'd like to do is just a brief exercise. If you can think of a tactic that you have used either in an interview with me or a tactic you've used in a role play. Think of what it was and what you might have said to handle it differently.

The first to respond was Dan, who said in his interview, "No, I don't like that question."

Dan: "I think I could have been more honest with you. Instead of saying 'I don't like the question,' and getting all defensive, I could have said, 'You know that's a hard question for me to answer' and not judging you right off the bat as I did."

Dr. Samenow: Actually, you could have said, "I don't really like the question because I'm not comfortable with it, and it's hard for me to think about this." And then gone and said what you wanted to say. There's nothing wrong with not liking the question. I want to get this across. You don't have to agree with me. You don't have to like me. You don't have to like what I've said. So the fact that you said, "I don't like the question" - that was not the problem. It was the shutting down with it. It's "I don't like the question" like, "Who the hell do you think you are asking me this question?" So an alternative is to have said the same thing but to kind of step back and talk about why you didn't like the question, why it made you uncomfortable, that you were gonna try to answer it. That would have been a more open line of communication. Anybody else with an example of a specific tactic that they have used and how they might have used a more responsible alternative.

In his interview, Steve responded to a question about what brought him back to prison. "Technical parole violations."

Steve: "When I look at the tactic that I was using--minimization--minimizing my role in the situation, a more responsible way would have been to say, 'I'm the one that created the mess, so if I was willing to create it, I should be willing to take the responsibility for the consequence of it'."

Dr. Samenow: All of this is part of this step one, because what we're talking about is how to avoid simply repeating these tactics on and on and on, forever. So the first step is to catch yourself afterwards. And also to think about really what you just did and say, "This is how I've been. This is what I'm trying to get rid of." Think to yourself - of course, you have to make yourself do this - and think,

“Well, I could have done X” - something more responsible - and what that would be. That is a start.

STEP 2: Catch Yourself BEFORE You Use a Tactic

Dr. Samenow: Now, of course, if I can catch myself before I use a tactic, well, that's so much the better. If you caught yourself just as you were about to use the tactic, what might you have done differently? Wasn't your statement, when you were trying out different answers, “How does that sound?”

Ernie: “Yeah, I guess I could have said ‘I don't quite understand what you mean. Can you give me an example of what you're looking for?’”

Dr. Samenow: That, I think, is a perfectly legitimate alternative.

Ernie: “So I have a question for you. I have heard you state it's OK to say ‘I don't like that question.’”

Dr. Samenow: Sure, but I was saying it's the attitude in which you say it. If I say to you, “I don't like that question,” or if I say to you “Well, Ernie, I don't like that question, but this is why I find it uncomfortable,” I think that's very different. One opens communication and the other shuts it down.

Ernie: “Would you also say that being truthful, honesty, is basically the best way to go at all times?”

Dr. Samenow: Yes. I think for those of us who have spent a lot of our life finding different ways to deceive people and lying, we've got to go almost to the other extreme. It's like the alcoholic – maybe he shouldn't even have the first sip of a beer. So I'm saying, err on the side of telling the truth and that yes, honesty is the way to go there.

Ernie: “It's really hard to get accustomed to telling on yourself. Did you hear what I said – to tell on yourself?”

Dr. Samenow: I think that's very well put.

Ernie: “But it's fact. It's a reality. The situation is going to come up with people or whatever, excuse me, but confessions are just not – I mean, it's funny, but it's not funny.”

Dr. Samenow: It's not funny.

Ernie: “Because then you have to face your consequences, OK? We're not accustomed to doing that, OK?”

Dr. Samenow: Yes, you're not accustomed to doing that. But of course, I'm not saying that you go around confessing everything to everybody. You don't have to walk around with your soul on your sleeve, visible to all. But let's talk about – if you were seeing a counselor or somebody who is really designated to help you, then telling on yourself and confession in full is necessary.

Ernie: "OK."

Dr. Samenow: You don't have to tell everything about yourself to everybody you meet, but being honest with people and going back to your question about saying, "I don't like the question," you could ask me something and I could say, "Well, that is a very difficult question and I don't really like the question that much, but I'll do my best to try to answer it." If I say it that way, a) I'm saying it with respect to the person who's asked it; b) I am being honest; and c) I am certainly still trying to meet that person more than halfway. And I am not shutting down and saying, "I don't like that question," kind of daring the guy to ask me anything more.

