

# A NEW DIRECTION

## A Cognitive-Behavioral Therapy Program

### Second Edition



## SCOPE AND SEQUENCE

*Minnesota Department of Corrections and Hazelden Publishing*



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### **What Is A New Direction?**

A New Direction is an evidence-based treatment program for criminal justice settings that treats substance use disorders and criminal behaviors at the same time. Research outcomes boast reductions in all three recidivism measures: rearrest, reconviction, and reincarceration.<sup>1</sup> This has resulted in A New Direction receiving the highest rating against recidivism from the Council of State Governments.

The cognitive-behavioral approach of A New Direction identifies, challenges, and replaces distorted thinking in order to change criminal and addictive behavior patterns and support long-term recovery. Through collaboration between the Minnesota Department of Corrections and Hazelden Publishing, the original curriculum was published in 2002 (six modules, with Co-occurring Disorders added in 2004). An ongoing partnership between both organizations recognized the need for revised materials, and comprehensively updated and expanded content was published in 2019. The resulting curriculum includes seven modules that each consist of a participant workbook and a video that aligns with that workbook. A new *Facilitator Guide* includes an accompanying video and provides both implementation recommendations and session guidelines for each module. A USB flash drive that accompanies the guide contains supplementary materials, including Thinking Report forms, poster templates, fidelity checklists, outcome measurement tools, and a participant progress form. A List of *Facilitator Guide* Digital Materials that are provided on the USB flash drive is found as a *Facilitator Guide* appendix.

The following modules are included in this curriculum:

1. Introduction to Treatment
2. Criminal and Addictive Thinking
3. Alcohol and Other Drug Education
4. Socialization
5. Co-occurring Disorders
6. Relapse Prevention
7. Preparing for Release

### **What Are the Goals of A New Direction?**

The primary goal of A New Direction is sustained, long-term recovery from substance use disorders and from criminal behaviors. Cognitive-behavioral therapy (CBT) is used to identify, challenge, and replace criminal and addictive thinking in order to change behavior patterns. Research shows CBT to be effective at reducing recidivism when treating both juveniles<sup>2</sup> and adults<sup>3</sup> in correctional settings, and research has also shown

CBT to be an effective evidence-based treatment for substance use disorders.<sup>4</sup> Uniquely, A New Direction treats both concurrently.

Treatment with A New Direction is strengthened through therapeutic communities that provide ongoing group support, improve social skills, and help reduce recidivism rates.<sup>5</sup> A New Direction also aims to provide an integrated treatment approach for participants with co-occurring disorders. Relapse prevention and sustained abstinence help round out long-term recovery goals. A short program overview is included on the *Facilitator Guide* DVD.

### **Who Is the Target Audience for A New Direction?**

Male criminal justice populations who have undergone assessment and been clinically diagnosed with a substance use disorder form the primary audience for A New Direction. The curriculum is also designed to meet the unique needs of participants with co-occurring disorders. Program materials use the same CBT principles to treat both substance use disorders and criminal behaviors.

### **In What Settings Can A New Direction Be Used?**

A New Direction is most commonly used in criminal justice settings to treat men with substance use disorders. Past participants who consulted in the development of the revised edition of A New Direction included adult males in prison and men who were in prison but are no longer incarcerated. A New Direction can also be used in other correctional settings as well. The modular format of the program allows the content to be delivered in jails, in community corrections, and with parole and probation programs. A New Direction can also be adapted for use in alternative treatment settings.

### **Who Can Implement A New Direction?**

Best practices recommend that A New Direction be delivered by trained, multi-disciplinary teams of licensed professionals. For participants with co-occurring disorders, it is recommended that treatment include a mental health professional with experience treating both substance use disorders and mental health disorders. However, facilities that do not have this level of staffing can still effectively implement the program.

Fidelity checklists, included on the USB flash drive, help users with varying degrees of experience to ensure that program recommendations are met. In some cases, volunteers may play a role in implementing A New Direction. The easy-to-read instructions and guidelines included in the *Facilitator Guide* will help keep implementation simple regardless of how programming is delivered. Additionally,

the video that accompanies the *Facilitator Guide* provides guidance from skilled clinicians that can help with setting up A New Direction and implementing treatment programming. Implementation training for A New Direction is also available through Hazelden Publishing.

