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# COMMITMENT TO CHANGE – THE POWER OF CONSEQUENCES

## 4 Continuing Education Credits

Asynchronous Distance Learning Course

***Content Level: Intermediate***

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*Do the best you can until you know better.*
*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 travels widely as a speaker, consultant and leader of workshops.

# Consequences as Treatment Mechanism: The Evidence for Contingency Management and Reinforcement-Based Interventions

This course examines how consequences, both natural and structured, function as catalysts for behavioral change in individuals with criminal and addictive thinking patterns. Since this course was developed, an entire evidence-based treatment modality has emerged that operationalizes the power of consequences: contingency management, which provides tangible rewards contingent on verified behavioral change. The research on contingency management, its implementation at scale, its reception by providers, and its use with marginalized populations provides the empirical foundation for the principle this course teaches, that consequences, applied consistently and immediately, are among the most powerful mechanisms for changing entrenched behavior.

The cost-effectiveness of consequence-based intervention was established in a 2026 microsimulation analysis published in Addiction. Researchers modeled outcomes for 10,000 individuals with methamphetamine use disorder comparing no treatment to 12-week and 24-week contingency management programs offering up to $750 in annual incentives. The 12-week program prevented 117 deaths over one year with an incremental cost-effectiveness ratio of $9,830 per quality-adjusted life year gained. The intervention would be cost-saving when broader social costs are included (Qian et al., 2026). For the consequences framework this course teaches, the Qian et al. analysis quantifies what Samenow has argued qualitatively: consequences, in this case, positive consequences for verified abstinence, change behavior at a population level. The $9,830 per QALY makes contingency management one of the most cost-effective interventions in all of medicine, not just addiction treatment.

The strongest evidence base for consequence-driven behavior change in stimulant use disorder comes from a 2024 Cochrane systematic review of 64 randomized trials covering 8,241 participants, which evaluated contingency management alongside other psychosocial treatments for stimulant use disorder (Minozzi et al., 2024). Psychosocial treatment produced a high-certainty reduction in treatment dropout (RR 0.82, 95% CI 0.74–0.91) and increased continuous abstinence at end of treatment (RR 1.89, 95% CI 1.20–2.97), the two outcomes Samenow's framework predicts should move when consequences are applied consistently. For the consequences model this course teaches, the Cochrane synthesis confirms at the highest evidentiary level that structured reinforcement keeps clients in the room long enough for behavior change to take hold.

The application of consequence-based interventions within the criminal justice system, the setting where most of this course's participants encounter consequences, was tested in a 2026 randomized clinical trial that trained juvenile probation officers to deliver contingency management to 160 youth with substance use disorders in rural Idaho. Youth receiving contingency management from their probation officers had a significantly lower likelihood of receiving a new charge (31% vs. 52%, OR = 0.42). The groups showed no significant differences in detention rates (Sheidow et al., 2026). For the consequences framework this course teaches, the Sheidow et al. trial demonstrates that when the person delivering consequences is also the person providing reinforcement for positive change, outcomes improve. Probation officers who combined accountability (the traditional consequence role) with contingency management (the therapeutic consequence role) produced better legal outcomes than officers providing accountability alone.

The implementation of consequence-based approaches by probation officers, a direct

operationalization of the accountability framework this course describes, was examined in a 2024 pilot study of 10 probation officers in rural Oregon who delivered contingency management to 17 emerging adults with substance use disorders. Officers successfully implemented all program components with fidelity, and both officers and clients rated the approach highly on feasibility, acceptability, and appropriateness. The study demonstrated that task-shifting evidence-based consequence interventions to probation officers may improve access to treatment in underserved rural communities (Drazdowski et al., 2024). For the consequences model this course presents, the finding validates a delivery system that Samenow's framework implies but does not formalize: the people who enforce consequences in the justice system can simultaneously deliver therapeutic consequences that reinforce change, rather than treating punishment and treatment as separate and incompatible functions.

The scale at which consequence-based interventions can be implemented in real-world community settings, not research clinics, was documented in a 2023 Preventive Medicine paper reporting lessons learned from two statewide stimulant-focused contingency management rollouts in Montana and Washington. Beginning in 2021, a total of 154 providers from 35 community-based service sites received didactic training, and 17 of those sites went on to implement CM programs adherent to their state's established protocol. Montana successfully launched 10 of 11 trained sites (90.9%), while Washington launched 7 of 24 (29.2%). Site-specific barriers, most often logistical fit, prevented implementation at more than half of trained sites, but tailoring within the required protocol aided successful launches across a diverse cross-section of service settings (Parent et al., 2023). For the consequences framework this course teaches, the Parent et al. findings show that implementing a structured-consequence intervention at scale is possible but uneven. The technical parameters of a consequence system are necessary but not sufficient; site-level fit and fidelity determine whether the framework actually reaches clients.

The way consequences are perceived, by providers, by the public, and by clients themselves, determines whether they are accepted as therapeutic or rejected as coercive. A 2024 qualitative study conducted six focus groups with Australian health service providers who treated people who use methamphetamine but had no prior experience delivering contingency management. Providers expressed genuine interest in having an evidence-based treatment for methamphetamine use disorder, but raised concerns that contingency management conflicted with a client-centered harm-reduction approach, that it dictated abstinence as the treatment goal, and that it was potentially coercive and could reify the power imbalance in the therapeutic relationship. They also worried that offering incentives only to people with methamphetamine use disorder could reinforce the stigma attached to that population (Clay et al., 2024). For the consequences framework this course teaches, the Clay et al. findings surface a tension Samenow's work implicitly navigates: consequences must be structured in a way that builds accountability without being experienced as punitive. When facilitators deliver consequence-based interventions, how the consequence is framed matters as much as whether it is applied.

The critical post-release period, when the natural consequences of incarceration end and the risk of return to substance use peaks, was addressed in a 2023 call to action examining contingency management for incarcerated individuals with opioid use disorder. The authors documented that less than 50% of those prescribed MOUD during incarceration continued medication within 30 days after release. Prior applications of contingency management in criminal justice settings yielded mixed results, largely because programs "provided smaller rewards with greater delays in the delivery of rewards to patients." The authors concluded that larger, more immediately delivered rewards could enhance medication adherence during the critical reentry period (Klemperer et al., 2023). For the consequences

framework this course teaches, the Klemperer et al. analysis identifies why consequence-based approaches sometimes fail in justice settings: the consequences are too small and too delayed. Samenow's principle, that consequences must be immediate, concrete, and personally meaningful, is validated by the contingency management literature's finding that reward magnitude and immediacy predict effectiveness.

The Klemperer argument was quantified directly in a 2025 JAMA Psychiatry review of 112 contingency management protocols (Rash et al., 2025). To produce medium-to-large treatment effects, voucher programs require a median of $128 per week and prize-based programs $55 per week; protocols funded below those thresholds consistently underperform. For the consequences framework this course teaches, the Rash et al. review translates Samenow's principle that consequences must be personally meaningful into an operational dollar figure: reinforcement below that threshold is not reinforcement at all.

The gap Klemperer et al. identified, fewer than half of incarcerated patients on MOUD continuing their medication thirty days post-release, was traced to its root causes in a 2024 stakeholder study of treatment providers and probation staff working at the reentry transition (Kang et al., 2024). Stigma inside supervision agencies, inter-agency communication breakdowns, and structural barriers like transportation and finances repeatedly disrupted the continuation of treatment that prevents post-release overdose death. For the consequences framework this course teaches, the Kang et al. findings show that the natural consequence of reentry, elevated overdose risk, is compounded when the system responsible for supervision is itself ambivalent about the therapeutic consequences (MOUD) that reduce that risk.

The populations most exposed to the natural consequences of substance use, homelessness, incarceration, disconnection from care, are also the populations most often excluded from structured-consequence interventions. A 2025 study piloted a 12-week contingency management program inside a transitional pallet shelter community for homeless-experienced veterans at the Veterans Affairs Greater Los Angeles. Twenty-six veterans with stimulant use disorder enrolled in twice-weekly urine drug screening with voucher-based rewards for stimulant-negative results. Average session attendance was 32%, and 49% of urine samples tested negative for stimulants. Qualitative findings identified that contingency management was accessible, structured, and supportive, that monetary rewards helped meet immediate needs, and that the program enhanced engagement with on-site health services (Hsu et al., 2025). For the consequences framework this course teaches, the Hsu et al. findings demonstrate that the same population already absorbing heavy natural consequences, housing instability, health decline, can respond to carefully structured positive consequences. Accessibility and structure, not just reward magnitude, drive whether consequence-based interventions actually land with marginalized clients.

## Does Changing Thinking Change Behavior? The Recidivism Evidence

The premise beneath this entire course is that criminal and addictive behavior flows from criminal and addictive thinking, and that if the thinking can be changed, the behavior will follow. Samenow built his career on that premise, and the strongest test of it is not whether the theory is elegant but whether interventions based on it actually reduce reoffending. On that question the evidence is clear and encouraging.

Landenberger and Lipsey (2005) conducted a meta-analysis of 58 experimental and quasi-experimental studies of cognitive-behavioral programs for adult and juvenile offenders. The central finding was that these programs work. The odds of not reoffending in the year after treatment were about 1.53 times greater for those who received cognitive-behavioral programming than for those who did not, which corresponds to a reduction in reoffending on the order of twenty to twenty-five percent. For a population as difficult to change as chronic offenders, that is a meaningful effect, and it validates the core claim of this course that working on how a person thinks is a legitimate and effective way to change what a person does. It is worth pausing on how significant this is. Skepticism about whether offenders can change is widespread, and it is often expressed as hard-headed realism. The data support a more hopeful and equally realistic position, which is that a substantial minority of people who would otherwise have reoffended do not, when the intervention addresses their thinking.

The more instructive part of the analysis concerns what made programs more or less effective, and here the findings ask us to hold Samenow's approach with both confidence and care. Three factors were independently associated with larger reductions in reoffending: delivering the program to higher-risk offenders, implementing it with high quality and fidelity, and including components that build anger control and interpersonal problem-solving skills. That much fits the cognitive-behavioral tradition this course belongs to. But the same analysis found that two other components did not add to the effect and if anything slightly diminished it. Those were victim-impact components and behavior-modification, meaning reward-and-punishment, components.

This finding deserves honest attention rather than avoidance, because this course leans on examining the impact of behavior on victims, families, and communities, and it is built around the power of consequences. The research does not say those elements are worthless. It says that the engine driving reduced recidivism is the cognitive restructuring itself, the work of identifying and changing distorted thinking, rather than the victim-impact exercises or the contingencies layered around it. For the facilitator, the practical implication is one of emphasis. Examining the harm one has caused has real moral and relational value, and it can motivate and humanize, but it should be understood as serving the cognitive work rather than substituting for it. The lasting change comes from altering the thinking patterns that made the harm possible, not from the intensity of remorse alone. A group session that spends its energy trying to make participants feel bad about what they did, without doing the patient work of exposing and dismantling the thoughts that authorized the behavior, is spending its energy on the part of the process the evidence finds least powerful. Keeping the cognitive restructuring at the center, and treating victim-impact and consequences as supports for that central work, is what the evidence recommends.

## Criminal Thinking as a Measurable, Changeable Target

Samenow's framework rests on the idea that offenders share identifiable patterns of thought, the thinking errors this course catalogs, such as super-optimism, the go-ahead thought, and the shutting off of consequences. A reasonable skeptic might ask whether these patterns are real and measurable or merely a clinician's interpretive lens imposed on messy human behavior. The research on criminal thinking styles answers that question directly, and it supports Samenow.

Walters (2012) conducted a meta-analysis of the Psychological Inventory of Criminal Thinking Styles, a self-report measure that assesses the crime-supporting thought patterns that map closely onto

the thinking errors this course describes. Two findings matter for the course. First, criminal thinking predicted reoffending. The general criminal thinking score correlated with recidivism at a magnitude of about .20, a modest but reliable relationship, meaning that the more a person endorsed criminal thinking patterns, the more likely they were to reoffend. Second, and more importantly, criminal thinking predicted reoffending above and beyond age and criminal history, with an incremental effect corresponding to an odds ratio of about 1.27. This second finding is the crucial one. Age and criminal history are static. They cannot be changed, and a person cannot undo their record. Criminal thinking, by contrast, added predictive value on top of those fixed factors, which means it is carrying information about risk that the unchangeable variables miss.

The significance for this course is considerable. If criminal thinking were simply a byproduct of a criminal history, changing it would be beside the point, since the history would remain. But because distorted thinking predicts reoffending independently of the record, it is a live and legitimate treatment target. A person cannot change their past, but they can change how they think, and the evidence indicates that changing the thinking should change the risk. This is precisely the wager Samenow's approach makes. The measurement research supports it by showing that the thinking errors are not a metaphor but a measurable characteristic that independently forecasts behavior.