Ernie: "OK, I'm glad you broke that down like that, because that's exactly what we've been going through in this whole ordeal. Are we going to break down and tell you stuff that is basically very personal, if you will, to us? Stuff that we may not be comfortable letting out of the bag. Emotions are not something that we're even accustomed to dealing with on a day to day basis in reality. Thank you."

Dr. Samenow: Your point is well-made.

Tactics are a way to build a wall, to hide the truth from others. If we want to change, the first step is to catch ourselves after we use a tactic. Then with practice we can reach the second step: catch ourselves before we use a tactic. The third step is to catch the error in thinking.

STEP 3 – Catch the Error in Thinking

Dr. Samenow: The third and final step is to become aware of the error in thinking. If you can catch the error of thinking, then you won't even get to the tactic. Remember we said the tactic is an expression of an error of thinking. If you want to hide something, the error of thinking is hiding, not revealing. And if you catch that, then you're not going to go on the attack or start minimizing or diverting or lapsing into silence. The three steps that I have just mentioned: catching the tactic after, catching the tactic before, and catching the error of thinking; these are all stages in trying to change, in trying to actually get rid of tactics that are not productive. So you do one, then as you become good at that, then you become

more inclined to be able to catch it early. Then when you're doing that pretty well, you are able to interrupt the thought before you get to the tactic. So you have to be patient with yourself. This is not something that happens overnight, but like anything else that you train for, it does take time and a lot of concentration and effort.

Change is never easy, so the group looked again at reasons they want to change.

Inmate: "I know that if I don't try to change from the lifestyle that I've lived, then I'll be here for the rest of my life. I ain't got but one more shot at life."

Inmate: "You know, sometimes when I'm in my cell, I'll be wondering: 'Is this my destination?' I'm wondering, 'Will I die in here?'"

Female Inmate: "I was a walking, talking lie at one point. I was a breathing lie. Everything I said and everything I did was false.. Nothing was true about my entire lifestyle. That's what needs to change, and I have to do that to survive."

Inmate: "I don't want to be remembered for hurting people, because I don't like to hurt people."

Inmate: "You know, I've missed out on my nieces and nephews getting born. I've missed out on all the things I've taken for granted. That hurts. And unless I make a commitment to myself, and I have the courage and the strength to make these changes that I'm gonna make, then I'm gonna miss out on the rest of my life. I don't want to do that."

Female Inmate: "I don't want to live in the penitentiary and wake up and look at green and yellow shirts every day. That's not something I want to see any more. I don't want to use drugs. It's not a lifestyle I want. It didn't get me anywhere but a front row seat right here."

Dr. Samenow: So what has this all been about? Well, we've really been talking about how we hide from ourselves, and we hide from other people, because we all have flaws. We all have shortcomings. We all have done things that we certainly are not proud of. However, the first step in trying to change anything about ourselves is to recognize the flaw, the defect, the problem, and then to be willing to disclose this appropriately with people who are trying to help us change. If I want to change anything about myself, unless I recognize what it is, what it has led to, and become fed up with that part of myself, there's no way I'm going to change. So the recognition of these tactics, what they are, what they look like, what they sound like, that has to happen. By doing that and being candid about

yourselves and by recognizing your own tactics, you really have given a very hopeful and realistic message. That message is that change is more than just a word. It is truly possible.

Inmate: “Most of these tactics that we’ve said – diversion, manipulation, minimization, vagueness – it’s not telling the whole truth. And in fact when we’re doing that, we’re not being honest with ourselves which in turn will lead us back into the behaviors that brought us here in the first place.”

How Can We STOP Using These Tactics?

3 Steps For Change

This series shows how our *thoughts* lead to our *actions*. Destructive *thinking* leads to destructive *tactics*. And tactics keep us stuck.

How can we stop using tactics? If we want to change, we must *notice* the tactics we use. We must “catch ourselves” using them — and day by day, replace them with new habits. And, as we work to change, we have to look at our *fears* of change and learn how to deal with these feelings. Otherwise, they might continue to keep us stuck.

