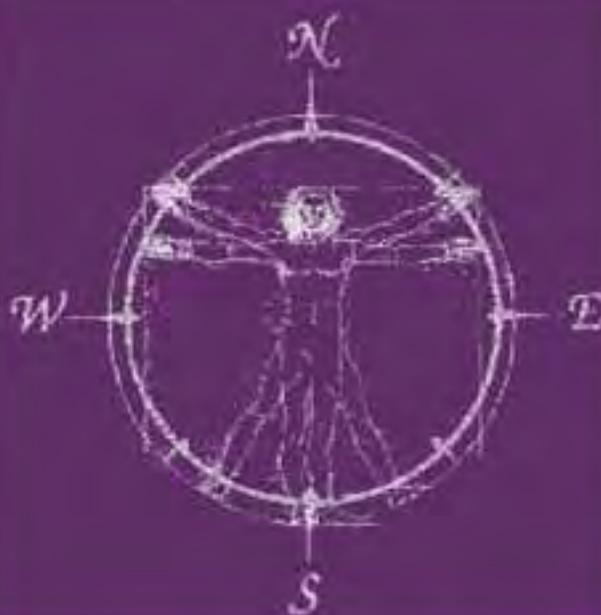




**A NEW DIRECTION**  
A Cognitive-Behavioral Treatment Curriculum

# Intake & Orientation

**FACILITATOR'S GUIDE**



*Mapping a Life  
of Recovery & Freedom  
for Chemically Dependent  
Criminal Offenders*

A Collaboration of Chemical Dependency Professionals from  
the Minnesota Department of Corrections and the Hazelden Foundation

**A N E W D I R E C T I O N**

*A Cognitive-Behavioral Treatment Curriculum*

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&  
Orientation**

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of Recovery & Freedom  
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**HAZELDEN®**

Hazelden  
Center City, Minnesota 55012-0176

800-328-9000  
651-213-4590 (Fax)  
hazelden.org

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Illustrations by Patrice Barton

**Hazelden**, a national nonprofit organization founded in 1949, helps people reclaim their lives from the disease of addiction. Built on decades of knowledge and experience, Hazelden offers a comprehensive approach to addiction that addresses the full range of patient, family, and professional needs, including treatment and continuing care for youth and adults, research, higher learning, public education and advocacy, and publishing.

A life of recovery is lived “one day at a time.” Hazelden publications, both educational and inspirational, support and strengthen lifelong recovery. In 1954, Hazelden published *Twenty-Four Hours a Day*, the first daily meditation book for recovering alcoholics, and Hazelden continues to publish works to inspire and guide individuals in treatment and recovery, and their loved ones. Professionals who work to prevent and treat addiction also turn to Hazelden for evidence-based curricula, informational materials, and videos for use in schools, treatment programs, and correctional programs.

Through published works, Hazelden extends the reach of hope, encouragement, help, and support to individuals, families, and communities affected by addiction and related issues.

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*A Cognitive-Behavioral  
Treatment Curriculum*

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### **Sheryl Ramstad Hvass**

Commissioner, Minnesota Department of Corrections

### **Peter Bell**

Executive Vice President, Hazelden Publishing and Educational Services

### **James D. Kaul, Ph.D.**

Director, TRIAD Chemical Dependency Program  
Minnesota Department of Corrections

### **Will Alexander**

Sex Offender/Chemical Dependency Services Unit,  
Minnesota Department of Corrections

### **MINNESOTA DEPARTMENT OF CORRECTIONS**

#### **Sex Offender Treatment Program at Lino Lakes Minnesota Correctional Facility**

Robin Goldman, Director  
Jim Berg, Program Supervisor  
Corrections Program Therapists: Brian Heinsohn,  
Greg Kraft, K. Kaprice Borowski Krebsbach,  
Kevin Nelson, Tim Schrupp, Pamela Stanchfield,  
Jason Terwey, John Vieno, Cynthia Woodward