For the facilitator, this offers both a rationale and a tool. The rationale is that focusing on thinking is focusing on something that genuinely matters for outcomes, which is worth remembering on the difficult days when a group feels stuck. The tool is the recognition that criminal thinking can be assessed, tracked, and targeted, so that progress is not merely a matter of impression but something that can be observed changing over time. A client who arrives endorsing a dense web of crime-supporting beliefs and who, over months, comes to recognize and question those beliefs is not just behaving better in the room. On the evidence, they are moving the very variable that independently predicts whether they will reoffend. That reframing can help a facilitator keep faith in slow work and help a client see that the internal changes they are making are not abstract self-improvement but concrete reductions in their own risk.

## Applying the Evidence to Samenow's Thinking Errors

It is worth connecting this measurement research to the specific thinking errors this course teaches, because the connection turns general findings into targeted practice. Consider super-optimism, the unrealistic conviction that one will get away with it or that things will somehow work out despite all evidence. In the language of the criminal-thinking research, this is a crime-supporting cognition, and its danger is exactly what the Walters findings predict, namely that it operates independently of what the person's history should have taught them. A client with a long record of being caught can still hold super-optimism intact, because the thinking error is not a rational calculation that evidence can correct. It is a pattern that persists until it is directly identified and challenged.

The go-ahead thought and the corresponding cutoff, the mental move by which a person silences deterring considerations and gives themselves permission to proceed, are similarly cognitive events that happen in a moment and can be caught in that moment once a client learns to notice them. The shutting off of consequences, which this course treats at length, is the same machinery pointed at the future costs of the behavior. What the research adds to Samenow's descriptions is confidence that these are not merely evocative labels but instances of a measurable construct that forecasts behavior, and that

intervening on them is intervening on something real.

This has a direct implication for how a facilitator works. The task is not to lecture a client out of their thinking errors, which rarely works, but to help the client become an observer of their own thoughts, able to catch super-optimism as it arises, to notice the go-ahead thought before acting on it, and to feel the moment when consequences are being switched off. The cognitive programs that reduce recidivism do this through structured, repeated practice at identifying and interrupting these patterns, not through insight alone. A facilitator who helps a client build the habit of watching their own thinking, and who treats each identified thinking error as a small, concrete, catchable event rather than a moral verdict, is doing the kind of cognitive work that the outcome research finds most effective. The thinking errors this course names are, in effect, the daily targets, and the skill being built is the client's capacity to notice and question them in real time.

## A Structured Cognitive Program: Moral Reconation Therapy

This course teaches a way of thinking about and facilitating change, and it is worth situating that approach among the structured cognitive programs that have been formally evaluated. One of the most widely used is Moral Reconation Therapy, a step-based cognitive-behavioral program designed to raise moral reasoning and reduce criminal thinking in offenders, and it shares much of the conceptual territory this course occupies.

Ferguson and Wormith (2013) conducted a meta-analysis of Moral Reconation Therapy covering 33 studies and 30,259 offenders, one of the larger bodies of evidence for any offender treatment program. The overall effect on recidivism was small but statistically significant, a correlation of about .16. The program worked better with adults than juveniles and in institutional settings more than community ones. In plain terms, the program modestly reduces reoffending, which is consistent with the broader finding that cognitive approaches help but do not work miracles.

Honesty about this evidence requires noting a caveat that the meta-analysis itself surfaced, because it bears on how any such program should be regarded. The effect sizes were smaller in studies conducted by independent researchers than in studies published by the program's own developers, and smaller in studies published after 1999 than in earlier ones. This pattern, where a treatment looks stronger in the hands of its creators and in its early enthusiastic years, is common across many fields and is a reason for measured rather than promotional expectations. It does not mean the program is ineffective. It means the honest estimate of its benefit is the more modest one drawn from independent, recent research.

For this course, the lesson is twofold and applies well beyond any single branded program. First, structured cognitive programs that target criminal thinking do reduce reoffending, which supports the family of approaches to which Samenow's work belongs and should give facilitators confidence in the general method. Second, the size of the effect is modest, and claims of dramatic transformation should be regarded with the same skepticism the research directs at any intervention that sounds too good. The facilitator who promises modest, real, hard-won change is being truthful, and truthfulness is itself part of the credibility that makes the work effective. Overselling a method invites the disappointment and cynicism that undermine it, both in the participants who expected to be transformed and in the systems that funded the program expecting more than any single intervention can deliver.

## Rethinking Self-Disgust: The Two Faces of Shame

Among the concepts this course teaches, self-disgust occupies a special place as a proposed catalyst for lasting change, the idea being that a client who comes to feel disgust at what they have become will be motivated to change. This is an intuitive and long-standing notion, and it contains real truth. But recent research on the emotions of shame and guilt adds a crucial and somewhat counterintuitive refinement, one that every facilitator should understand, because getting it wrong can make matters worse rather than better.

Tangney, Stuewig, and Martinez (2014) followed 476 jail inmates, assessing shortly after incarceration their proneness to shame, their proneness to guilt, and their tendency to externalize blame. About 332 were interviewed a year after release, and arrest records were obtained for 446. The distinction between shame and guilt is the heart of the matter. Guilt, in this research, refers to a negative feeling about a specific behavior, the sense that what I did was wrong. Shame refers to a negative feeling about the whole self, the sense that I am a bad person. The two are easy to conflate but behave very differently.

The findings were striking. Proneness to guilt directly predicted less reoffending. Inmates who were disposed to feel bad about specific wrongful actions were less likely to be rearrested, which is the result one would hope for. Proneness to shame, by contrast, did not directly predict less reoffending, and its overall relationship to recidivism was more troubling. Shame tended to predict more reoffending, and it did so through a specific pathway, its strong link to externalizing blame. A person overwhelmed by the feeling that they are fundamentally bad tends to defend against that unbearable feeling by shifting blame outward, onto victims, circumstances, or the system, and that defensive blame-shifting is associated with more crime, not less. The researchers did find that when the defensive blame pathway was statistically removed, shame carried a residual inhibitory effect, which means shame is not purely toxic. But in the real world, where shame so readily triggers defensiveness, its net tendency is to backfire.

This directly qualifies the self-disgust catalyst this course describes. Self-disgust that takes the form of behavior-focused guilt, a clear-eyed recognition that specific actions were harmful and wrong, is exactly the kind of feeling that supports change. Self-disgust that takes the form of global shame, a collapse into I am worthless, is dangerous, because it tends to produce the very defensiveness and externalization of blame that this course itself identifies as thinking errors and that predict continued offending. The connection is worth dwelling on, because it means the two ideas this course teaches, the value of self-disgust and the danger of blaming others, are linked by this research in a specific way. Push a client into global shame and you tend to produce, as a defensive reaction, the externalization of blame the course is trying to eliminate.

For the facilitator, the practical guidance is precise. The goal is to help a client face what they have done, honestly and specifically, without pushing them into a condemnation of their whole self that they can only survive by blaming someone else. The distinction between you did something wrong and you are wrong is not a matter of gentle phrasing or political correctness. On this evidence, it is the difference between a feeling that reduces reoffending and one that increases it. In practice, this means keeping the focus on specific behaviors and their specific effects, holding a client fully accountable for what they did while communicating, implicitly and explicitly, that they remain a person capable of change. When a client begins to slide from I did a terrible thing into I am garbage, the skilled facilitator does not pile on, because the research suggests that the pile-on will produce defensiveness rather than growth. Instead the

facilitator redirects toward responsibility for the behavior and toward the possibility of doing otherwise. Guiding clients toward responsibility for their behavior while leaving them a self that is capable of change is the emotionally precise version of the self-examination this course intends, and it is more effective, not merely kinder.

## "I'm Not Hurting Anyone But Me": Neutralization and Denial of Injury

One of the specific thinking patterns this course targets is the claim I'm not hurting anyone but me, a justification clients use to proceed with substance use or other behavior while dismissing its consequences for others. This is not a random rationalization. It is a recognized and much-studied cognitive maneuver, and understanding its place in the broader research equips a facilitator to challenge it more effectively.

The foundational description comes from Sykes and Matza (1957), who identified what they called techniques of neutralization, the mental moves by which people grant themselves permission to violate norms they otherwise accept. Among the five techniques they described, two map almost exactly onto the thinking this course addresses. Denial of injury is the claim that no real harm is done, which is precisely the structure of I'm not hurting anyone but me. Denial of the victim reframes the situation so that there is no one who is truly wronged. These are not expressions of a person who lacks all moral sense. They are the tools by which a person who does possess a moral sense quiets it long enough to act, which is why simply informing such a client that their behavior is harmful often fails. The client already knows, at some level, and has constructed the neutralization precisely to manage that knowledge. This insight, that neutralizations presuppose a conscience rather than reveal its absence, is itself useful for the facilitator, because it means the raw material for change is already present in the client.

Modern research has measured the behavioral cost of this kind of thinking under the heading of moral disengagement, the contemporary and quantifiable descendant of neutralization theory. Gini, Pozzoli, and Hymel (2014) conducted a meta-analysis of 27 samples totaling 17,776 young people and found that moral disengagement, which explicitly includes the denial of injury and denial of the victim that concern this course, was reliably associated with aggressive and antisocial behavior, at a magnitude of about .28. The association was roughly twice as strong in adolescents as in younger children. An honest caveat belongs here. This meta-analysis studied children and adolescents rather than adult offenders, so it establishes the strength of the link between neutralizing thoughts and antisocial behavior in young people rather than proving the identical magnitude in adults. What it demonstrates cleanly is that the mental move of talking oneself out of the harm one causes is not a trivial quirk of speech but a measurable correlate of the behavior itself.

For the facilitator, this body of work reframes how to challenge I'm not hurting anyone but me. The statement is best understood not as an information deficit to be corrected with facts about harm, but as a neutralization that must be gently dismantled, because its purpose is to silence a conscience the client actually has. Effective challenge helps the client see the move they are making, notice how the claim functions to give them permission, and confront the injury they have worked to deny, including the injury to the family members and communities the claim conveniently excludes. Naming the neutralization for what it is, a technique rather than a truth, is often more powerful than arguing about whether harm occurred, because it addresses the actual cognitive machinery rather than its surface output. A facilitator might, rather than debating whether a client's family is really harmed, invite the

client to notice the work the phrase is doing, to see that I'm not hurting anyone but me is the sentence they need to believe in order to continue, and to ask honestly why they need it. That move turns the client into an observer of their own neutralization, which is precisely the cognitive skill the outcome research rewards.

## Consequences and Cognition Together

This course, and the contingency-management evidence already presented in it, place great weight on consequences, and rightly so. Structured consequences, applied consistently and immediately, change behavior, as the contingency-management literature shows in trial after trial. But the cognitive research assembled here clarifies why consequences alone are not the whole story and how they work best in combination with the cognitive change this course also teaches.

The contingency-management findings and the criminal-thinking findings are complementary rather than competing. Consequences work on behavior directly, reinforcing abstinence and participation and keeping a client engaged long enough for other change to occur. Cognitive restructuring works on the thinking that generates the behavior in the first place, reducing the risk that persists once the external consequences are removed. This distinction matters at exactly the point where many programs fail, which is the transition out of a controlled setting. As long as a probation officer, a drug court, or an incentive program is delivering immediate consequences, behavior often improves. When those external consequences end, the behavior that was being held in place by them can return, unless the person's own thinking has changed in the interval. The super-optimism, the go-ahead thought, and the shutting off of consequences that this course targets are precisely the internal patterns that reassert themselves when external control is withdrawn.

This is why the two bodies of evidence belong together in a single course. Consequences buy time and engagement. Cognitive change is what makes the improvement last after the consequences stop. A facilitator who understands this will use the structure and accountability of the justice setting not as an end in itself but as the container within which the harder cognitive work can happen, treating the period of external control as the window in which to help a client build the internal capacity to notice and interrupt their own thinking errors. The goal is a client who continues to make different choices not because someone is watching and rewarding or punishing, but because the thinking that once authorized the behavior has genuinely changed. Consequences without cognitive change tend not to last. Cognitive change is difficult to achieve without the engagement that well-structured consequences provide. The most effective work draws on both.

## From Evidence to Facilitation

The research assembled here, taken alongside the contingency-management evidence already presented in this course, sharpens Samenow's framework in several ways that translate into concrete guidance for facilitators.

The first and most affirming point is that the central bet of this course is sound. Criminal thinking is real, measurable, and predictive of reoffending beyond what a person's fixed history can explain, and

cognitive-behavioral programs that target it reduce recidivism by a meaningful margin. A facilitator working to change how clients think is working on something that genuinely drives behavior, not on an abstraction. That deserves to be stated plainly, because the work is hard and the results are gradual, and it helps to know the foundation is solid.

The second point is a matter of emphasis and honesty. The cognitive restructuring is the engine. Victim-impact examination and the structured consequences this course discusses have real value, but the evidence indicates they support the cognitive work rather than replace it, and no program should be oversold. The effects of even the best cognitive programs are modest, and a facilitator who promises hard-won, incremental change is telling the truth in a way that builds rather than betrays credibility.