Where do we start? What do we need to remember? How hard do we have to work to make these changes possible?

Step One: Catch Yourself — “*I just used a tactic.*” For example, we accuse someone of misunderstanding, in order to divert their attention. If we really want to change, we have to recognize what just happened. We need to *notice* when we use tactics.

The moment that happens we have a decision to make: “*Do I let it slide or do I admit to it?*” If we are sincere about change, we need to take responsibility for what we did. That means stopping ourselves and responding with honesty: “*I’m sorry; I was feeling uncomfortable and I tried to change the subject.*” It is very important to do this each time we find ourselves lapsing back into these old habits.

Step Two: Catch Yourself Before You Use a Tactic. With practice, we will become skilled at recognizing these tactics. Then we stop ourselves *before* we use them. We may be thinking, “*I don’t like what this guy is asking me.*” We can be honest and tell the person how we feel, in a way that keeps communication open.

Our honesty needs to be balanced with respect for others — and for ourselves. We have to decide how much we can trust that person... how much information that person needs to know. The more we trust a person, the more honest we can be.

Step Three: Catch The *Error In Thinking*. With practice, we will be able to catch the *thought* that would otherwise lead us to use a tactic. Someone honestly disagrees with us and we find ourselves thinking, “*This guy’s just trying to put me down.*” We can catch this error — and recognize that it grows out of our fear of being put down, our fear of being humiliated. We can choose to *not* react. *We can change the way we see this situation* and accept that he has a right to disagree with us, and that we can actually look stronger in the eyes of others if we acknowledge that.

Questions to consider using your experience and perspective

If someone wants to master a skill, they have to *use* it — to practice it. As agents of change, we have the opportunity to do two things. First, we can teach our clients responsible living skills. We do this through discussions, videos, worksheets, reading assignments and personal journal writing. Our second task is to provide opportunities for our clients to *practice* the skills they’re learning. We do this based on our situation and the options available to us.

We all work in different environments. If we are teachers, no two classes are alike. If we are counselors, we use different therapeutic tools for different clients. If we are line staff in an institution, every assignment and every area presents unique challenges. What we share in common is the belief that *personal change is possible*.

How, then, can we assist our clients in addressing these errors and tactics? Each of us must find methods and styles which fit our unique situation. These must include opportunities for clients to *practice* responsible living skills.

List the different ways you are — or will be — *teaching* your clients about errors in thinking and tactics that block change.

List the ways you are — or will be — providing opportunities for them to *practice* these skills.

What are some changes or improvements you could make to benefit everyone involved in your area?

Conclusion

Using the tools Dr. Samenow demonstrates in his dialogue with these groups, counselors can assist their clients in making difficult and necessary changes for the future. Understanding thinking errors, recognizing them, and replacing them with productive, pro-social thinking is critical for clients reentering society from incarceration. This is a painstaking, often repetitive process and the counselor must be sure to acknowledge and praise all changes in this direction while keeping the client focused on continuing to scrutinize their thoughts and make the connections between how these thoughts lead to feelings and behavior.

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Appendix A: Post Test and Evaluation for Commitment to Change – Habits that Block Change

Directions: To receive credits for this course, you are required to take a post test and receive a passing score. We have set a minimum standard of 80% as the passing score to assure the highest standard of knowledge retention and understanding. The test is comprised of multiple choice and/or true/false questions that will investigate your knowledge and understanding of the materials found in this CEU Matrix – The Institute for Addiction and Criminal Justice distance learning course.

After you complete your reading and review of this material, you will need to answer each of the test questions. Then, submit your test to us for processing. This can be done in the following manner:

Submit your test via the Internet. All of our tests are posted electronically, allowing immediate test results and quicker processing. First, you may want to answer your post test questions found at the end of this appendix. Then, return to your browser and go to the Student Center located at:

<http://www.ceumatrix.com/studentcenter>

Once there, log in as a Returning Customer using your Email Address and Password. Then click on 'View Lesson Quiz' and you will be presented with the electronic exam.

To take the exam, simply select from the choices of "a" through "e" for each multiple choice question. For true/false questions, select either "a" for true, or "b" for false. Once you are done, simply click on the submit button at the bottom of the page. Your exam will be graded and you will receive your results immediately. If your score is 80% or greater, you will receive a link to the course evaluation. You will also receive a link to the Certificate of Completion. This is the final step in the process, and you may save and / or print your Certificate of Completion.