### **Is A New Direction an Evidence-Based Program?**

The two primary therapeutic approaches used in A New Direction are cognitive-behavioral therapy and therapeutic communities. Both are evidence-based treatment modalities with proven efficacy for treating substance use disorders in criminal justice settings.<sup>6</sup> Other evidence-based approaches used in the program include motivational interviewing, the transtheoretical model (stages of change), Twelve Step facilitation, Marlatt's model of relapse prevention, and milieu therapy.

The Minnesota Department of Corrections uses A New Direction, and its research supports the program's efficacy at reducing recidivism. A 2005 study evaluated the effectiveness of substance use disorder treatment provided by the Minnesota Department of Corrections by comparing recidivism outcomes between treated and untreated offenders released from prison that year.<sup>7</sup> Compared to the untreated offenders, those who received treatment had lower rates of reoffending for all three recidivism measures—rearrest, reconviction, and reincarceration. The results of the study indicate that participation in a prison-based substance use disorders treatment program significantly reduced the hazard ratio for all three recidivism measures. In other words, offenders recidivated less often and more slowly than untreated offenders; as a result, those who participated in treatment survived longer in the community without committing a new offense. Specifically, substance use treatment decreased the hazard by 17 percent for rearrest, 21 percent for reconviction, and 25 percent for reincarceration for a new crime.

Positive results of treatment for substance use disorders were significantly greater for males (all three measures), minorities (all three measures), younger offenders (all three measures), offenders with a metro-area county of commitment (reconviction and reincarceration), offenders with prior felony convictions (all three measures), DWI/DUI offenders (all three measures), offenders with institutional discipline convictions (all three measures), offenders with supervised release revocations (reconviction and reincarceration), and offenders with shorter lengths of stay in prison (rearrest and reconviction) and time under post-release supervision (all three measures).

The risk of recidivism was significantly less for offenders released to intensive supervised release (reconviction and reincarceration) and work release (reconviction and reincarceration).<sup>8</sup>

### **What Are the Program Materials for A New Direction?**

The curriculum for A New Direction comprises seven modules. Best practices recommend that each participant complete all modules, which commonly progress in the following order. However, the program is flexible and can be used in whatever order best meets the needs of the participant. For shorter programs, such as in jails, a participant may use only one or two of these modules or portions of each module.

1. **Introduction to Treatment.** This module introduces A New Direction by providing an overview of each module and introducing the stages of change. The module continues by encouraging participants to consider their readiness to change, introducing the therapeutic community, and describing how individual treatment plans coincide with group support. From there, the module introduces cognitive-behavioral approaches used in the curriculum, encourages participants to “think about their thinking,” and introduces basic concepts related to addiction and recovery.
2. **Criminal and Addictive Thinking.** This module takes a deeper dive into the cognitive-behavioral change process by encouraging participants to look at events and consider thoughts, feelings, and behaviors that they experienced when the events occurred. From there, it introduces the other parts of a Thinking Report: core beliefs, alternative thoughts, alternative behaviors, thinking distortions, thinking patterns, and tactics. It then asks participants to practice putting all these parts together in one process: a full Thinking Report. By identifying patterns, this process then challenges participants to make changes where needed.
3. **Alcohol and Other Drug Education.** Beginning with the science of addiction, this module explores the physical and mental effects of the disease before looking more comprehensively at the impact the disease has had on the lives of participants and others. The module then introduces methods for implementing change and describes how those changes carry over into lifelong recovery management.
4. **Socialization.** The first part of this module asks participants to examine past relationships with family and social groups. From there, participants consider personal values, relationship with self, and thought processes that affect interactions with others. Finally, it teaches healthy communication skills and encourages participants to use what they’ve learned to start building more positive relationships with others who support abstinence and recovery.
5. **Co-occurring Disorders.** People with co-occurring disorders need to understand the importance of concurrent treatment and ongoing care. This module helps participants understand their own co-occurring disorders, explains how to seek help

for these disorders, and addresses treatment approaches that include medications and cognitive-behavioral therapy. The module concludes by explaining some of the unique needs around social support for those with co-occurring disorders and describes the role social support plays in long-term recovery.