The third point is the most clinically delicate and perhaps the most important. The emotional catalyst this course calls self-disgust must be steered with care. Guilt focused on behavior, the recognition that what I did was wrong, supports change. Shame focused on the self, the collapse into I am bad, tends to trigger the defensive externalization of blame that this course rightly identifies as a thinking error and that predicts more offending, not less. The facilitator's task is to help clients hold themselves fully accountable for their actions while preserving a self that is capable of doing better, which is a more precise and more effective aim than provoking self-condemnation.

The fourth point equips the facilitator to meet the specific rationalizations clients bring. Claims like I'm not hurting anyone but me are recognized neutralizations, cognitive techniques for silencing a conscience the client possesses, and they are best dismantled as such rather than merely contradicted with facts. Helping a client see the maneuver, and face the injury the maneuver was built to deny, addresses the machinery of the thinking error directly.

Finally, the consequences this course honors and the cognition it teaches work best together. Consequences engage a client and hold behavior in place. Cognitive change is what makes the improvement outlast the consequences. None of this diminishes the framework this course teaches. It refines it with evidence, and the refinements share a common thread. Change comes from honest, specific, cognitive work that holds a person responsible for what they have done while leaving intact their capacity to become someone who does otherwise. That is the version of Samenow's approach the current evidence most strongly supports, and it is a version a facilitator can practice with both conviction and integrity.

# Commitment to Change:
# The Power of Consequences

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 course you will see Dr. Samenow and his co-therapist Ed Roberts utilize the group setting to work with clients from a cognitive therapy perspective. You will see the focus on choices people make and the consequences of those choices. This is one key area of cognitive work, examining choices we make and considering if there were better choices we could have made.

The group also looks at the payoff for some of the negative and problematic behavior that members have engaged in. After discussing the payoff for some of these behaviors the focus shifts to looking at facing consequences.

The therapists work with the group members to examine their choices regarding criminal behavior and drug use. This is explored in the context of how it impacts individuals, families and the larger community.

Through framing the discussion about what group members let addiction take from them they are able to get group members to honestly admit the problems they experienced and caused for their family without raising resistance and hostility.

The student taking this course will have an opportunity to read direct dialogues from actual group sessions using cognitive therapy to deal with thinking errors such as “I’m not hurting anyone but me”. Through processing this type of thought process and finding new ways to think about a situation, group members make small steps toward change.

The therapists explore with the group dynamics such as shutting off consequences, allowing “go ahead” thoughts to give permission for inappropriate behavior. Other dynamics such as super-optimism and shutting off fear that allow criminal thinking to flourish through overconfidence in their own abilities to not get caught are explored and discussed in group.

Alternative, pro-social ways of thinking and behaving such as remembering consequences, visualizing consequences, dealing with temptation and relapse triggers are thoroughly discussed in the group setting. The strategy of “filling the hole” with something positive rather than drugs or crime is addressed among many other recovery oriented choices for behavior.

## 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.

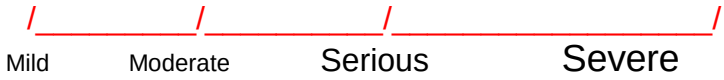
Slowly, Dr.'s Yochelson and Samenow began giving up their theories of psychological and sociological causes for crime, and began looking at the thinking patterns and attitudes that led to it. They began focusing on the criminal's ***choices***, and his or her rationalizations and justifications for such 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
## Facing Consequences

Inmate: “My payoff was to be able to get away with the crime that was being committed, and laugh about it because, you know, I just got away with something.”

Inmate: “There was a payoff there as I was leaving the joint that I just hit. That was almost as good as the shot of dope I was gonna get.”

Inmate: “I like the excitement. That’s a definite payoff. Live only in the moment.”

Inmate: “And another payoff would be for the connection to show up on time, and the dope to be decent.”

Female Inmate: “It’s a constant party. Even if you’re alone, it’s a party.”

Inmate: “So they took me right in front of my kids and everything. They actually stood in the window crying.”

Female Inmate: “Sometimes people don’t realize how much hurt they’ve caused.”

Inmate: “It never started out that way, to end up like this, you know.”

Inmate: “All of the wrong I’ve caused people, and all the pain, the suffering that my family’s been through, for me, it’s time for a change.”

The men and women quoted here have spent much of their lives in addiction and in prison. Many have been convicted for serious crimes, again and again. They are one of many groups working with Dr. Stanton Samenow to change their lives. They are now joined by the former clinical director of substance abuse treatment programs for the Texas Department of Criminal Justice, Edward A. Roberts.

In the first two courses of the “Commitment to Change” series we’ve learned these basic truths. Our thoughts come first. Then we act. Thoughts that lead to trouble are called Errors in Thinking. We’re the ones who choose to act on those thoughts. If we try to blame others, that’s one of the tactics that keeps us stuck and keeps us from looking at ourselves.

What is the cost of years spent in drug abuse and crime? What is the price people pay? An honest assessment of the cost is a key step toward change.

Dr. Samenow: People who want to change need to have the courage to look at their choices, not ignore them. They need to be able to see the pain that they cause other people. That is the road to change. So the question then is: "How do we start to change?" And the part of this that we need to go into is the pain that is caused to you and to other people including people who care about you, or about whom you care.

How many people have the courage to face the truth, to look at the pain their actions have caused? If we hide from that pain, we have no reason to change. But if we allow ourselves to see it and feel it, the pain we've caused can give us a powerful motivation to do the hard work of change.

Dr. Samenow: It takes a tremendous amount of courage to start to look at that dimension of it. And so who is ready really to begin the work of change. Who has the courage to look honestly at the truth? Do we have some volunteers?

Working with groups is the treatment of choice when utilizing cognitive behavioral therapy. Group members learn from one another and benefit from receiving feedback from peers along with staff members. Group work allows participants to see that others wrestle with similar issues and learn from those who have found successful ways of handling situations. The group can also provide supportive emotional feedback and a chance to practice the new skills they are learning with others.

<u>INTERVIEW</u>

Ed Roberts: First of all, Curtis, I really want to commend you for being willing to do this. This is something that really takes a lot of courage. So before we get started, I also want to make sure that if this brings up some things that are painful to you, that you have someone that you can talk with later and process this with.

Curtis: I do.

Ed Roberts: So there's somebody available that you can do that with?

Curtis: Oh, yes.

Ed Roberts: Can you tell us about something that you did for a quick payoff at some point in your life that had very destructive results?

Curtis: I would just have to relate back to some of my addictions, some of my behavior during my addictions.

Ed Roberts: So let's start out by talking about the impact that your addiction has had on you.

Curtis: Emotionally, my addiction, I would say, destroyed me. It turned me into something that I didn't even know myself. At one time, early in the addiction, it was fun. There was the excitement. The drama. The good times. And there was this invisible line that you cross, until every thought is drugs. Every waking hour, drugs. I lost my front tooth due to drugs and my wife was going to take me to the dentist. The day I was supposed to go to the dentist, I was out smoking crack. I even got shot. I almost got killed behind my addiction.

Ed Roberts: How much time have you served?

Curtis: It'll be close to two years.

Ed Roberts: Were you ever arrested in front of family or friends?

Curtis: Yes. One time my mother-in-law called the cops on me, she was so upset that she tricked me into coming into the house. So when I get there, I see the cops coming down the street, and I just knew they were coming for me. So they took me, and that was right in front of my kids and everything. They actually stood in the window crying, so they must have felt pretty bad about it too. My wife had so much pain that she would say these things in front of them. Call me crackhead and stuff, out loud, in front of the kids, stuff like that. Saying things just not meant for kids' ears. At least not my kids. She didn't care, though. But her pain, she had to get rid of it some kind of way. So I understood it. I used to mistreat this woman so bad. I used to steal from my own house.

Ed Roberts: So you stole from your wife?

Curtis: I've taken from my wife, my kids. I actually stole some shoes that she bought the kids, for like a holiday that was coming up. But I was home and nobody was there and I took the shoes and sold them. And now that the high was gone, the sadness really set in, the bad feelings really came in, you know. How could I steal from my own kids?

Ed Roberts: Were there other ways that you stole from your wife and your kids?

Curtis: Oh, yeah. Not being there as a father. As a husband. I think that was the worst of all, you know. Not supporting them. It got so bad at one point that I left my wife and kids to live homeless, downtown L.A. And people would tell me, 'Your wife's looking for you,' and it's like, "Don't tell her you seen me", you know. And I caused her a lot of pain.

Ed Roberts: So she was very devoted?

Curtis: Very. I would never let anyone treat me the way I did her. I mean, I've actually been in a room, and had her in the next room, and I'm with another girl, and I think I'm being slick, you know. She's caught me naked with other women.

Ed Roberts: How do you think she felt about that?

Curtis: Bad. I'd do things to her and see the hurt in her face. And it was bad. And it made me feel bad. I think she's still doin' some of that today. All I was doing was taking. I would stop by the flower shop and send a bouquet of flowers to her job. And I would call her and she would be so happy. And I would say, OK, I'm going to pick you up, we'll go to dinner and hang out tonight. She'd say, OK, I love you. I love you, too. And I don't see her again till Sunday, and this is Friday night. And I walk home after a weekend of getting loaded, broke, and the first thing I see when I walk in the house is the flowers in the trash can, that I bought her. A lot of madness. A lot of madness everywhere.

Ed Roberts: What else did you let your addiction take from you?

Curtis: It took my self-esteem from me. I think one time I might have went a month or so without taking a shower. It gets bad. Worse and worse. I was just existing. I wasn't really living, I was just existing. I was already dead. I just wouldn't lay down and stop moving.

Ed Roberts: So what do you think you've missed out on as a result of your addiction?

Curtis: I missed out on a lot of important years of my kids' lives. When they were like really young and really, really needed me, I wasn't there.

Ed Roberts: Who do you think you would have been, or could have been, if you had never been involved with drugs?

Curtis: I think I could have been almost anything. I used to love to play basketball. I went to a couple of state championship games. Maybe I could have taken that further. I could have been a career man. I had a good job at young ages. So there's maybe no limit where I could have been.

One of the advantages of group work is that the group provides the opportunity to utilize a variety of counseling techniques. One such technique is role playing. In a role play, group members can play the role of family members, friends, parents, victims of crimes and others, giving the participant the option to work through

feelings associated with criminal behavior and substance abuse in an emotionally safe format.

Role plays can be designed to elicit a variety of responses and can be part of a therapeutic strategy to achieve many widely varying goals. For example, a role play can be used to allow a group member to have a dialogue with someone playing the role of an abusive parent, giving the group member a chance to identify and express feelings about the abuse in a safe setting and get support and feedback from group members about the experience.

Another strategy may be to have someone role play a family member or significant other in preparation for a real discussion with that person.

Role plays can be used to open up the possibility of allowing a group member to experience the pain they have caused others, by having another group member play the significant other and role play a dialogue about how the person's behavior impacted them. A twist on this strategy is to have the person themselves play a family member, or a victim of their criminal behavior to begin to develop a sense of empathy with other people and understand how their behavior has hurt other people.

In the following example, a group member will play Curtis' wife as part of a scenario that will put Curtis in the position of listening to how his behavior has hurt his wife and their relationship.

ROLE PLAY (Eva volunteers to role-play Curtis's wife, to imagine how she might feel, what she might want to say to Curtis.)

> Eva: You hurt me. I don't know how to explain it, but you hurt me. You took money from the kids. You took money from me. You won't come home. You won't keep a job. How do you expect me to feel? All you do is make a mess of this family. You're supposed to be a father. I don't understand why you keep hurting me like this, when you say you love me. I'm just - I'm practically in tears just talking to you, because I love you so much, and I don't want to see you hurt. I don't want to see you like this.

Ed Roberts: So, Curtis, do you understand how this has affected your wife, and how it's made her feel?

Curtis: Yes, I do.

By having another group member play the role of Curtis' wife, this role play allowed Curtis to experience a dialogue that helped him get in touch with the emotions his wife had as a result of his behavior.

Ed Roberts: What I would like to do is get the two of you to switch places. And Curtis, you play your wife, and you tell how you feel.

This option may be uncomfortable for Curtis. To be effective he must be honest with himself and the group about his own behavior and the way it impacted his wife. To put himself in her position and speak from her experience can be a powerful tool if done in an honest, vulnerable and open manner.

> Curtis: "Curtis, how could you do this to me now? I mean, I catch you here with these women naked. You left the kids at home, and you're just running around in the street."

Ed Roberts: How does this make you feel?

Curtis: Hurt, abandoned, lonely. Confused. I mean, our marriage used to be so good. We used to have such good times. We don't even go out any more. It's just not a marriage."

When conducting role plays it is important to "break role" periodically and check in with the participants to see how they are responding emotionally. Processing the role play is an important component of successful role play experiences. Once the participants in the role play have processed their experience, the facilitator can broaden the discussion to include other group members who may have feelings stirred up by the role play or the topic.