If, however, you do not achieve a passing score of at least 80%, you will need to review the course material and return to the Student Center to resubmit your answers.

NOTE: THE EXAM QUESTIONS AND /OR ANSWERS MAY BE IN A DIFFERENT ORDER IN THE ONLINE EXAM

Answer the following questions by selecting the most appropriate response.

1. Tactics are behaviors used to
 - a. hide from others or cover up behavior
 - b. prevent people from communicating
 - c. block change
 - d. none of the above
 - e. all of the above
2. Habits that block change are called addictions.
 - a. True
 - b. False
3. "You're the problem, not me" is an example of:
 - a. resistance
 - b. diversion
 - c. attack
 - d. projection
4. Diversion is not productive because of all the following EXCEPT:
 - a. it is a way of lying to ourselves
 - b. it is a way of diffusing a confrontational situation
 - c. it controls and manipulates people
 - d. it avoids looking at our need to change
5. The tactic of minimization makes it is more difficult to justify illegal behavior.
 - a. True
 - b. False
6. When I drink I get in trouble and then I say, well I don't get in trouble all the time so I continue drinking," is an example of the tactic of
 - a. defensiveness
 - b. minimization
 - c. diversion
 - d. denial
7. An attempt to pacify a person in authority by saying what you think they want to hear is:
 - a. diversion
 - b. casing them out
 - c. conning
 - d. agreement

8. What is the difference between your little two-dollar skit [theft] and my two thousand dollar skit?" is an example of:
 - a. minimization
 - b. defensiveness
 - c. generalization
 - d. diversion
9. Saying to ourselves "Everyone does it, why not me?" is using the tactic of generalization.
 - a. True
 - b. False
10. The purposes of the tactic of silence include all EXCEPT:
 - a. to control another person
 - b. to stall for time
 - c. to "get to" someone
 - d. so that you don't reveal anything about yourself that you don't want to reveal
11. Dr. Samenow tells the group there are only three possible alternatives:
 - a. go back to prison, get a job, change your thinking
 - b. die of a drug overdose, go back to crime, get clean and sober
 - c. go back to drugs and crime, suicide, change
 - d. go back to drugs and crime, go back to prison, get a job
12. A tactic is an expression of an error in thinking.
 - a. True
 - b. False
13. The first step in stopping the use of "tactics" is to recognize it before it happens.
 - a. True
 - b. False
14. Changing errors in thinking requires
 - a. concentration
 - b. effort
 - c. patience
 - d. time
 - e. all of the above

15. "Errors in thinking" includes all the following self-talk **except**:
- a. I won't face the problem
 - b. I can get away with this
 - c. I'll shut down
 - d. I don't feel safe
16. The fact that there are "crooked" people in all professions makes it easier to:
- a. avoid accountability and responsibility
 - b. justify ones behavior
 - c. avoid "looking in the mirror"
 - d. avoid change
 - e. all of the above
17. Changing thinking patterns involves a simple decision to do things differently.
- a. True
 - b. False
18. Generalization involves small, logical steps to include related behaviors.
- a. True
 - b. False
19. By using _____, it is easier to justify illegal behavior:
- a. rationalization
 - b. minimization
 - c. generalization
 - d. a and b
 - e. b and c
20. An example of minimizing behavior used by an inmate was:
- a. "They were only 'technical violations' "
 - b. "Everybody does it."
 - c. "It was my first offense."
 - d. "Haven't you ever taken something?"
21. "The way to change your behavior every day is to stay aware of the way you're thinking every day."
- a. True
 - b. False

22. A strong sense of power and control over the other person is most often associated with:
- a. diversion
 - b. minimization
 - c. attack
 - d. silence
23. “You’re supposed to help me, I’m not supposed to help you,” “I think you’re being a little pushy on me,” and “You’re not understanding me are you?” are expressions of:
- a. diversion
 - b. minimization
 - c. attack
 - d. defensiveness
24. Automatically attacking or shutting down is a “fight-or-flight” response.
- a. True
 - b. False