#### **TRIAD Chemical Dependency Program at Lino Lakes Minnesota Correctional Facility**

Launie Zaffke, Supervisor  
Randy Tenge, Supervisor  
Carmen Ihlenfeldt, Acting Supervisor  
Corrections Program Therapists: Thomas A. Berner,  
Toni Brezina, Jeanie Cooke, Ronald J. DeGidio,  
Susan DeGidio, Maryann Edgerley, Connie  
Garritsen, Gerald Gibcke, Anthony Hoheisel, Deidra  
Jones, Beth Matchey, Jack McGee, Laurie Merth,  
Jackie Michaelson, Hal Palmer, Terrance Peach,  
Holly Petersen, Linda Rose, Kathy Thompson,  
Beverly Welo

#### **Reshape Chemical Dependency Program at Saint Cloud Minnesota Correctional Facility**

Robert L. Jungbauer, Director  
Corrections Program Therapists: Christine Fortson,  
Tracanne Nelson, Jeffrey D. Spies

#### **Atlantis Chemical Dependency Program at Stillwater Minnesota Correctional Facility**

Bob Reed, Director  
Corrections Program Therapists: Dennis Abitz,  
Bill Burgin, Tom Shipp

#### **New Dimensions Chemical Dependency Program at Faribault Minnesota Correctional Facility**

Michael Coleman, Supervisor  
Corrections Program Therapists: Shirley Behrends,  
Michele Caron, Judy Squire

#### **Central Office**

Jim Linehan, Corrections Program Therapist

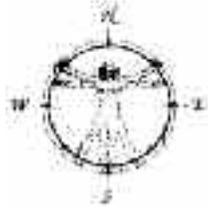
#### **Minnesota Department of Corrections Supervising Agents**

Russ Stricker, Correctional Unit Supervisor  
Bobbi Chevaliar-Jones, Intensive Supervised  
Release Agent  
William Hafner, Corrections Agent  
Gregory Fletcher, 180 Degrees Halfway House

#### **IN ADDITION:**

**Writers:** Corrine Casanova, Deborah Johnson, Stephen Lehman, Joseph M. Moriarity, Paul Schersten. **Designer:** Terri Kinne. **Typesetters:** Terri Kinne, Julie Szamocki. **Illustrator:** Patrice Barton. **Prepress:** Don Freeman, Kathryn Kjørlien, Rachelle Kuehl, Joan Seim, Tracy Snyder, David Spohn. **Editor:** Corrine Casanova. **Copy editors:** Monica Dwyer Abress, Kristal Leebrick, Caryn Pernu. **Proofreaders:** Catherine Broberg, Kristal Leebrick. **Training consultant:** Derrick Crim. **Video production manager:** Alexis Scott.

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## Facilitator Introduction

Welcome to *A New Direction: A Cognitive-Behavioral Treatment Curriculum*. The program is intended to be three to six months long, but this is only a suggested timeline. How much time it takes your facility to complete the program will depend on a number of variables, for example, the length of time participants will be expected to attend class, the ratio of therapists to inmates, and whether inmates will be completing assignments outside of class. We have intentionally not included session times because they will vary from facility to facility.

In this module, inmates will learn what to expect in a chemical dependency treatment program and become familiar with some basic rules of such programs. We'll also introduce a few concepts that will be used in the other modules.

The three guidebooks should be consulted before you begin teaching the material in this workbook. All three guidebooks are on the *Supplemental Materials* CD-ROM included with this curriculum.

- The ***Administrator's Guidebook*** explains the cognitive-behavioral approach used in this program and how to implement the program.
- The ***Staff Guidebook*** is designed to teach staff about what it's like to work in a chemical dependency treatment program inside a correctional facility. This is especially valuable for staff who are new to working inside a correctional facility.
- The ***Outcome Study Guidebook*** explains the outcome studies and surveys that will be used by corrections professionals and by participants. The survey forms are also found on the CD-ROM.

Training is another important component of this curriculum. By purchasing the curriculum, you automatically receive training opportunities. Call **1-800-328-9000** to learn about ongoing training opportunities.