Occasionally, the facilitator may choose not to process the role play and simply have the participants sit with the emotion created by the exercise. This may be helpful with clients who are quick to cover up emotions with intellectualization and discussion rather than feel the emotion. If this option is utilized the facilitator may explain to the clients why they are not going to process the role play and make sure the participants have a supportive environment to experience the emotions when group is over. This type of strategy might be discussed in clinical supervision before being used until the clinician is skilled in this approach. Counselors may want to stay with one relationship, or move onto other significant relationships. In this case, Ed decides to do some work around how Curtis criminal conduct and substance abuse have impacted his relationship with his children.

Ed Roberts: And now we'd like someone to come up and play one of Curtis's children. How many children do you have?

Curtis: Three. Two boys and one girl.

Ed Roberts: And who's the oldest?

Curtis: The girl.

Ed Roberts: So who would like to come up and play Curtis's oldest daughter...Would you tell Curtis what it was like for you growing up with his addiction?

> Female Inmate: "I was ashamed when my friends at school asked me, how come we never see your dad? Even as a child, I knew what you were doing was wrong. Watching you get arrested that day, it was just, I mean, the emotions that I felt were overpowering and it was like watching someone that was your hero at one point being degraded, to like have handcuffs on and taken out to the police car."
>
> Ed Roberts: Were there ever times when you were afraid of your dad?
>
> Female Inmate: "When you smoked crack cocaine, you got a little crazy. And I don't think he realized all the times, the way you were acting. And that look in your eye was enough to scare me, to fear what might happen. And when you and Mom would fight, I would just lay in bed and had the covers up over my head, and just prayed that there wouldn't be, you know, fists thrown."

Discussing issues such as this is likely to be emotional for the participants in the role play and also for other members of the group. If group members grew up in a household where a parent was involved in substance abuse or criminal activities they may have had experiences similar to Curtis' daughter. All of these feelings and thoughts brought out by the role play can be used in the treatment process. If there is not time to address all group members' feelings in group, the role play might be a topic for discussion in an individual session or another appropriate setting.

Ed Roberts: Now if we could talk about a specific incident where you perpetrated a crime. Can you think of an incident there where you victimized someone that really stands out in your mind?

Curtis: Well, I started out kind of like playing games. Me and a few friends would go out almost every evening and rob people, with a fake gun. At the particular time, we robbed this girl and then went inside the house, man, and they were forcing this woman to do things that wasn't right. Actually, they raped the woman. But I mean, I had my wife at home and I wasn't in to that. And it was like, 'Man, what you guys doin' . . . this ain't part of the thing, just get the loot, let's go!' And they actually raped her. Made the woman have oral sex with them, and stuff like that. That was sick, you know. But I did get some jewelry from her for my wife, and I gave it to my wife, and she asked me where I got it from, and that kind of bothered me, though, that I was getting my wife's jewelry from that woman, you

know? And I wish I could kind of find that woman and make amends to her for that, even though I never touched her sexually, you know.

Ed Roberts: Who would be willing to come up and play the victim of this crime?...So what we would like for you to do is try to imagine how that would have impacted your life, and maybe even how it's impacting you still, and tell Curtis about that.

> Female Inmate: "Three guys came to my house, and even though you didn't personally touch me or violate me, I felt violated by everybody that was there. You could have done something to help me, and you saw what was happening and you didn't do anything, and I was helpless against all those men, and you just stood by and watched what they did to me, and then you even took my stuff. That took all my self-esteem. I felt violated. I'm scared to death of men now. I don't trust people. I live in constant fear, all the time, I keep all my doors locked, I don't trust anybody. I don't feel safe in my own home. I've moved. I don't trust anybody and to drown all those feelings I feel inside, the violation, the pain, the anger, just the rape itself, was just so much - I can't deal with that on a sober basis. I'm in my addiction now, too. My family's just watched me go down the tubes and it breaks their heart. I'm just really scared of life now. I'm scared of everything."

Ed Roberts: Do you understand how this victim feels, Curtis?

Curtis: Of course. I know how it makes me feel.

Ed Roberts: How's that?

Curtis: Pretty bad, you know

Ed Roberts: And I want to say, too, that there's nothing we can do in role play that really can even begin to capture the pain and suffering that an event like this causes to victims and to their families. Who would be willing to come up now and role-play a neighbor of this victim? Tell us how this crime has affected you and your community.

> Inmate: "I watched a girl who was a vibrant young lady, a contributing member of society, happy, joyful, good neighbor, go just into an emotional mess. Somebody that couldn't even stay in her own place. Couldn't associate with anybody. Couldn't laugh any more. Couldn't look at anybody in the eye. You destroyed a life. You destroyed a person spiritually and emotionally. And God know what happened with her family. God knows what you did to her family as far as watching her deteriorate

that way. You just don't know the deep affect that you caused by doing what you did."

Ed Roberts: And how has this affected your family and you?

Inmate: "We live in fear. I don't want to leave for fear that my wife and my kids are going to be destroyed the way that you destroyed this young woman. I can't leave my door open. Nobody's willing to leave their doors open. Nobody's wants to go outside. They've invested God knows how many dollars on alarm systems to protect themselves, whereas before it was just a happy community, where we could go outside, we could walk. Our kids could walk alone. Our wives would have no problems going out and taking a walk the dogs. Now, that's destroyed. That's all gone because of what you and your friends did."

Ed Roberts: So, Curtis, do you understand how this has affected the community?

Curtis: Yes, I do.

Ed Roberts: I want to say again, that this takes tremendous courage to look at this and to face this. So now, Curtis, what I'd like you to do is stand up for a minute, right over here. And take a look at that board for a few minutes. It has all of the pain and all of the people that have been harmed by your addiction. Just take a minute...

Curtis: There's a lot of pain up there, and I never started out that way, to end up like this.

Notice how the therapist moves from a discussion of how this violent criminal behavior affected the victim to a broader discussion of how this crime affected the community. Skillfully moving from a narrow focus to a broader focus allows Curtis to understand the consequences of his behavior on different levels.

No one likes to feel pain. And it may be wise to face it gradually, a little at a time, as we're able to handle it. Yet if we hide from the truth, we have no reason to change. Curtis was ready to look at the pain that he'd caused himself and others.

Here the therapist opens the discussion to group members to talk about their experiences with the role play.

Ed Roberts: What is your response to what you've just seen?

Female Inmate: "Sometimes people don't realize how much hurt they've caused, but when you see it right in front of you and you think about it for a minute, you can't believe that you even did the things that you did, in order to get high, or

doing criminal acts, or whatever. And you just don't realize, because you do it little by little. It's a process. You're not doing this in one day. It's just like, was that me? How could I have done these things? How could I have done them? I can't stop thinking of my daughter as I'm watching the role play and it hurts. It hurts a lot."

Inmate: "Seeing this situation as it developed made me grateful for this program, this process that I'm involved in that suggests change and how important it is to have a second chance. And if for the fact that I wasn't involved in this program, and I looked at all the stuff, just like that, and looked at my own life, then I'd get loaded. Cause I don't want to feel all that stuff, and I don't want to be faced with that much pain and that much wreckage all at once."

Dr. Samenow: You said that you don't have to face, and it's almost impossible to face it all at once. And that it can be done in steps. But it can be absolutely overwhelming. Because if you face it all at once, the danger is that it's too much. But to face it in steps is important.

Change happens day by day, week by week over time, in small steps. We can look at the truth and face the pain as we're able to handle it.

GROUP SESSION

Inmate: "You know, I got a lot of baggage and the program's taught me, Easy Does It. You know, I'm not going to just walk in here and all of a sudden everything's going to be wonderful. But I practice cooperating with this process that takes place around here, and little by little, I start to get rid of some of that baggage. I get to talk about to other people, and that helps, and the more baggage I get rid of in the process, the better I start feeling in my own skin."

Inmate: "This program allows me to find forgiveness, not only for myself, and somewhere along the line, being able to maybe go back and make amends to all the people I've harmed throughout the wreckage in my past."

Ed Roberts: Why is it so important that we do face it?

Curtis: "Well, you know, I never looked at things from the victim's point of view. And I understood how my family felt, because they were close to me. But the victim thing brought up some pain and some discomfort for me. I looked at some things that I really wasn't aware of, and I think it helps me to dig some of those feelings up that we keep inside that could be causing me a lot of pain also."

Dr. Samenow: Well, I think that's a good point, because unless you're willing to experience the feelings and the thoughts that go with it, they can eat away at you and eat away at you forever.

Ed Roberts: Yes, and in fact, they can drive us back into addiction. And that is the necessity of looking at the pain. I'd like to ask the group, what was this like for you watching Curtis look at all the pain.

> Inmate: "I used to always think that I was hurting nobody but me. Listening to Curtis and everybody, in the role play, brought out some feelings that I've probably been stuffing for as long as I've been sober. So I was not so much involved in what he was saying in his particular situation, I was inside my head, dealing with my own. And I didn't like what I felt, I didn't like what I thought, I didn't like what I saw, because in actuality, I was out of this scene, and I was experiencing a lot of pain and confusion about these feelings for me and my family and my friends, and victims that I've had, throughout my criminal life. So it was a real experience."
>
> This group member has articulated the power of the group setting very well. Listening to the role play he was prompted to examine his own situation and his own behavior. This is a great example of the power of group therapy.

Ed Roberts: "Every one of those cards gave Curtis a reason to change, and it may be that there are instances where the pain and suffering that we cause, maybe we can't undo that for other people, but if we can use that to further our potential to change and to doing right and contributing to life rather than taking from it, then at least their pain and suffering didn't go for nothing. It wasn't in vain. My way of saying that is, 'we can take the manure of our lives and grow a few flowers.'"

> "For me, it's time for a change. I have to be willing to accept a change in my life, and until you're willing, it's never going to happen. You know, you can sit there and say what you're gonna do, but you have to be willing to accept the change."

Facing the truth about one's behavior and truly realizing the consequences of that behavior are critical to lasting change. The tendency to deny or minimize the impact our behavior has on others is a classic stumbling block in addiction and criminal thinking. As one group member said, he didn't think he was hurting any one other than himself. When confronted with the truth it becomes apparent that this behavior causes pain on the individual level, the family level and the neighborhood and societal level.
:

Facing the change can give us a powerful reason to change, and yet, we need more. We need to learn how it happens, how we make decisions that lead to trouble again and again. That's what the group looks at in the next Part of the course.

## Part 2
## Moment of Decision

Narrator: In Part 1, these ideas became clear: If we take an honest look, we experience the pain we've caused ourselves and others. That pain can give us a reason to change.

> Female Inmate: "It's good to be here sober and, you know, seeing things from the victim's point of view. I'm tired of hurting other people because of my addiction or my criminal behavior."
>
> Inmate: "I used to always think that I wasn't hurting nobody but me."
>
> Inmate: "It never started out like that, to end up like this, you know."

How do we stop causing more pain? How can we change our thinking so that we don't get into more trouble?

GROUP SESSION

Dr. Samenow: What is the thinking that gets you into trouble? Many of you, when you were asked about what your thinking was before you committed a crime, you said, "Well, I don't really think. I just go ahead and I do it." That's how it can seem at times, in the heat of the moment.

> *"I don't think – I just do it."*
>
> Inmate: "Because you don't have time to think when you're out here running these streets."
>
> Inmate: "When I'm committing crimes, I'm not thinking about any kind of consequences."
>
> Inmate: "It would be between my place and the dope house. And not a lot of thought goes into it for me."
>
> Inmate: "For most of my life, I just reacted, instead of really thought out a lot of things."

Dr. Samenow: However, there are thoughts and there are decisions that are made.

Dr. Samenow: And so we're going to review one of the interviews conducted earlier; pay attention to this idea that there are thoughts, there are decisions, there are things that go on in the mind.

As you read through the following interview, consider this question: What is the thinking that leads this man into trouble?

INTERVIEW (with Ed Roberts)

Ed Roberts: So at that point in time, then, there was a lot of dissatisfaction about your work situation?

Johnny: "My life in general. I couldn't get used to the fact of making minimum wage. It was an ego thing."

Ed Roberts: Now was that an issue that had been going on for a little while?

Johnny: "Probably."

Ed Roberts: So what do you think was different about it that particular day?

Johnny: "You know how every sack has its limit, and I think I just had reached mine. I was fed up. I was fed up with not having what I had, I was fed up with what I had done to myself, my relationships, and I just didn't figure that I'd ever amount to anything anymore. It was as good as it was gonna get at that moment. And I just said, I'm gonna go get a rock."

Ed Roberts: So at some point then that day, you just made the decision: this is it. Was there any point in there when you had any anxiety or fear or your conscience was getting at you? Anything like that before you did this?

Johnny: "Sure. I can remember physically what happened to me before I approached the guy, before I got that rock, man. I can remember shaking. And I'm not normally a nervous type of guy in that way."