6. **Relapse Prevention.** After defining *relapse*, this module asks participants to examine their lifestyles so they can take a more balanced approach to wellness. Participants then learn to identify internal and external triggers, are introduced to coping mechanisms for cravings and high-risk situations, and look at ways to build healthy relationships within the recovery community. Participants next create a relapse prevention plan and put an emergency plan in place in case relapse occurs.
7. **Preparing for Release.** This module helps participants mentally prepare for discharge and a move into supervised release. It teaches healthy approaches to living under supervision, defines what a healthy recovery environment will look like, and addresses complications that come with social reintegration. Participants set goals that help prepare them for employment, improved health and wellness, sober free time, and financial stability. The module concludes by summarizing what participants have learned in treatment and helping them create a plan for the few first days after release.

### **Workbooks**

Seven participant workbooks are available—one for each module. The workbooks are written using an easy-to-comprehend style and a strength-based instructional approach that includes quick reviews to check knowledge, reflection exercises to bridge learning with personal experience, and Thinking Reports to bolster behavior change. Quotes and stories from current and past participants reinforce the content. The workbooks are filled out individually, but content is also discussed in group sessions. Spanish versions of the seven workbooks are also available.

### **Videos**

There are eight videos available—one for each module and one that accompanies the *Facilitator Guide*. The videos align with the content found within the corresponding participant workbooks. Interviews with program counselors offer therapeutic perspectives on related topics and reinforce recovery messaging. Group discussion from past participants models the therapeutic community approach used in the program, and individual testimonials encourage participants through real-world success stories. The *Facilitator Guide* explains how to implement an integrated treatment approach using the videos alongside the workbooks. The video included with the *Facilitator Guide* offers



a program overview and implementation tips from clinicians for creating a therapeutic community, conducting Thinking Reports, and using the curriculum in group settings. All the videos include English and Spanish closed captioning/subtitles.

### ***Facilitator Guide***

The *Facilitator Guide* for A New Direction is divided into three parts: introduction, part 1, and part 2. The introduction addresses frequently asked questions, provides a program overview, and describes participant outcomes associated with all the modules. Part 1 was created using the collected input of high-performing, experienced clinicians and provides best practices for program implementation, including descriptions of recommended quality standards and evidence-based practices. Part 2 explains how to bridge the video content with the workbook content and provides facilitation guidelines for each module, including video discussion questions, recommended group activities, facilitator tips, and answers to workbook exercises for all modules. An accompanying flash drive includes fidelity checklists for program implementation, outcome measurement tools, a participant progress form, supplemental handouts, and posters to be used with the workbooks.

### **What Is the Program Structure and Format for A New Direction?**

A New Direction provides treatment programming for addiction and criminal behavior that is reinforced with the use of therapeutic communities. A therapeutic community is a group of people who live together in a supportive environment, sharing a common interest to recover from their addiction to alcohol and other drugs and to stop their criminal behavior. Community members include peers, therapists, facilitators, and other staff, each helping one another toward growth and healing. This is done so that all group members have an opportunity to solve their common problems themselves.

In addition to therapeutic communities, individuals may choose to participate in recovery support groups such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). Many of these groups are based on the Twelve Steps of AA and include a spiritual element, but secular and nonspiritual groups also exist. Recovery support groups do not adhere to any particular addiction model, but focus instead on concepts such as fellowship and acceptance. These groups are distinct from the therapeutic community groups, but they also help to support long-term recovery. Additionally, they offer a bridge to community support that will be available to participants after release. If participants are open to participating in recovery support groups, staff can add these groups to individual treatment plans.

The synergy between focused individual work and group programming is one of the greatest outcomes associated with program implementation.

### ***Individual Treatment Plans***

It is recommended that individual treatment plans be established after a clinical diagnosis of substance use disorder(s) and possible co-occurring disorders, but prior to program initiation. Staff should consult intake assessments and work with individuals to establish treatment goals. Workbook assignments and pacing for individual participants will depend on identified needs, case management, and site-specific considerations.

To ensure program fidelity, it is recommended that individual participants complete all of the workbooks, which commonly progress in the order suggested in the *Facilitator Guide*. If a facility has rolling admissions, it is likely that at any one time, participants will be working through different workbooks. The format of the workbooks is parallel across all modules, and they use the same cognitive-behavioral treatment approach. However, each module functions in a stand-alone format, which supports customization, but topics and exercises build upon one another. Together, they offer a comprehensive curriculum that supports healthy lifestyle changes and empowers sustained, self-managed recovery. For criminal justice settings that have shorter periods of time with participants, only certain workbooks or portions of workbooks may need to be focused on.