*A New Direction* consists of the following six modules:

- ***Intake & Orientation***  
(video: *Introduction to Treatment*)
- ***Criminal & Addictive Thinking***  
(videos: *Thinking About Your Thinking, Part 1*; *Thinking About Your Thinking, Part 2*; and *Criminal & Addictive Behavior: Tactics*)

- ***Drug & Alcohol Education***  
(videos: *Medical Aspects of Chemical Dependency* and *The Disease of Addiction: Symptoms and Phases*)
- ***Socialization***  
(video: *Getting Along*)
- ***Relapse Prevention***  
(video: *Preventing Relapse*)
- ***Release & Reintegration Preparation***  
(videos: *The Turning Point*, *Life on Life's Terms*, *Looking for Work* and *Managing Money*)

Each module contains a facilitator's guide, participant workbooks, and a video component. The facilitator's guide contains notes in the margin. Otherwise, the workbooks and facilitator's guide are identical.

The same is true for an additional module, geared for inmates who have a mental health disorder in addition to a substance use disorder:

- ***Co-occurring Disorders***  
(video: *Adults and Co-occurring Disorders*)

While it can be used as a stand-alone program, this module is designed for use with other New Direction modules, especially *Criminal & Addictive Thinking* and *Drug & Alcohol Education*.

**About the CD-ROM:** *A New Direction* is now an expandable, customizable program. If time allows, you can add supplemental exercises and other materials, depending on the needs of your group. (Supplemental resources are available for every module *except for Intake & Orientation* and *Co-occurring Disorders*.) These materials are found on the CD-ROM: simply print them and photocopy them as handouts for your participants. All are in PDF format and can be accessed using Adobe Reader (which can be downloaded for free at [www.adobe.com](http://www.adobe.com)). These materials cannot be modified, but they may be reproduced for use without concern for copyright infringement. Each supplement is keyed to the most closely related page in the module. On those pages in your facilitator guide, you'll see a compass icon in the margin with the phrase "To Explore Further." A margin note will direct you to the related material on the CD-ROM: there you will find extra exercises and/or reading topics to help your group dig deeper into the subject at hand. To view these materials, place the CD-ROM in your computer's disk drive and open your version of Adobe Reader. From the main menu page, first click on the "Supplemental Workbook Materials" option, then choose the module, then the resource you want to use. You can use any or all of the supplements—or none at all. As noted, *Intake & Orientation* has no supplemental resources; for the other five modules, read the Facilitator Introduction in

your facilitator guide for further details. Also included on the CD-ROM are the Guidebooks and survey forms (described above), and two research studies on the effectiveness of the *New Direction* program.

*Intake & Orientation* is the first module. It is intended to be completed within two weeks. This can be accomplished through daily sessions that last four or more hours.

After this module has been completed, it's time to move on to the *Criminal & Addictive Thinking, Drug & Alcohol Education*, and *Socialization* modules. These three modules can be taught simultaneously. These modules teach important concepts that will be reinforced throughout the remaining modules.

All of the videos in *A New Direction* were created as therapeutic tools to help introduce participants to key concepts. Using videos is a way to capture the attention of people who haven't been fully engaged in the curriculum and a way for them to say, "Hey, I get it!" Often, participants will find that they relate to one specific person or scenario in a video. The videos can also be used in "mini groups" where participants who have been involved in the *New Direction* curriculum for a longer period of time can help bring newcomers up to speed. The videos can also be paused intermittently to allow you time to explain ideas in the module more thoroughly.

*Relapse Prevention* and *Release & Reintegration Preparation* are the remaining modules. Ideally, you can start these modules after the *Socialization* module has concluded.

The ideas contained in the following pages are best presented to participants in lecture form rather than as a reading assignment. This is particularly true if the offenders in your group read at a sixth-grade level or below or if they have learning disabilities. You may later want to assign parts for participants to read on their own time. You can then challenge participants to explain to the others something new they learned in the reading assignment from the previous day. Chances are that few, if any, will have done the reading. If this occurs, challenge their commitment to change, and help them begin to examine their motives for being in the program.

Participants will not always have enough space to write all that they need to when doing the exercises. We suggest that they use a notebook (rather than loose sheets of paper) to do additional exercises when necessary. Using a bound notebook will help them keep track of their work and will be easier for you to evaluate, too. The notes section at the end of this workbook can be used for these exercises as well.