Ed Roberts: So what would the thoughts have been that were going on in your head?

Johnny: "Thinking about how I was throwing it all away."

Ed Roberts: Throwing it all away - so that created quite a bit of anxiety?

Johnny: "Sure."

Ed Roberts: So in other words, at that moment of decision, you had some awareness of consequences, that there would be consequences?

Johnny: “Yes.”

Ed Roberts: And your reaction to that awareness was...?

Johnny: “Justification. I believed at the time that I could control it, that one twenty dollar piece. I bought five hundred dollars worth, twenty dollars at a time, because I thought ‘I’m only going to do twenty.’”

Ed Roberts: So if we had a video from the first time you used to the last time, with all of those cycles involved, how often do you think this thought, that ‘this time I think I can control it’ - how often do you think we would hear that play in your head?

Johnny: “Every time. I mean, prior to this, every time. Every time - I didn’t want to consider myself as being abnormal. I don’t want to consider myself as being addict. I thought I could control whatever it was that came before me.”

What was it in Johnny’s thinking that led to trouble? When did his troubled thinking begin? What were some small steps, some little thoughts that came before the bigger, obvious thinking errors? Can you see a connection between his early thoughts about his work situation and his eventual use?

In using this approach, the facilitator will want to be specific and pin down exact thoughts that led to trouble. Many group members will not make the connection between their thinking and their actions. The facilitator helps by shining a spotlight on the thinking and examining it in detail.

<u>GROUP SESSION</u>
Ed Roberts: So the question is: Was there any thought before he acted?

Inmate: “It was quite obvious that he thought about a lot of things before he acted. Every time when he spoke about being frustrated and discontent, and all these other feelings and emotions he had, he thought about it before he did anything.”

Dr. Samenow: So clearly we have established that there are thoughts. And also it is obvious that there are decisions made to do whatever it is that you’re thinking about doing. What is missing, between the thought and the decision? What isn’t in here?

To see what's missing, the group tried an experiment. Consider this question:

Dr. Samenow: If I were to ask you this question: If you had a choice of a) you work 8 hours a day for 5 days a week--40 hours, or b) or you work 40 hours by doing it ten hours a day 4 days a week, which would you choose to do?

> Inmate: "I think 'b'."

Dr. Samenow: All right and why would that be?

> Inmate: "I'd have more consecutive days off."

Dr. Samenow: So in making the choice, you thought the consequences to yourself. You thought about 'a' versus 'b' would affect your life. And you said 'b,' I'd rather have the 4 days a week. So you thought of consequences there. But in committing a crime, often what is missing is the thought of consequences.

When our thinking leads to trouble, we find a way to close our eyes to consequences.

> Inmate: "It's 'I'll deal with the consequences when I run across that.' When the time comes, then I'll deal with it, but right for now, I'm going to do what I have to do, and that's get high or commit the crime, or whatever it is at that time."

Ed Roberts: So for you, it is just literally shutting off the worry or concern about the consequences?

> Inmate: "Because at the time, it's something that has to be done."

> Inmate: "I got to where I already knew what the results were gonna be. And I did it anyway."

We know the results and we do it anyway. We block out the truth of what can happen. But how do we do that? When we shut out consequences, what do we say to ourselves?

Ed Roberts: And we're looking for: What does that sound like in your head at that moment?

> Johnny: "It sounded like 'Who cares'."

Ed Roberts: Even with “Who cares”, there can be different things behind that for different people. And that can be important to look at. Does that mean I’m tired of trying? They deserve it? You see, there are different things behind that that could mean something different.

Notice how the therapist is getting down to specific examples of how thinking errors work for different people. He is spotlighting the thinking behind the words and exploring how individualized what seem like common thinking errors really are. This is critical if an individual is to change their thinking processes. They must truly understand how **their** thinking impacts **their** behavior.

What is behind that thought for you? How do you tell yourself, “Forget the consequences. Go ahead.”?

Ed Roberts: In the interview you said that you had given some thought to the consequences.

> Johnny: “Or kind of I guess, go around them.”

Ed Roberts: So you convinced yourself you could go around the consequences? How did you do that?

> Johnny: “I really don’t know. As to how I did that, it all happened so quickly. I mean, it wasn’t the type of a thing, a situation where I’d have a lot time to think about it. It would be between my place and the dope house. And not a lot of thought goes into it for me.”

Ed Roberts: That is the point, though, that this happens very quickly. And the question is, you said that you did think about the consequences in this instance. So how did you shut them off or convince yourself that they wouldn’t occur?

Notice how the therapist challenges the point the group member made that “not a lot of thought goes into it for me.”

> Johnny: “I feel that I either deserve it or that I can get away with it; or things will be different this time. That I’m going to be able to control it, and then it just flat out turns into the obsession, that I don’t care about consequences.”

Johnny did consider consequences before he got high. At first he said, “I can control it.” Then he said to himself, “I don’t care.” How do others tell themselves to go ahead? Each person in the group tried to become aware of his or her own way.

Inmate: “I remember a situation where I jumped bail. And I knew I was going to get caught. I knew bail bondsmen were gonna be after me, bounty hunters, all this stuff. But I’ll deal with that later, you know. That’s the thought that’s going through your head. Well, my court date’s this so and so date; well, I know I’m going back to jail; well, I’m just gonna run and deal with it later.”

*Go Ahead Thought: “I’ll deal with it later.”*

Interviewer: So for you, the way you cut off is to postpone the consequences?

Inmate: “Right.”

“Put myself in that same situation. I actually convince myself that I would not suffer the same consequences because I believe the results were going to be different.”

*Go Ahead Thought: “This time it will be different.”*

Ed Roberts: So this time it will be different?

Inmate: “Right.”

Inmate: “I did three years in the penitentiary. When I got out, I actually entertained the thought of, well, I can drink a beer here or there, thinking that would be all right.”

Dr. Samenow: Before you had the first beer, did your mind toy with the idea, entertain the idea, and then you did it?

“It was offered to me. And I thought immediately, I won’t get in trouble. I can have a beer.”

*Go Ahead Thought: “I won’t get in trouble.”*

Ed Roberts: That was the moment of decision for you.

Inmate: “Yeah. And of course it just progressed from there.”

What leads us into that frame of mind where we forget about consequences? Dr. Samenow asks Johnny about this as part of exploring his thinking.

Dr. Samenow: In the tape, you said “I toyed with the idea.” And that sentence, “I toyed with the idea,” means to me--and you tell me if I’m right or wrong--that the

thought comes, the thought goes, the thought comes, the thought goes, repeatedly.

> Johnny: “I think you’re right on target with that.”

Notice how Dr. Samenow allows the group member to determine correctness of his interpretation of the group members thinking, “…and you tell me if I’m right or wrong…” He does not back the group member into a corner with heavy confrontation or an attitude that he knows best. Ultimately, the group member agrees with him. If Dr. Samenow had phrased this in a more confrontational manner, the group member may have responded with opposition.

Ed Roberts: So it’s allowing ourselves, once the thought comes, to continue to entertain it that makes it bigger and stronger to the point that, at some point, you decide to go ahead and do it.

> Inmate: “I tend to, as the thought or the urge to do certain things gets stronger, I tend to forget, not only the consequences, but how bad it really was. And my mind starts to tell me, and remove the things, and only allow me to remember the good things about what I did, whether it be right or wrong.”
>
> Interviewer: Somebody else on that point?
>
> *Go Ahead Thought: “I forget . . .  how bad it was.”*
>
> Female Inmate: “There’s also the thought that you’ll be able to control it. Like I’m gonna go get a twenty then I’m going to kick back and just taste it. I’m gonna taste it.”
>
> *Go Ahead Thought: “I can control it.”*

Dr. Samenow: Yes, that was the other noteworthy point, where he says, “I’m only going to do twenty.” It’s what the mind tells itself that it’s going to do.

> Female Inmate: “For me, I know my consequences were very hurtful, you know. I knew if I smoked, I was going to lose that car, that job, that home, that money. I knew these consequences were gonna come up, and if I take that hit, I’m going to lose something. I’m gonna lose my daughter, ‘cause I ain’t gonna make it to court. And I was hurting. So for me to take that hit or that drink, I would just do it so to medicate that pain.”

Using drugs or alcohol is one more way to shut out consequences.

Throughout the discussion Dr. Samenow wrote down some of the ways people told themselves to "go ahead."

- One is to ignore the consequences. They come to mind; you ignore them.
- Second is to say to yourself, "Well, it'll be different this time. I'll do it right."
- A third is "Who cares". Just forget it.
- A fourth is "I'll deal with it later"—'it' being the consequences, whatever it is, I'll deal with it later.
- Another, which was implied, maybe not quite said this way is, "I want it." I mean you're on your way: "I want the fix, I want the hit." Whatever it is. And that just pushes everything aside.
- And one other thing that you say to yourself is: "I can't take it any more."

These are all things that you say to yourself in order to get past consequences, to make the decision, and go ahead.

Each time that we're tempted, we're at a fork in the road. We can look down that road and see where it ends. Or we can close our eyes and take the quick payoff. What do you say to yourself to get past the consequences and make the decision to go ahead?

We find many ways to close our eyes to consequences. In an interview with Jenna, the group discovered one that is powerful and difficult to see in yourself. As you read this interview, notice her thinking. How does Jenna shut off consequences?

> INTERVIEW
> Dr. Samenow: Where were you?
>
> Jenna: "When I decided to do this?"
>
> Dr. Samenow: Yes.
>
> Jenna: "I was in a car."
>
> Dr. Samenow: What was going on in your mind, as you thought about this particular act?
>
> Jenna: "Um, I had just gotten back from Chicago, I was living in southern California and I'd just been there on vacation—Chicago—and I had left a boyfriend behind, and I had seen him again. And I was thinking I wanted to do whatever was necessary to get him to be with me out here."

Dr. Samenow: All right, and did your mind entertain a number of possibilities, or was there just one thing you had in mind?

Jenna: “The possibility actually came to me. I knew I needed to do something to make money, and it kind of just fell in my lap.”

Dr. Samenow: OK, and tell me what the thing was that you decided to do?

Jenna: “I was working at a bank at the time. I was a teller. And I was approached as I came out of work one night to cash stolen checks, and I had made the decision to do so, within a half mile car ride.”

Dr. Samenow: Let’s talk about the half-mile care ride. When the person approached you about cashing the checks, what was your initial thought?

Jenna: “I got excited.”

Dr. Samenow: OK, and tell me more of the thinking that followed, particularly in that half-mile car ride.

Jenna: “I was thinking how to do this without getting caught. How...pretty much that was it. Let’s do this and let’s not get caught doin’ it and if we do, we deny till the very end.”

Dr. Samenow: All right, and what did you think about in terms of possible consequences, prior to your doing it?

Jenna: “To be completely honest with you, I felt as though I was such a good talker that there wouldn’t be any consequences for me. If there was a consequence, I would lose my job but I didn’t think it would come down to me being arrested and tried and convicted.”

Dr. Samenow: So you were confident you could pull it off.

Jenna: “Absolutely.”

Dr. Samenow: No doubt?

Jenna: “I really didn’t have a doubt.”

Dr. Samenow: So if I understand you correctly, there wasn’t really any thought of consequences because there was this complete optimism that you knew what you wanted to do, you knew how to do it, and that was it.

Jenna: “Pretty much. I mean, I did, in that half-mile car ride that took about five minutes, my only questions regarded what would happen if I got caught, or are we going to get caught. And by the end of that five minute ride, I knew I wasn’t going to get caught. I did get caught. But I knew at that time.”

Dr. Samenow: And how did you know at the time you wouldn’t get caught?

Jenna: “Because I have this screwed up thinking that says that because as an intelligent person or whatever it is I have going for me, I can get away with whatever.”

Dr. Samenow: And is that partially because you’ve gotten away with a lot of things in the past, before you did that?

Jenna: “Yeah, it has something to do with that.”

How did Jenna convince herself to go ahead?

GROUP SESSION

Dr. Samenow: In watching yourself, in terms of what we were talking about, thoughts, consequences, decisions, how do you see what you said fitting into this?

Jenna: “That I ignored the consequences. That I felt that I was above the law once again, and I had complete over-confidence that I could do it and get away with it.”

Dr. Samenow: The term ‘over-confidence’ is an interesting term. In fact you said that, even if caught, that you would be such a smooth talker, there wouldn’t be any consequences. Do any of the rest of you have any comment in regard to yourself about this super-confidence? Have any of you experienced this? A certainty in your own mind that either there wouldn’t be any or whatever they were, no big deal.

Johnny: “I can totally relate to her because I got caught in the thing, almost in the exact same way, cashing bad checks, you know. And after the first one was successful, it was like, OK, not a problem, it’s real easy.”

Inmate: “I suffered from overconfidence a lot. Believing that, for the same reason she spoke of on the tape, is that I can talk my way out of things, even if caught.”