Cognitive-behavioral exercises called Thinking Reports are included throughout the participant workbooks to help individuals practice a fundamental change process. Thinking Reports show up frequently in the workbooks, can be used in individual treatment sessions, are an integral part of group therapy, and occur spontaneously among peers in successful therapeutic communities. With repeated use, the steps associated with a Thinking Report are internalized and become a lasting agent for change. Blank Thinking Reports are included in the *Facilitator Guide* on pages 203–04, on the accompanying flash drive, and in the back pages of all workbooks except for the *Introduction to Treatment* module. In addition, a segment on the *Facilitator Guide* video introduces the use of Thinking Reports.

### ***Therapeutic Communities***

As participants work on individual treatment plans, it is recommended that they concurrently participate in therapeutic communities, where the content from the workbooks is reinforced. Therapeutic communities are an evidence-based group treatment model that is utilized in A New Direction. Research has proven that



therapeutic communities increase long-term success rates for recovery from substance use disorders and for stopping criminal behaviors.<sup>9</sup> Therapeutic communities have many important functions, of which group processing of Thinking Reports is one example. The goal is to have healthy self-governance among these communities, which involves establishing rules and norms, fostering feedback, promoting peer mentorship, and implementing a conflict-resolution process.

Therapeutic communities in correctional settings will usually need to work with rolling admissions. The modular design of A New Direction makes it easy for new individuals to step into existing groups, and rolling admissions are actually an asset within the program. Some benefits to having group members progress through workbooks at different rates include bridging content across modules, supporting peer mentorship within the therapeutic communities, and highlighting the value of ongoing group support.

However, therapeutic communities can function well with non-rolling admissions too—they will just operate slightly differently. In this case, individuals will all start and complete the same workbooks at the same time, and lectures and other teachings are tailored to a linear, progressive format. Participants who have been through treatment before can be assigned as informal mentors and role models. Staff will play a bigger role in establishing a therapeutic community but will step back as community governance becomes established. The Creating a Therapeutic Community segment on the *Facilitator Guide* video introduces the concept of therapeutic communities.

It is recommended that psychoeducational lectures and discussion be incorporated into group therapy, preferably with help from a team of trained professionals. The module videos included in A New Direction will complement lectures and teachings and provide supplemental clinical guidance on key topics for each module, but they can also just be played within therapeutic community groups. The videos were also designed to be used when trained clinicians are not available to assist with program implementation.

### **What's New in the Second Edition of A New Direction?**

Through a collaborative partnership with the Minnesota Department of Corrections and Hazelden Publishing, the original version of A New Direction was published in 2002 (six modules, with Co-occurring Disorders added in 2004). Through renewed partnership efforts in 2017 and 2019, all seven modules were significantly revised and expanded using input from experienced clinicians and both current and past program participants. All participant materials now have low reading levels to accommodate all learners, have

updated language to align with the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (DSM-5), and are available in both English and Spanish.

Participant workbooks for all modules now use a supportive, strength-based instructional approach, bridging content into a comprehensive, cooperative treatment curriculum. All workbooks also now include quick reviews to check knowledge, reflective exercises to bridge learning with personal experience, and Thinking Reports to foster behavior change. Success stories from past participants are included to inspire hope and encourage continued commitment to change.

New videos were filmed for the modules and the *Facilitator Guide*. These videos now include interviews with experienced clinicians that reinforce key topics from the workbooks. Testimonials from current and past program participants help integrate content from the workbooks and reinforce recovery messaging. In addition, the testimonials model healthy behaviors used in therapeutic communities and demonstrate the value of ongoing group support. Videos are formatted with short chapters so that content can be used across multiple group sessions.

The *Facilitator Guide* is new and provides knowledge, recommendations, and guidelines from experienced clinicians, including fidelity checklists and outcome measurement tools. Easy-to-follow instructions for group sessions are included for all modules, and suggested group activities have been added. The *Facilitator Guide* video offers a five-minute program overview and advice from program counselors on cultivating therapeutic communities, facilitating Thinking Reports, and administering group therapy. The flash drive included with the *Facilitator Guide* provides additional supplementary content.