When conducting this module, consult your *Outcome Study Guidebook* (found on the CD-ROM) for information on how to administer the survey used in outcome studies. This information can be used to help prove the success of your program. The survey requires corrections professionals to fill out three parts of the form: one before the participants' treatment, one at the end of the participants' treatment, and one after release. Participants in the program are also asked to complete a survey at intake. An informed consent form is also included. ■





# Welcome to Treatment

**Y**ou may be dealing with all kinds of feelings right now. You may feel angry, beaten down, resentful, nervous, suspicious, bored, worn out, cocky, or amused. Maybe you think you've beaten the system. Or maybe you don't feel or think much of anything right now. That's fine.

## INTRODUCTION



### A NEW DIRECTION

*A Cognitive-Behavioral  
Treatment Curriculum*

#### **Facilitator Note**

We recommend showing the video *Introduction to Treatment* (included with this module) in the first or second orientation session. The video is designed to help motivate participants to want to change. It also acts as an introduction to what it's like to be in a therapeutic community. Consult your *Outcome Study Guidebook* on how to administer an outcome study for this *A New Direction* curriculum.

## Entering a Chemical Dependency Treatment Program

Whatever state of mind you bring to treatment, you need to know some very basic facts about your current situation. This program will

- give you a chance at a better life
- help you make positive changes in your life

First, this chemical dependency treatment program gives you the best shot at living a better life than the one you have now. What we mean by a “better life” is one that is less painful, less dangerous, and more healthy. We mean a life of better relationships, more freedom, and real meaning and satisfaction. If you want a life more like that and less like yours, then you’re in the right place. If you enjoy life behind bars, suffering, and the hard life, then you might want to talk to a staff member about transferring back out into the general population (if you have that option).

Second, treatment is about change. Change isn’t always easy. Some people consider doing treatment tougher than doing hard time. Others face the challenge with courage. A voice somewhere deep inside them says, “Maybe I can do it. Maybe I can change. Maybe the time has come.” If that’s true for you, then you need to know one more thing: you can change. You *are capable* of turning your life around. Many other addicted criminals worse off than you right now have done it by following this *A New Direction* program. You can, too.

### **It’s time for you to try a new way.**

If you stick it out and do the work, this treatment program will give you the tools you need to change. It will show you the way to a better life.



*Some people consider doing treatment tougher than doing hard time.*

## Why Are You Here?

You may have heard all this treatment talk before. Chances are this isn't your first time in chemical dependency treatment. Maybe you dropped out of treatment somewhere else. Maybe you dropped out of this program before. Maybe you have managed to stick to one or two or even ten treatments all the way to the end. If you think about it, you still have never *completed* a treatment, even if you *finished* some of them. If you had *completed* treatment, if you had really done the work and followed through with what you could have learned, you wouldn't be back here, would you?

If this is your first time through a chemical dependency treatment program, the ideas and terms may be new to you. Either way, the question shouldn't be, is this your first treatment? The question should be, is this going to be your *last* treatment?

There are two ways this could be your last go at chemical dependency treatment. First, you could die. Dead people are usually not invited back into any kind of treatment (at least not as far as we know). Addiction is, after all, a progressive (meaning it keeps getting worse), fatal (meaning it will kill you sooner or later) disease. With addiction, you either get better or worse. There's no in-between, and there's no standing still.

If you choose to begin a recovery that frees you from both chemicals and the criminal life, this will be your last treatment. Believe it or not, a sober and responsible life is a lot more fun, comfortable, meaningful, and exciting than being locked up.

### Facilitator Note

In group, ask a few participants to explain why they're in treatment. Encourage rigorous honesty. Many will offer what they consider to be the "right" answer: to get sober, to live a better life, and so on. The reality for most, however, is that they are there either for selfish reasons—to reduce their sentence, to get away from someone, to get better living conditions, and so on—or because they were forced or mandated into treatment in one sense or another. As the saying goes, the truth is that few people, whether incarcerated or not, ever enter chemical dependency treatment without "someone's footprint on their backside." As you break down participants' answers to the question of why they are in treatment and get at a truthful evaluation of the pressures and hopes that pushed and pulled them there, participants will get an initial exposure to the practice of trading in their self-serving fantasies for reality—an experience at the heart of all chemical dependency treatment programs.



### What Do You Want from Treatment?

- What you get out of treatment will depend on what you put into it. How did you get into this program? Include both what you did and what others did to get you here.