Dr. Samenow: Anyone else have comments about the overconfidence, the supreme confidence, that when you are about to commit a crime, you are going to get away with it?

> Inmate: “When I’m committing crimes, I’m not thinking about any kind of consequences, because if you are, it’s going to ruin everything.”

Dr. Samenow: So would it be accurate to say that when you committed a crime, you were confident you’d get away with it. Period.

> Inmate: “Always. Always. I’ll deal with it later. If I do. But I’m not even thinking about that. I know I’m gonna come up and I know I’m going to get done with that.”

Dr. Samenow: In this interview, she did think at least briefly about the consequences and said to herself, ‘No big deal, there aren’t going to be any.’ And this gentleman is saying, ‘When I’m out there, I’m not thinking about consequences at all. In my mind, this is a done deal. I am going to get away with it, period.’

> Myron: “I think what enhanced my confidence is having knowledge of the crime that I’m about to commit, of arming myself with details and things of that nature, of the crime. So it enhances my chances, my confidence, to where I just might not get caught.”

> Jenna: “My experience is the same as Myron’s. I mean, the questions that I asked were specifically what it is that we’re doing, specific dollar amounts, specific ID numbers, everything like to the point where there was no room for mistake, because you knew every little detail of what you were going to do.”

Here is a good example of group members realizing they are not the only person to go through an experience, or to have particular thoughts. This, again, is one of the major advantages of group therapy.

Dr. Samenow: This is another point. That at least with certain crimes, at least in your mind, they are so well planned out, they are planned out in such meticulous detail that it is unimaginable that there would be consequences. And even if there happened to be, you’d be able to get out of it. So what we have brought into this discussion is the super-confidence, so that in many instances either you’re not thinking about the consequences at all--you’re there, you’re out there, you’re certain, and you’ve gotten away with others things like it, or other types of crimes in the past. Or the consequences do come to mind, but you say, no big deal, I’ve been there, I can handle it.

To learn more about super-optimism, the group tried an experiment.

GROUP EXERCISE

Ed Roberts: “So can we do a little group exercise here for just a second...and what I want you to do is I want everybody to just sort of shut your eyes for a second. Shut your eyes and try to relax, and I want to picture yourself standing at the free throw line on a basketball court. You dribble the ball a couple of times, looking at the basket, and then you take a shot, a free throw. OK? Now open your eyes. How many people missed? (NONE) What does that tell us about our fantasies, or the thoughts in our mind about something before we do it?”

Inmate: “I know when I’m dreaming or fantasizing, I’m doing everything right.”

Ed Roberts: “Because we don’t fail at fantasy, right?”

Inmate: “No, but now that I’m thinking about it, I’m in control of my thoughts.”

Ed Roberts: “Very good point. So we are in control of our thoughts.”

Inmate: “When I have thoughts like that, or have visions of doing something, I control the results. I control them. If I’m going into to get some money in a particular crime, I’m gonna get it and then I’m gonna smoke. And I’m even so far into it that I know exactly what I’m gonna do, go party, whatever, buy this car.”

Ed Roberts: “So when we think about committing a crime, we’re in total control of the outcome. But when we actually do it, is that still true?”

Inmate: “Actually not, because you never know what the variable is gonna be. You never know what - you know, you try to consider everything that could possibly go wrong, and it seems that we always miss something.”

Super-optimism is a way to shut out the voice of fear, fear of what might happen.

Inmate: “I think of that little inner voice that lets me know when I’m about to do something that’s off-color or out of line, or even committing a crime, I’m always thinking that this is probably not a smart move. If I could pay attention to that fear, really, with a sound mind and try to listen to what it’s trying to tell me...”

GROUP SESSION

Dr. Samenow: You know, fear is often thought of as a dirty word. We don't like to admit that we're afraid. But actually we're born with a certain amount of fear, or at least the capacity to experience fear. And instead of looking at fear as an enemy, or fear as a sign of being chicken or sissy or weak, actually fear can be a guide. Fear can help us stay out of difficult, troublesome situations. Fear can lead us to do the right thing. It's the shutting off of fear that often will lead us to make the bad decision and commit the criminal act. So fear is not a dirty word. It is a plus.

When Jenna thought more about her interview, she discovered she had more fear than she realized. Fear that might have kept her out of trouble.

> INTERVIEW
>
> Dr. Samenow: "In that half-mile, the brief thought about what might happen if you did get caught--you said there was a thought like that--maybe in a flash of a second?"
>
> Jenna: "Honestly, a flash of a second. Because picturing myself behind bars is something that I just can't grasp."
>
> Dr. Samenow: "So it was a thought that flashed through your mind, you gave it no weight, and then that was it."
>
> Jenna: "I gave it a little bit of weight."
>
> Dr. Samenow: "So tell me about that."
>
> Jenna: "I may have thought for a split second that I'd be screwing up my life."

So there was a moment of fear, and Jenna chose not to listen. Others also experienced fear and chose not to listen. Do you shut off fear with super-optimism? What do you say to yourself?

Note how Dr. Samenow works the experience of the "half-mile" pointing out thoughts that occurred in that short time that Jenna was not initially aware of.

The therapists are demonstrating very effectively how to squeeze the most out of seemingly unimportant thoughts. This is how cognitive behavioral therapy works, shining a spotlight on the thoughts going on prior to the behavior that is problematic, to clearly establish the link between thinking and behavior.

GROUP SESSION

Dr. Samenow: "How do we stop ourselves the next time we're tempted? Well, one way is to pay attention to the thought that tells us to go ahead."

Will we really catch our 'go ahead' thoughts when it matters most, in real life? To gain much-needed practice, the group tries a role play. Rodney is sitting in a movie theater; Jason carries two cups of coffee, trying to squeeze through the row behind.

ROLE PLAY

Rodney: "What's wrong with you, stupid?"

Dr. Samenow: What are you thinking right now?

Rodney: "That he's stupid. He walked by and he dropped coffee on me."

Dr. Samenow: Anything more than that?

Rodney: "Probably attacking him."

Dr. Samenow: All right, are you thinking about consequences?

Rodney: "No. Not at all, period."

Dr. Samenow: What are you thinking? Give me the thoughts.

Rodney: "The thought is 'Why did he bump into me and didn't say 'excuse me.'' You know, I'm feeling aggressive, like I really want to just tear his head off."

Dr. Samenow: So the 'go-ahead' thought is: if he doesn't say something by way of apology, he's chopped meat.

Rodney: "Automatically. History."
*"If he doesn't apologize, I attack."*

Dr. Samenow: All right, thank you both very much.

Dr. Samenow: If any of you were in the same situation, what would have been your instant thought?

"First of all, I would feel like I had been disrespected, and if he didn't give me my respect, I would have to demand it."
*"If he doesn't respect me, I would have to demand it."*

If he doesn't respect me, I would have to demand it. Is there another way to see it?

GROUP SESSION

> Jenna: "I think as drug addicts, a lot of times we turn everything into a personal issue. I mean, even though this person might not have ever seen us before, if they did that, that's because they don't like me. They've got something against me. Like Rodney said, we turn it into something about us, not that the guy just tripped over something on the floor. It's that 'he was out to get me.'"

Dr. Samenow: What would an alternative way of reacting have been, other than I'm going to even the score?

> Jenna: "To see the situation for what it's worth. The person was not intentionally doing that to you, so instead of turning it into something about you, you just need to let it go. You need to step back and say 'This is not about me, and this person did not do this to spite me.'"

Dr. Samenow: In other words, he's saying that he's made an assumption, and he has assumed the worst. It's done deliberately. Tell me what some of the possible consequences might have been if in fact he had attacked him.

> Inmate: "Jail, instantly."

> Inmate: "You're gonna hurt the person."

Dr. Samenow: OK, jail, injury to the person. Anybody think about anything else?

> Inmate: "It could also ruin a good date."

> Inmate: "You might get whupped too."

> Inmate: "You could also hurt innocent people."

Dr. Samenow: All right - jail, injury to the person, ruin a good date, you'd get assaulted, and you would hurt innocent people. Now, none of that came into anybody's mind as they were responding. Why not?

> Inmate: "We didn't allow ourselves time to think about the situation, that maybe it was an accident. It just...your thought process moves so fast, once that adrenalin is pumping, you react."

If we don't take time to think, we just react.

Dr. Samenow: It's really habit. It's a habitual way you react.

If we're able to slow down, we have time to think about what might happen. We can notice our go-ahead thought and see it as a warning sign. To gain more practice in catching go-ahead thoughts, the group tried another role play, a situation in which Randy is offered drugs.

This type of role play can be very effective and even fun. Group members are often masters at this type of interaction and can get very creative during the process.

> ROLE PLAY
> Female Inmate: "Hey, girl, that stuff we got? We can get rid of it here."
>
> Female Inmate: "Hell yeah."
>
> Female Inmate: "It's good stuff, Randy."
>
> Randy: "You got some on you right now?"
>
> Female Inmate: "We can just leave the center. Just for a minute. You just need the money for the room. You got that."
>
> Randy: "Just what I need, man."
>
> Female Inmate: "Let's go. Don't you want to feel good?"
>
> Female Inmate: "They ain't gonna find out. It's just this one time."
>
> Randy: "Let's go."

GROUP SESSION
Ed Roberts: Now right there, what were you thinking?

> Randy: "Well, I had a moment there, just a second, it got me going, and I thought just momentarily about the consequences, which didn't take long for me to say, let's go do this."

Ed Roberts: But you thought about consequences for just a brief second?

> Randy: "Yeah, like that."

Ed Roberts: And then what did you say to yourself that allowed you to quit thinking about them?

Randy: “I said, two girls and a bag of dope!”

Ed Roberts: So that was the thought that allowed you to shut off consideration of consequences and go ahead.

Rodney: “The sex part - I think the way I think would have told me, just go ahead let them get high, I’m gonna just swing with them. They can be giggly and funny and whatever they do when they’re using, I just want to participate like that. But being realistic, I know that the disease is trying to trick me to believe I could go to a room where they’re using my drug of choice, and my mind tells me I perform better when I’m using drugs. That I probably would use too.”

*Go Ahead Thought: “I perform better.”*

Ed Roberts: So what we’ve done then is look inside the mind and see what happens in those moments that gets us into trouble. And in that moment of decision, we tell ourselves something that either cuts off our concern about consequences or in which we totally ignore consequences and that allows us to go ahead and this is what leads to trouble over and over again.

Role playing real life situations reveals the strong pull of temptation and the need for daily practice. Practical steps for dealing with temptation will be covered in the next Part of the course.

It is important to pay attention to how much detail and information the therapists are able to get from what seem like simple, almost toss away thoughts. When they freeze the dialogue and really examine these thoughts, the thinking errors can be unpacked to demonstrate how these thoughts lead to problematic behavior. Through avoiding thinking about consequences and listening to their “go ahead” thoughts, group members find themselves in the same situation over and over again. It is critical for facilitators to identify these thoughts and assist clients in understanding the profound impact they have on their behavior. A skilled facilitator will not let any thinking error, even if it is packaged as a cliché, go by without working with it to help clients understand their self defeating thinking processes and behavior.

## Part 3
## Remembering Consequences

In the first two parts of this course, the group looked at these ideas, go ahead thoughts and cutting off or ignoring concerns about consequences

GROUP SESSION
Dr. Samenow:" How do we stop ourselves the next time we're tempted? Well, one way is to pay attention to the thought that tells us to go ahead."

> Inmate: "I wont' get in trouble. I can have a beer."
>
> Female Inmate: "It's also the thought that you will be able to control it, like I'm going to go get a twenty then I'm going to kick back and just taste it."
>
> Inmate: "I didn't care about the consequences."

Ed Roberts: "And in that moment of decision, we tell ourselves something that either cuts off our concern about consequences or in which we totally ignore consequences, and that allows us to go ahead. And this is what leads to trouble, over and over again."

GROUP SESSION
Dr. Samenow: "We saw earlier that often we don't notice what goes on in our mind. We're not really thinking about what goes on in our brain. But it's automatic. And that's why we really aren't aware of it. It's just happened. However, in order to change, we do need to pay attention to what goes on in our minds, because otherwise we'll just keep repeating the same thing over and over. I'm going to play a short video segment and I want you to pay attention to the thoughts that you're having. Let's get some practice."

As you watch this scene, be aware of your thoughts. What comes into your mind?

[video clip – walking through a convenience store, looking at all of the products, the alcohol, the cash register, the guy behind the counter, all the money in the cash drawer. The clerk hears something, leaves the counter, and leaves the cash drawer open]

Dr. Samenow: As you watched the scene, what thoughts did you have?

> Inmate: "There's a few twenties in there and the guy takes off, that money's mine. Free money."

*Go Ahead Thought: "Free money."*

> "My thoughts said that they shouldn't be leaving their stuff around like that. And that's mine."

*Go Ahead Thought: "It's mine."*

> "Hurry up and get it and let's go."