### **Participant Goals for the Modules**

A table outlining participant goals for each workbook chapter in all modules is provided as Document 2, Participant Goals, on the flash drive that accompanies this *Facilitator Guide*. This table, provided in the following pages, can aid facilitators in aligning objectives found in individual participant workbooks with video content and the session guidelines provided in the *Facilitator Guide*, part 2.

### Participant Goals for the Modules

This table provides a quick view of participant goals within each workbook chapter for all modules. This can aid facilitators in aligning the objectives found in individual participant workbooks with video content and the session guidelines provided in part 2 of this facilitator guide.

| <i>Introduction to Treatment Workbook</i>                                  |  |
|--|--|
| Chapter  | Participant Goals  |
| <b>Chapter 1:<br/>Introduction</b>   | <ul style="list-style-type: none"> <li>• identify your reasons for participating in this program</li> <li>• explain how emotions and thinking impact your behavior</li> <li>• identify the process of change</li> <li>• describe how change and choice can impact your decisions</li> </ul>  |
| <b>Chapter 2:<br/>Living in a<br/>Therapeutic<br/>Community</b>            | <ul style="list-style-type: none"> <li>• define the goals of a therapeutic community</li> <li>• explain what positive participation in a community means</li> <li>• explain the difference between giving and receiving good feedback</li> <li>• describe the rules, responsibilities, and expectations of a therapeutic community</li> </ul>  |
| <b>Chapter 3:<br/>Introduction to<br/>Thinking about<br/>Your Thinking</b> | <ul style="list-style-type: none"> <li>• recognize that a change in thinking patterns gives you the power to change your behaviors</li> <li>• identify criminal thinking as distorted thinking about criminal activities</li> <li>• identify addictive thinking as distorted thinking about substance use</li> <li>• describe the criminal and addictive tactics of avoidance, diversion, and aggression</li> <li>• describe criminal and addictive thinking patterns and criminal and addictive tactics.</li> </ul> |

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| <i>Introduction to Treatment Workbook</i>                            |  |
|--|--|
| Chapter  | Participant Goals  |
| <b>Chapter 4:<br/>Introduction to<br/>Addiction and<br/>Recovery</b> | <ul style="list-style-type: none"><li>• recognize that addiction is a chronic brain disease</li><li>• explain what addiction does to the brain</li><li>• identify the connection between criminal behavior and addictive thinking</li><li>• explain what happens on the path to recovery</li></ul> |

| <i>Criminal and Addictive Thinking Workbook</i>            |  |
|--|--|
| Chapter  | Participant Goals  |
| <b>Chapter 1:<br/>Introduction</b>                         | <ul style="list-style-type: none"> <li>• describe how your thinking patterns and your behavior are connected</li> <li>• explain how thinking patterns can be changed</li> </ul>  |
| <b>Chapter 2:<br/>Criminal and<br/>Addiction History</b>   | <ul style="list-style-type: none"> <li>• identify patterns in your criminal and substance use history</li> <li>• connect circumstances in your life to your criminal and substance use history</li> <li>• identify connections between your substance use and your criminal behavior</li> <li>• examine positive and negative impacts of criminal behavior and substance use on your life</li> </ul> |
| <b>Chapter 3:<br/>Becoming Aware<br/>of Your Thinking</b>  | <ul style="list-style-type: none"> <li>• identify events, thoughts, feelings, and behaviors</li> <li>• describe how thoughts affect feelings and behaviors</li> <li>• explain how thoughts are different from feelings and behaviors</li> </ul>  |
| <b>Chapter 4:<br/>Core Beliefs</b>                         | <ul style="list-style-type: none"> <li>• define what <i>core beliefs</i> are</li> <li>• explain how core beliefs are connected to thoughts, feelings, and behavior</li> <li>• explain how core beliefs are related to criminal and addictive behavior</li> </ul>   |
| <b>Chapter 5:<br/>Introduction to<br/>Thinking Reports</b> | <ul style="list-style-type: none"> <li>• complete a partial Thinking Report</li> <li>• identify the differences between thoughts, feelings, behaviors, and core beliefs that surround an event</li> <li>• use a Thinking Report to examine your thoughts about events</li> <li>• identify alternative thoughts and behaviors that relate to events</li> </ul>  |