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- What are you expecting this program to do for you?

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**Facilitator Note**

Asking participants to identify and discuss what they want from treatment is an opportunity for challenging them to know their own minds, as well as an indicator of how willing they are to disclose honestly. Chances are, their answers will be designed either to please the facilitator (“I’m here to get off drugs and get my life together. I’m finally ready to change”) or to posture in front of fellow participants. The latter—usually something like “I was coerced into coming”—is a much more honest response in most cases.

## Recognizing Your Problems

You are incarcerated because you committed a crime. You didn't "catch a case." You weren't "railroaded," either. You may not feel like a criminal or think of yourself as a criminal. Whether you got a raw deal or got off easy doesn't matter in this program. Either way, you are a criminal. A person who commits a crime is a criminal, even if he doesn't get caught, even if he gets off. What matters in treatment is being honest with yourself. To do this, you need to admit to yourself:

*"I am a criminal. I have committed crimes.  
That's a problem."*

Another problem you need to deal with is your serious alcohol or other drug abuse. Whether you think you're an addict or not doesn't matter—at least not right now. What matters is that you have abused drugs, and *somebody* thinks you're an addict. (If you accept that you're an addict, that's good. Admitting that now puts you that much ahead in the process.) You must also admit to yourself:

*"I am a serious drug or alcohol abuser.  
I get high or drunk a lot. That is a problem."*

One of the things you will learn in this program is that abusing alcohol or other drugs and committing crimes are very closely related. Your crimes drive your chemical abuse. In turn, your chemical abuse drives your crimes.



### Facilitator Note

Admitting they have these two basic problems—being a criminal and being an addict—is the beginning of the possibility of change. They need to see that the evidence is incontrovertible: they are, after all, in a treatment program.

Many inmates have difficulty understanding that the problems in their lives are theirs. Their ability to look inward and examine their thoughts is usually limited. Their self-awareness is often immature, and they tend to project all their difficulties outward, blaming family, rival gangs, police, the courts, their neighborhoods and cities, and society for their condition—anything to remove responsibility from themselves.

To begin successful treatment, participants must become convinced that their criminality and chemical abuse are (1) real problems, and (2) problems of their own individual making and practice.



## Admitting Your Problems to Yourself and to Someone Else

Considering that you are incarcerated and in a chemical dependency program, it's hard to deny that you are a criminal and a chemical abuser. At least three times within the next twenty-four hours, find someone who will listen and say out loud to him or her:

*"I am a criminal. I have committed crimes.  
I am a serious drug or alcohol abuser. I get high  
or drunk a lot. These are big problems for me."*

- Write down the names of the three people you will tell this to.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



At first, this may seem like a pretty lame thing to do. Do it anyway. There's a good reason for doing it. It will get you in the habit of saying uncomfortable things out loud. This is an important part of treatment.

## Other Problems

Here are two of the biggest problems that have put you behind bars and into treatment:

- You let your emotions take over your thinking. You're so focused on how you feel that you don't really even know what you're thinking. Most of the time, you let your brain go on automatic pilot. This causes you to crash a lot. Your emotions run your life instead of *you* running your life. That's a big problem.
- Even when you are aware of your own thinking, you don't know how to challenge it. You assume that if you thought it, it must be true. You're probably pretty good at challenging other people's thinking but not your own. You may not realize it, but your mind is out to get you. Right now it's your biggest enemy, and you're defenseless against it.

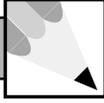
This program, if you do the work, will teach you how to think instead of react, how to become aware of your thinking, and how to challenge it. It will teach you how to find your personal power—the power to change yourself. It will teach you how to live a better life.



### Facilitator Note

Other problems participants have may include gambling, mental and/or physical health concerns, perfectionism, chronic anger, anxiety, post-traumatic stress episodes, rage, poverty, coming from a criminal and/or drug-using family, sexual compulsions, lack of job skills, poor education, being judgmental, and so on.