*Go Ahead Thought: "Get it and go."*

Ed Roberts: Beginning to notice these thoughts, that's a warning sign. That's a point that can save - where we can say to ourselves "Whoa! This is trouble." And then what we can do is simply stop ourselves, take a step back, and take a deep breath. It gives us that moment to think, at the moment of decision."

Thoughts of doing crimes and getting high can be powerful. So powerful that we go for them like fish taking bait, though they lead to trouble again and again. If we notice these thoughts, they can serve as signs, warning us to stop, step back, take a deep breath and make a different choice.

Dr. Samenow: There are always going to be temptations. In the treatment program, out of the treatment program, when you're out living your lives. Because there's always temptation for everybody, whether they're addicts or not addicts. And so for any of us, it's to try to become aware of the thoughts and, in particular, we're talking about these go-ahead thoughts.

> Inmate: "I think it's the actions after the thoughts that allow you to change. Because if you're not willing to change, then once you get those thoughts, you're going to react to them. But if you're willing to change, then it allows you a chance to think about it, and say, well, look I woulda done this."

Dr. Samenow: "I think the point is well taken. If you're not motivated to change, well, then you can forget all this stuff about go ahead thoughts, pain to others, and so forth."

Ed Roberts: "Once you're committed to change, you stop and think about it before you commit the action, and that is the whole point. And that's what we're talking about now. And so that is the value of this whole process of, in that moment, when it's happening, in the temptation, when there's the possibility of just reacting, to be able to stop, notice the thoughts, take a step back, take a deep breath, and say, "do I really want to get into this?"

Dr. Samenow: "What is different about people who are not committing crimes--they may be tempted, but they don't go through with it. What is different in their thinking?"

> Inmate: "Probably, I'm sure, most of us have those thoughts, but they probably don't want to risk the chances."

Dr. Samenow: People who are basically responsible still, under certain conditions, can have a thought go through their mind, a temptation, but there are consequences they think about. And the thought of the consequences, whether it is what will immediately happen or who will be hurt, those stop them. So it never gets that far.

If we catch ourselves before we act, we can slow down, we can think about what we're doing. We can think about where it leads. Thinking about the consequences can help us make a different choice.

Dr. Samenow: So the question really is: the next time you face temptation, what sorts of things might you think of?

> Jenna: "I know that now that I've been caught, I see the consequences as being real. Now I know what the consequences are, and I need to play that tape all the way through. I need to see myself committing that crime, see myself getting caught, see the repercussions, and the sentence or whatever, and see my whole life go back to where it had been before."

Ed Roberts: OK, so you'll see a picture in your head of what the consequences may be.

> Jenna: "See myself with those handcuffs on, seeing the people around me watching me with handcuffs on, the shame and just the embarrassment of that is almost worse for me than, you know, the actual sentence imposed."

*Picture Consequences: "The handcuffs on . . . "*

Ed Roberts: Can some other people give us some examples of the types of consequences you can think about that will help you in that same situation?

> Inmate: "I came from a pretty good upbringing, and my consequences came from having a good income, having a good career, to homelessness, to living on the streets. Just going in and out of jails and rehab centers."

Ed Roberts: So how can you use those consequences then, in a future situation, where you're tempted, to keep you from going ahead?

Inmate: "All I have to do is think about where it took me."

*Picture Consequences: "Homelessness. . . "*

Dr. Samenow: Well, we have two specific consequences so far. You see yourself in handcuffs, to see yourself homeless. Are there other specific thoughts of consequences that you could bring to mind?

Female Inmate: "My little girl's picture, her face comes into my head."

Ed Roberts: And what does her face look like?

Female Inmate: "Right now, she has a happy face when I think of her, because I'm in the program and everything. But there'd be times when she knew I was going go to something, she'd be with me and I'd be like, 'wait here.' And she'd be like, 'Mommy, please, don't go. I feel like you're going to get into trouble.'"

Ed Roberts: So if you'd go back, what would that face look like?

Female Inmate: "A very hurt expression on her face, I'd picture. If I go back, her not even really wanting to talk to me any more."

Ed Roberts: Is that an image that you could use?

"Um-hmm. Yes."

*Picture Consequences: "My little girl's face . . . "*

Female Inmate: "I was on the verge of death. If there wasn't somebody to kill me, I was going to take my own life."

Ed Roberts: So what image could you use from that, when you're faced with temptation again, to stop you?

Female Inmate: "My casket. I see a casket with me in it, and the lid is shuttin' - Damn!"

*Picture Consequences: "My casket . . . "*

> Female Inmate: “For me, the consequences that would flash through my head would be losing my family’s trust again, and losing everything that I’m working so hard for now, like school and my GED and everything else. And my sobriety. And it would also be going back to prison for me and sitting in those orange jump suits for months and just dealing with that.”
>
> *Picture Consequences: “Sitting in those prison clothes . . . “*

The key to this type of exercise is to get each person to hold a very individualized, personal picture in their mind to visualize when they are tempted. The therapists give each group member participating in the exercise a picture tailor made for them, not a generic stereotype. They co-create these through dialogue with the clients and the use of their language to build the picture,

The picture they visualize acts as a mechanism for stopping the old thinking from rolling on undeterred. By visualizing the picture, they interrupt the old thinking, allowing them to insert new thoughts that will lead to different, successful outcomes.

Dr. Samenow: These are all images that can be called to mind that you can use when you’re having thoughts about doing things that you know you shouldn’t be doing.

When we face temptation, we can call to mind images, pictures of ourselves or the people we love, suffering the consequences of our actions. What are the consequences you can picture?

Now the group considers a new question. What else can we do, right now, before we’re on the spot, facing temptation? How can we plan ahead?

<u>GROUP SESSION</u>
Dr. Samenow: You can think about a situation and its potential problem before you’re in it. People can actually choose what to think about. Can any of you think of some examples from your own life where in the future you could think about it before you got there? Where you could decide, I’m going to think differently, before you got into the situation and had to cope with it?

> Rodney: “I was a driver for the program I’m in, and the program I’m in is in the city that I got loaded in. So on a daily basis, I’m passing through the same neighborhoods; and what I had to do was, first and foremost, is that I start changing my direction in which I go. There’s ways to avoid the inner parts of neighborhoods - that trigger all these memories, or the desire for this lifestyle. So I started, instead of always wanting to go and be seen, testing my sobriety by ‘look at me now,’ when I would see people, I started not to stop any more and holler at them. I just wave and I keep right on

going. That helped me a whole lot, in order to get through that situation and get through that particular job, which I don't have to do no more, so I'm kind of grateful for that now."

*Plan ahead – "Change direction . . ."*

Jenna: "I would have to avoid those areas. If there was an alternate route, if there was any chance of doing an alternate route, I would have to do that, because, I mean, the program tells us we need to change: people, places, and things. And I just can't go there. Just with you asking the question and talking about it, I was getting that physical reaction, that my stomach started cramping, it was making me feel ill, it was not good."

Dr. Samenow: Let me ask you this, appreciating the point that you're making, that you would not go into those areas. Suppose that you did have a job and they needed you to make a delivery, what could you do, if anything, mentally, to complete the delivery?

Jenna: "I'd have to think about my family being hurt. I'd have to think about losing my sobriety, and losing everything that I'm working for right now."

*Plan ahead – "Picture my family . . ."*

Dr. Samenow: You would have to summon that thinking. You would have to make yourself start to think about that before you even turned into the neighborhood, the minute you realized you were going into neighborhood, then these images that we've talked about.

Johnny: "I've been in that situation. Like I said, my disease took me downtown to live homeless. And I had to go downtown sober, and it wasn't easy. But what I did was I said the Serenity Prayer, over and over, every time those thoughts would come out, I'd rush them out with the Serenity Prayer. And eventually I got them out of there."

*Plan ahead – "Serenity Prayer . . ."*

Dr. Samenow: It's really programming your own thinking. Nobody else program's your thinking, but you're deciding what it is you want to do. Really what we're talking about is different ways to avoid acting on criminal thoughts or thoughts of getting high.

In this session, the group looked at two ways to deal with temptation. Picture the consequences. Plan ahead. Both are things we can practice right now. In the session coming up, the group asks: will these techniques work when I need them most?

Now the group is ready to practice some of the skills they've learned. They know that a thought that tells us to 'go-ahead' can be a warning sign. If we notice that thought, we can stop, step back, and take a deep breath. Give ourselves time to picture the consequences. Now the group asks: Are we ready to use these skills in situations we might face? The group looked at temptations involving drugs and alcohol.

> Inmate: "My temptation would be being around other people using. That's a big temptation for me."
>
> Female Inmate: "For me, my tempting situation a lot like Russ's, watching someone cook it up, that spoon, or the cooker, and that outfit. Even an empty outfit would just be like such a temptation for me. Seeing people getting loaded."
>
> Female Inmate: "One temptation I always have on my mind, and always in front of me, is money. But not a little money. A little money ain't gonna get it. So it's gotta be a lot of money, like income tax checks, or win the lottery, or something that I could keep going with it."
>
> Inmate: "I think that sex is one of the biggest triggers that I encounter. It's funny that through all my sexual behavior, I've always been under the influence of something, to change the mood. So I automatically associate one with the other, because it made me feel like I'm a stud."
>
> Inmate: "The situation for me would be getting too angry, and just saying f-it. You know what I mean? Just throw it all away. So anger is a big trigger for me. It's what's made me relapse in the past."

The group agreed all of these situations are triggers for relapse. And all are opportunities to use the skills they are learning. They decided to revisit a previous role play to see how the skills work in this situation.

ROLE PLAY

Ed Roberts: Can we get the people back up here that were involved in that role play? The role play that we did the other day I believe, in fact, you experienced a little bit of something, right, in that role play? So tell us a little bit about that.

Randy: "It was just, you know, almost got real for a minute, when they had they had some, and it was real because I'd done that, and I give up just about that fast. So it reminded me of a lot of times that I'd been in that position."

Ed Roberts: OK, so we want to replay that and we want you to allow that kind of struggle to go on and push him a little bit, and then we want you to use this aid

that we've learned about stopping, taking a step back, just taking a deep breath, and using that image you had thought of earlier, of your old self, and your new self.

> Female Inmate: "Randy, you want to get high, don't you?"
>
> Randy: "Just my luck, huh?"
>
> Female Inmate: "We can go up and get high, you know? You're used to it. Why not?"
>
> Randy: "I think not. Just for today, I think I'll pass. Thank you for sharing with me, but no thanks."

Ed Roberts: OK, was that real, Randy?

Randy: "That's what I would hope would be my reaction, if it really happened."

Dr. Samenow: It's real right now, because of the situation you're in now.

Randy: "It's real, yeah, because I'm clean today and I've got some consequences to consider."

Ed Roberts: Do you remember what you said your go-ahead thought was the other day, with this situation?

Randy: "Yeah."

Ed Roberts: And what was that?

Randy: "About the two girls?"

Ed Roberts: Yeah.

Randy: "That wouldn't push me over. I mean, that's not strong enough to make it - as a matter of fact, that wouldn't be strong enough right now to take me, even if I made the decision to go and enjoy that part of it and not enjoy the drugs. I wouldn't do that. I wouldn't set myself up like that."

Dr. Samenow: I'm interested in, when you took the breath and took a step back, what thought did you bring to mind?

Randy: "The image was me being out there, runnin' and gunnin', unhappy, miserable, alone, and all the stuff that goes with active addiction. I can see it all right like that. It's not hard."

To avoid a relapse, Randy pictured consequences. He made it work, this time. Yet only with practice, day by day, can these skills become a way of life. In a situation like this, what else could he have done?

The group now recalled prison situations involving drugs, where they used the skills and stayed out of trouble.

GROUP SESSION

> Jenna: "I had a situation just when I was in the federal jail right before I came into the program, where there was a female there that had dope. And I had to think about the possibility of getting caught with that and having that in a federal institution - I believe that's considered a crime!"

*Consequences – "Getting caught . . ."*

> "It came in that this guy had snuck in a big old sack of rocks, and had offered me some. And I had just - I was barely clean but I wanted to stay clean at the time. And I guess something that really, really inspired me not to go back and using it was, I said 'no', and was thinking about it, but then I saw the guys that said yes, and they were behind the bathroom stall, peeking up over to see if anybody was watching, and I said, 'nah, I don't want to go back to that, man'. That's a real good feeling to have."

*Consequences – "I don't want to go back. . ."*

> Rodney: "One time my cell mate brought some weed into the cell. It was a bud and it was real loud smelling. And it was the first temptation I'd had. We have real small cells, and the smell of the weed was so strong. And I was like I had to ask him, I said, 'I'd appreciate it if you'd do me a favor and don't bring that weed in the cell,' because actually it really was tempting for me. And then my mind said, you can smoke this weed and get away with it; nobody will know nothin', you know. And once I explained to him where I was at in terms of my recovery process, it would create too many problems because I knew for a fact that the weed would lead me to other things, and another frame of mind. And up to that time I hadn't had any problems in prison, and I wanted to avoid that as much as possible. So that was an up-close and personal thing in prison, where this sobriety thing became really important. Because I knew it would enhance my change."