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| <i>Criminal and Addictive Thinking Workbook</i>                      |  |
|--|--|
| Chapter  | Participant Goals  |
| <b>Chapter 6:<br/>Common Thinking Distortions</b>                    | <ul style="list-style-type: none"> <li>• describe some common thinking distortions</li> <li>• explain the role that thinking distortions play in your thoughts, feelings, and behavior</li> <li>• recognize your thinking distortions, and begin to challenge them</li> <li>• demonstrate how to include thinking distortions in a Thinking Report</li> </ul>  |
| <b>Chapter 7:<br/>Criminal and Addictive Thinking Patterns</b>       | <ul style="list-style-type: none"> <li>• describe the various types of criminal thinking patterns and addictive thinking patterns</li> <li>• explain the role that criminal and addictive thinking patterns play in your thoughts, feelings, and behavior</li> <li>• recognize your criminal and addictive thinking patterns and begin to challenge them</li> <li>• apply criminal and addictive thinking patterns to a Thinking Report</li> </ul> |
| <b>Chapter 8:<br/>Criminal and Addictive Tactics</b>                 | <ul style="list-style-type: none"> <li>• describe the three categories of criminal and addictive tactics</li> <li>• describe the role that criminal and addictive tactics play in your behavior</li> <li>• recognize your criminal and addictive tactics, and begin to change some of them</li> <li>• apply criminal and addictive tactics to a Thinking Report</li> </ul>   |
| <b>Chapter 9:<br/>Additional Practice on (Full) Thinking Reports</b> | <ul style="list-style-type: none"> <li>• describe the seven main parts of a Thinking Report</li> <li>• describe the three additional parts of a Thinking Report</li> <li>• continue applying Thinking Reports to real-life situations</li> </ul>   |



| <i>Alcohol and Other Drug Education Workbook</i>                |   |
|---|---|
| Chapter   | Participant Goals   |
| <b>Chapter 1:<br/>Introduction</b>                              | <ul style="list-style-type: none"> <li>• understand that addiction is a brain disease that cannot be cured, but can be treated and managed</li> <li>• recognize that lifelong recovery is possible</li> <li>• explain the goals of this workbook</li> </ul>   |
| <b>Chapter 2:<br/>The Disease of Addiction</b>                  | <ul style="list-style-type: none"> <li>• describe the disease of addiction, also called a <i>substance use disorder</i></li> <li>• identify the risk factors for developing addiction</li> <li>• recognize indicators of a substance use disorder</li> <li>• identify the phases of addiction and recovery</li> </ul>   |
| <b>Chapter 3:<br/>The Effects of Addiction on Your Body</b>     | <ul style="list-style-type: none"> <li>• identify the medical reason why addiction is called a <i>brain disease</i></li> <li>• explain the cycle of addiction and substance use</li> <li>• define <i>triggers</i>, <i>cravings</i>, <i>withdrawal</i>, and <i>tolerance</i></li> <li>• recognize the lasting impact of alcohol and other drugs on your health</li> </ul>  |
| <b>Chapter 4:<br/>The Effects of Addiction on Your Thinking</b> | <ul style="list-style-type: none"> <li>• describe how addiction impacts your ability to become a responsible adult</li> <li>• recognize how <i>denial</i>, <i>self-obsession</i>, and <i>irrational thinking</i> keep you stuck in your addiction</li> <li>• describe how thinking distortions are about <i>how</i> you think, thinking patterns are about <i>what</i> you think, and tactics are about how you <i>act</i></li> </ul> |

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| <i>Alcohol and Other Drug Education Workbook</i>                          |   |
|---|---|
| Chapter   | Participant Goals   |
| <b>Chapter 5:<br/>The Effects of<br/>Addiction on Your Life</b>           | <ul style="list-style-type: none"> <li>• explain the “ripple effect” of your addiction</li> <li>• identify the negative consequences of your addiction on yourself, your loved ones, and the community around you</li> <li>• recognize the financial, professional, educational, emotional, social, spiritual, and community “costs” that you have paid for your addiction</li> </ul> |
| <b>Chapter 6:<br/>Making a Change<br/>and Beginning Your<br/>Recovery</b> | <ul style="list-style-type: none"> <li>• recognize that recovery is a lifelong journey</li> <li>• relate the <i>stages of change</i> to your recovery</li> <li>• explain how recovery requires commitment and change</li> <li>• recognize that if relapse happens, you can get back on track</li> </ul>   |
| <b>Chapter 7:<br/>Transition to<br/>Lifelong Recovery</b>                 | <ul style="list-style-type: none"> <li>• explain the guiding principles of lifelong recovery</li> <li>• describe the benefits of recovery support groups for lifelong recovery</li> <li>• recognize the importance of having trustworthy friends and family in support of your recovery</li> </ul>  |