*Most of the time, you let your brain go on automatic pilot.*



EXERCISE **3** EXERCISE

### Identifying Your Problems

► Because you are a criminal who abuses alcohol and other drugs, you have many other problems, too. Your problems are the things that you believe keep you from a better life. List them here.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_



## Types of Treatment Participants

Here are the three main types of people entering any treatment program during incarceration:

- the addict-criminal
- the criminal-addict
- the extreme criminal

**The addict-criminal** is someone whose main problem is chemical use. For this person, crime is second. He is willing to commit crimes while getting and using alcohol or other drugs. His number one focus is getting drunk or high.

**The criminal-addict** is someone who may abuse drugs and alcohol but who is much more interested in committing crimes. Criminal activity is the thrill he really craves. Crime is always on his mind.

**The extreme criminal** is the person who has no sense of right or wrong. He uses chemicals and commits crimes without worrying about the outcomes. He has few, if any, feelings. Psychologists may call extreme criminals either psychopaths or sociopaths.



### EXERCISE 4 EXERCISE

#### What Type Are You?

- Which type of treatment participant do you think fits you best? (circle one)

addict-criminal      criminal-addict      extreme criminal

- Why do you think that?

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#### Facilitator Note

Because the addict-criminal and criminal-addict are similar in their mental makeup, the same format and approach to facilitating change can be used with both. The extreme criminal has serious psychological problems that call for a detailed psychiatric evaluation to determine amenability to treatment.

**Assumption**

An *assumption* is a statement accepted or supposed to be true without proof or evidence.

**Facilitator Note**

When presenting the material on honesty, you can walk up to someone in the group and ask, "Did you get locked up by being honest?" He will likely answer no very quickly. Then you can point out that this shows how everyone has the ability to be honest, even if they're in the habit of being dishonest. The man who answered no didn't have to think about it, to weigh in his mind whether or not it was to his advantage to tell the truth. He just did it. That capacity for honesty, even if it is underdeveloped and underutilized, is still there, and it is the foundation on which participants can succeed in treatment.

**Facilitator Note**

Answers to this question should be something like cracked walls, sagging roof - lines and leaks, loose bricks, uneven flooring, basement flooding, and so on. Eventually, the house will come down. Decorating, of course, will have little or no impact.

### Three Assumptions about Change

There are three *assumptions* that the staff of this treatment program and the authors of this workbook have made about you and your treatment.

1. We *assume* that honesty will be the foundation of your change.
2. We *assume* that people don't usually change because they see the light, but rather because they feel the heat. But everyone *can* change, including you.
3. We *assume* that progress is a process, not an event.

### Honesty

Every person has the ability to be honest. Honesty is the foundation of a meaningful life. As a criminal and an addict, you may be more dishonest than honest. If so, that means you have a shaky foundation. It's no wonder that your life crashes to the ground every once in a while.



### Why You Need a Good Foundation

- What happens over time to a house that has been built on a weak foundation? If you've ever worked construction, you'll know the answer to this. If you haven't, find someone who has and ask him. Describe what happens here.

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- What will happen to the house with a faulty foundation if you spend a lot of money on decorating it, painting it, putting in expensive carpets and furniture, installing fancy hardwood trims, buying the best appliances, and so on?

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- Honesty, both with others and with yourself, is your life's foundation. It's easy to see the problems that a house with an unstable foundation will have. So what happens to a person with an unstable foundation, someone dishonest with himself and others?

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- Would it change things much if that dishonest person with a shaky foundation wore expensive jewelry and fancy clothes, and drove a Lexus? If yes, in what way? If no, why not?

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*Honesty, both with others and with yourself, is your life's foundation.*

Treatment is a way to repair the foundation of your life. What you build now will shelter you for a long time to come. It is the chance to affect others in a good way, not in a bad way. Chemical dependency treatment is like cancer treatment. Both can heal, but they're not always 100 percent effective. And in both cases, if the treatment doesn't work, the patient is likely to die early.

The difference between chemical dependency treatment and cancer treatment is that *you* get to decide if you want it to work. You are in charge of your success and no one else's. Everyone in this program gets the same information. Use it to build a better life—a better foundation. Some will choose to use it, and some won't. Change *is* possible for you and for every person in your treatment community. Now it's up to you to choose whether you'll leave here headed for a better life or for the same old crap that got you here.