*Consequences – "Would lead me to other things . . ."*

Recovery can begin in prison. Picturing consequences can make a difference.

With hard work and practice, people change their thinking and their lives. But what happens if, for a time, they miss the old place?

GROUP SESSION

Ed Roberts: Some of you said it's always been about crime and drugs and this kind of lifestyle. So often, when we give up this way of life, we give up the excitement, the thrill, the fun that we're used to. And it can leave a hole. So the question is: what can we do to fill it?

> Randy: "That hole is monstrous for me and it's like I actually go through a grieving process, not only that I miss the drugs, but the lifestyle as well, and all the things that go with it. I mean, I feel like a duck out of water. I feel it like going through withdrawals. It's been suggested that I write letters to heroin, and all these different things, saying I'm sorry, I had to let you go, and I really miss you, and I wish we could be back together again but unfortunately...And I've done all that stuff, but it's a very slow process for me to come out of that."

*Filling the hole . . . Dealing with grief*

> Jenna: "I know I'll eventually get to that point where it's like I need to do something that's going to fill up my time. And I think for me, I enjoy working, and I did through my addiction as well, but I think going back to work and getting back into real life and trying for once to be a contributing member of society, I mean, that's just going to fill me, spiritually and emotionally, just to know that I'm doing the right thing on a daily basis."

*Filling the hole . . . Going to work*

> Rodney: "I have to replace the things that I thought were exciting with things that are sober and also legal. I never did normal things, and so, in all actuality, I'm like a small child being reborn again, and the process, the program, the treatment, the school, the friends, going bowling and miniature golfing, and doing other hobbies and activities has pretty much helped me fill some of the holes and the gaps. So I'm at that point now where I realize an education, as well as other things, and a willingness to change, to take suggestions, or maybe somebody help in that area, is real important, if I hope to continue on the path that I'm on today."

*Filling the hole . . . Finding new activities*

> This is especially important for recovering people. The human brain craves novelty, so finding new leisure skills, hobby's activities like sports,

exercise and art can make a difference in whether or not a person will remain sober and crime free.

Female Inmate: “The things I do today help fill up that hole, because the hole was big when I first came into treatment, and now it’s about that small. My obsession is not there as much as it used to be, but what I do is I try to do the work that is suggested of me in the program that I’m in. You know, I go to sober living dances, I go to sober meetings, I go to sober picnics, whatever’s sober. Whatever places I can find that don’t have the activities that I was doin’.”

*Filling the hole . . . Working my program*

Johnny: “It’s a big empty hole, and I try to fill them with as many activities that I can, including meetings. We try to do a lot of sober activities. Me and a few guys, we get together, we play basketball, we got a softball game coming up on Sunday, spending time with my sons on Saturday. I just try to find a lot of positive things to do because I think one of the worst for an addict to do is just sit around with idle time, you know. I try to stay busy and try to do positive things.”

*Filling the hole . . . Staying busy*

Female Inmate: “For me, the hole itself was just going around getting high all the time, and I felt - really I felt uncomfortable in my own skin. And I didn’t feel like I was worthy. I didn’t have any accomplishments. And it was just constantly getting high and doing crimes, and just coming up all the time. And now to fill the hole, I guess it’s just taking little steps and setting goals for myself and making friends that like really care about me and just don’t want me around for dope or whatever.”

*Filling the hole . . . Setting goals; Making Friends*

Dr. Samenow: These are all critical to filling the hole, and I think this view of a newborn person who’s starting life – I don’t care if you’re twenty or if you’re forty or if you’re fifty-five or whatever you are, you still start anew. It’s from the ground and you build. And important things are not built overnight.

If I’m building a new life, it helps to know what life I want. To see it clearly. What kind of person do I want to be? What kind of role model for my children?

Ed Roberts: So some of you too, quite a few of you, say you have children. And we know that often children imitate adults. So I guess the next question would be: What is it that you would want your children or your child to copy from you?

Rodney: “You know I have a twenty year old daughter that has basically copied every bad thing about me, in her behavior. It’s important for her to see me as a father, rather than as her daddy, the gang member. Then we could make some headway in making a positive change in both our lives, and bring about a better relationship and a stronger bond.”

Ed Roberts: So what you want her to copy now is...

Rodney: “It’s to become a good person.”

Ed Roberts: And that’s what you want to role model for her?

Rodney: “Right.”

Donald: “My boy or my three girls, I don’t want them to be nothin’ like me. I don’t think that I’m that much of a good example for them, right now. As soon as I can heal myself and make myself better, then I would like for them to be - if I succeed to be somebody, I would like for them to follow.”

Ed Roberts: What would you like to be able to role model for them, Donald?

Donald: “To be a good father to them. To show them how to go work, how to keep a job, how to not be in gangs, how to not be stupid like me, I guess. Not have that attitude of ‘who cares.’ Be responsible, and be able to take care of their self.”

Notice how Donald says he doesn’t want his children to be anything like him, that if he succeeds he would like for them to follow. Despite Donald not casting himself as a role model for his children, the therapist, through specific questioning, gets Donald to discuss himself as a role model for his children. This is very skillful and much better than letting Donald’s somewhat self denigrating answer stand.

Female Inmate: “My daughter’s sixteen and there’s nothing up to this point that I would like her to be anything like me. But now the way I’m changing myself, because I do feel like I’m changing with this program, and I would love her to be like the sober me, you know.”

Ed Roberts: What is it about the sober you...

Female Inmate: “The sober me? I wonder...I’m a very good person, I’m honest, trustworthy, and I think of consequences before I act on certain things. I think about not breaking the law. It doesn’t even come into my mind when I’m sober, as far as even considering going back to prison.”

> Again, this female inmate does not see herself as a role model for her daughter, initially, but she responds to questioning and describes positive aspects of herself sober.

Ed Roberts: Nothing may totally replace the extent of the excitement and the thrill of your old lifestyle. But the self-respect and the self-esteem gained from doing the right thing, no matter what, is the best feeling in the world, and there is no drug, no crime, no excitement, that can match that feeling.

Having a clear picture of the life we want is useful. When we face temptation, we can think: Will this help me to become the person I want to be?

Ed Roberts: And the last question along these lines is: What would you like people to say about you at your funeral?

> Inmate: “At my funeral, I’d want them to say that ‘he made a big turnaround. At first he wasn’t headed in the right direction, but then he turned around and he got it together. And from then on, he took care of business. Was a good father, responsible.”
>
> Johnny: “I would like people to stand up and say that I was a good man, a good father, I had to work on that husband thing, but I want it to be true.”

Ed Roberts: So you want to make the rest of your life...

> Johnny: “Something I can be proud of and they can be proud of. The guy giving the eulogy, sit up there and tell the truth!”
>
> Female Inmate: “I can pay the rent today, you know, by working, at a job, you know. And I’d like that to be said. I really would. I mean, I’m a responsible person today.”

If we want to build a new life, we need a clear picture of the life we want. How would you frame a question for clients to help them see themselves as successful in a new life?

Ed Roberts: So we’ve looked at a variety of things that we can do to help us change. We’ve looked at noticing the ways that we cut off fear of consequences or the way that we ignore consequences and the thoughts that allow us to go ahead and act in ways that cause us problems.

> Inmate: “I believed at the time that I could control it.”
>
> Inmate: “Oh, I’m just gonna run and deal with it later.”

Inmate: “I believed the results was gonna be different.”

Female Inmate: “I can talk my way out of things.”

Ed Roberts: We’ve looked at what we can do to notice those thoughts, take a step back, take a deep breath, and how we can create thoughts and images of the consequences that can help to stop us in that moment.

Female Inmate: “My little girl’s picture, her face, comes into my head now.”

Inmate: “How I feel in the Los Angeles County Jail in a holding tank waiting to be transferred to prison.”

Inmate: “To me, that image, just my kids, how I hurt them.”

Female Inmate: “My casket. I see a casket with me in it, and the lid is shutting. Damn!”

Ed Roberts: We’ve also looked at how we can build a better image of the person we want to be.

Inmate: “To be a good father to them. To show them how to go work, how to keep a job.”

Inmate: “At my funeral, I want them to say that ‘he made a big turnaround,’ you know what I mean?”

Inmate: “I would like people to stand up and say that I was a good man, good father.”

Dr. Samenow: The point is that out of all this pain and suffering, both to yourselves and others, it won’t have been for nothing. That out of this pain, a certain realization will come. A certain inspiration. A certain dedication to making your lives better. That you can in fact become the kind of person that you want to become. That the pain, the suffering, the wrongdoing, will not have been for nothing, and that you will have built a new life of which you and others can be proud.

## *CHANGE IS POSSIBLE*

To assist clients in making changes using a cognitive behavioral therapy approach, the therapist must pay close attention to language and be savvy regarding how a client's way of talking about themselves and others is indicative of their thinking. Identifying and illuminating thinking errors is a key to making changes. This requires precision and careful attention to the thought processes that lead to painful or problematic outcomes, and assisting clients to change their thinking patterns to thoughts that lead to success.

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# Appendix A: Post Test and Evaluation for Commitment to Change- The Power of Consequences

**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. Part of the process of change involved having the inmates look at the pain they had caused to:
    a. the victims and their families
    b. the community
    c. their own families
    d. all of the above
    e. none of the above

2. One of the tactics that keeps people stuck in their behavior is blaming themselves.
    a. True
    b. False

3. External consequences resulting from the inmates' poor decision-making include all EXCEPT which of the following:
    a. lost time with their families
    b. lies and infidelity to their partners
    c. loss of self esteem
    d. stealing from their families
    e. lost employment opportunities

4. Change involves the courage to:
    a. face the truth
    b. look at their choices
    c. see the pain caused to others
    d. face their own pain
    e. all of the above

5. One of the consequences the inmates were unlikely to consider was the lasting trauma to the victims of their violent acts.
    a. True
    b. False

6. Even when they were aware of the consequences, what was the tactic that led to proceeding with the action anyway?
    a. fear
    b. denial
    c. justification
    d. projection
    e. none of the above

7. Inmates' justification for their actions included all but which of the following:
    a. "I'm going to be able to control it"
    b. "I feel that I deserve it"
    c. "I can get away with it"
    d. "I'm not hurting anyone"
    e. "I don't care about the consequences"

8. Beliefs that allowed them to "get around" consequences include:
    a. "This time will be different"
    b. "I want it now."
    c. "I'll deal with the consequences later"
    d. "I can't take it anymore."
    e. All of the above

9. One of the errors in thinking is overestimating the consequences of failure.
    a. True
    b. False

10. Thinking that an illegal act is so well planned that it is impossible to fail is called:
    a. delusion
    b. miraculous thinking
    c. super-optimism
    d. narcissism

11. "It is the shutting off of _____that will often lead us to make a bad decision and commit the criminal act."
    a. fear
    b. conscience
    c. communication
    d. reason

12. Among the thought patterns that trigger an automatic aggressive response are:
    a. assuming the worst
    b. personalizing the action
    c. seeing the situation for what it's worth
    d. a and b
    e. b and c

13. The specific tool that Samenow suggests for stopping the temptation from becoming behavior is:
    a. creating a visual image of the consequences
    b. thinking about something else
    c. fear
    d. all of the above
    e. none of the above

14. Another important step is to identify _____, which are persons, places or things that serve as temptations to relapse to old behaviors.
    a. associations
    b. prompts
    c. triggers
    d. go-ahead thoughts

15. One of the biggest disappointments expressed by the men was their not being good role models for their children.
    a. True
    b. False

16. Change involves all of the following EXCEPT:
    a. being willing to change
    b. trying to create different consequences from the same behaviors
    c. knowing how we make decisions that lead to trouble
    d. experiencing the pain we've caused to ourselves and others

17. One of the errors in thinking was the complete confidence that there wouldn't be any negative consequences from their actions.
    a. True
    b. False

18. Instantaneous decisions to commit acts regardless of consequences are called:
    a. go-ahead thoughts
    b. irrational thoughts
    c. dismissing thoughts
    d. go-for-it thoughts

19. "_____ can give us reason to change."
    a. family
    b. pain
    c. prison
    d. positive reinforcement

20. What is often missing between the original thought and the behavior?
    a. insight
    b. time
    c. thoughts of consequences
    d. thoughts of alternatives

21. “Fear can get us into difficult, troublesome situations.”
    a. True
    b. False

22. “Triggers” for some of the men include:
    a. being around drugs
    b. sex
    c. anger
    d. money
    e. all of the above

23. “Harnessing thoughts of doing crimes and getting high can serve as a warning sign that tells us to stop and make a different choice.”
    a. True
    b. False

24. Dr. Samenow stated that even when people think they are just reacting there are thoughts and decisions made.
    a. True
    b. False