## The Change Process

Change isn't easy; nobody likes to change. In rough times we may say to ourselves, "It may be hell, but it's *my* hell!" We seem willing to keep the hell we know rather than risk what we don't know.

## Six Stages of Change

Here are the six main stages in the change process:

**Stage 1: Pre-awareness—Before you're even thinking about changing.** At this stage, you're still in denial that anything needs to change. You think everybody else has problems, not you. You may still be in this stage right now. It's not that you can't see the solution. It's that you can't even see there's a problem!

**Stage 2: Contemplation—Thinking about changing.** In this stage, you have an idea that something's wrong in your life, but you may not

### Facilitator Note

These six stages of change are adapted from *Changing for Good* by James O. Prochaska, John C. Norcross, and Carlo C. DiClemente (New York: Avon Books, 1995). According to this research, as well as our experience, the change stages must be approached sequentially to be maximally effective. The stages of change will be presented more thoroughly in the *Drug & Alcohol Education* module.

yet fully understand the problem. You are trying to figure out what's wrong and are just beginning to think about what to do about it. Chances are you don't have a very clear idea of either. If you have any thoughts of taking action, it doesn't mean now but rather "sometime."

**Stage 3: Getting ready to change.** When you are in this stage, you have a pretty good idea of what the problem is, and you plan to do something about it soon. You've already made two changes just to get here. You've begun focusing more on the solution than on the problem. You've also started thinking more about the future than the past. You are beginning to make a plan to change and, if you're smart about it, you are telling others about those plans, too. You are getting ready to *do* something.

**Stage 4: Taking action.** By taking action, you start doing something differently. You may put yourself in different surroundings, try out new behaviors, or give up some of the things you usually do throughout the day and do other things instead. You do whatever your plan tells you that you need to do in order to fix the problem.

**Stage 5: Avoiding relapse.** When you start doing something differently, you may feel uncomfortable at first. You'll be tempted to return to old, familiar ways of thinking and acting because it seems like less work. This is called a slip or relapse. Before going back, you first need to *think* about what's happening and what the consequences might be. Remind yourself how bad the problem was in the first place. There's no reason to return to the old ways that didn't work.

#### Relapse

This means giving up on recovery and going back to the life of addiction or crime. Relapse begins the moment you start *thinking* about using or committing crime again after a period of trying to stop.

### Facilitator Note

If you wish and have time, you may also want to present the following six steps to change. These qualities can help participants in the effort to change.

1. *Self-awareness:* Knowledge of your true self—your strengths *and* your weaknesses—is power.
2. *Desire:* If you really want to change, to find recovery and a better life, and you want it more than anything, then you have a real chance of succeeding.
3. *Attitude:* Believing you can change is half the battle.
4. *Skill:* You will acquire the knowledge and tools of change in this treatment program.
5. *Practice:* If you do something new for ninety days, it becomes a habit. If you do it for a year, it becomes a part of you.
6. *New thinking and behavior patterns:* Once you've lived with the changes for a while, they will become almost automatic. That's when you truly become free of the old problems that held you down.

**Stage 6: Maintenance.** This very important stage can last anywhere from six months to the rest of your life. In this stage, you consciously decide to do the things that help the change become more comfortable and permanent. By “consciously” we mean you do these things on purpose. You think about them and you *choose* to do them.

### Choice

The most critical piece of the change process puzzle is choice. *Choice* is a powerful word. It is the word that most describes personal power. There are lots of ways to look at change. Change is really about choice. Change is choosing something different.

Criminals don't like “different.” Addicts really don't like “different.” That's why they love chemicals: they want to experience the same state of mind and body over and over. Any behavior that is *different*, criminals say, is *hard*. But new behaviors really aren't hard; they're just new. Recovery is all about *choosing* to explore new, different, and positive behaviors. It's also about *choosing* to say good-bye to the old, defeating, and negative behaviors. Recovery is about choosing to set healthy boundaries rather than falling back in with your old ways. For example, it's important to set boundaries with your old “friends,” so they won't have to ask you to take part in an activity the next time.

Choice is the most important power you have. Use it while you're in treatment. Choose to do the little things that will move you toward recovery. And be assertive about it. The *choice* is yours.

**Change is really about choice,  
and choice is the most important  
power you have.**

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