| <i>Socialization Workbook</i>                   |   |
|---|---|
| Chapter   | Participant Goals   |
| <b>Chapter 1:<br/>Introduction</b>              | <ul style="list-style-type: none"> <li>• explain what <i>socialization</i> means</li> <li>• recognize how your thinking and behavior patterns impact your relationships</li> </ul>  |
| <b>Chapter 2:<br/>Exploring Your Past</b>       | <ul style="list-style-type: none"> <li>• recognize that families can be both healthy and unhealthy</li> <li>• explain that personalities develop over many stages during a lifetime</li> <li>• describe how your family history influences the person you are today</li> <li>• recognize the things you can change to live a healthier life</li> </ul>  |
| <b>Chapter 3:<br/>Starting with You</b>         | <ul style="list-style-type: none"> <li>• identify how your values and core beliefs impact your relationships</li> <li>• learn ways to deal with shame and anger as you build new relationships</li> <li>• recognize that a change in thinking patterns improves relationships</li> <li>• recognize that being a good friend to yourself leads to healthier relationships with others</li> </ul> |
| <b>Chapter 4:<br/>Communicating with Others</b> | <ul style="list-style-type: none"> <li>• apply different communication styles to your own situations</li> <li>• express your emotions and feelings to build strong relationships</li> <li>• recognize that assertive communication helps set healthy boundaries</li> </ul>  |
| <b>Chapter 5:<br/>Building Relationships</b>    | <ul style="list-style-type: none"> <li>• identify what healthy relationships look like—as friends, as spouses or romantic partners, and as fathers to children</li> <li>• apply the skills to build healthy relationships through problem-solving</li> <li>• apply the skills to maintain healthy relationships that support a life free from criminal and addictive behavior</li> </ul>        |

| Co-occurring Disorders Workbook  |  |
|--|--|
| Chapter  | Participant Goals  |
| <b>Chapter 1:<br/>Introduction</b>   | <ul style="list-style-type: none"> <li>• describe what <i>co-occurring disorders</i> are</li> <li>• describe what <i>substance use disorders</i> and <i>mental health disorders</i> are</li> <li>• believe that these disorders are treatable brain diseases and that people with co-occurring disorders can lead productive, fulfilling lives</li> </ul>                      |
| <b>Chapter 2:<br/>Understanding<br/>Co-occurring<br/>Disorders</b>                   | <ul style="list-style-type: none"> <li>• explain the factors that contribute to co-occurring disorders</li> <li>• describe how brain chemistry contributes to the development of co-occurring disorders</li> <li>• explain why it's important to treat a mental health disorder, a substance use disorder, and criminal thinking at the same time</li> </ul>                   |
| <b>Chapter 3:<br/>Seeking Help<br/>for Co-occurring<br/>Disorders</b>                | <ul style="list-style-type: none"> <li>• know that co-occurring disorders are very treatable diseases</li> <li>• describe some of the reasons that people don't seek help for co-occurring disorders</li> <li>• motivate yourself to get help for co-occurring disorders</li> </ul>  |
| <b>Chapter 4:<br/>Treating Co-occurring<br/>Disorders: Medication<br/>Management</b> | <ul style="list-style-type: none"> <li>• explain how medication, talk therapy, peer support, and working to change your thinking patterns gives you the best chance at recovery</li> <li>• explain why medications can be helpful and may be necessary for your treatment</li> <li>• describe the do's and don'ts of taking medications for mental health disorders</li> </ul> |

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| <i>Co-occurring Disorders Workbook</i>  |  |
|---|--|
| Chapter   | Participant Goals  |
| <b>Chapter 5:<br/>Treating Co-occurring Disorders: Thinking, Feelings, and Behavior</b> | <ul style="list-style-type: none"> <li>• explain how co-occurring disorders affect your thinking patterns</li> <li>• identify distortions in your thinking patterns that are impacted by mental health issues, and identify ways to change those distortions</li> <li>• describe strategies that can help you manage your emotions and communicate well with others</li> </ul>   |
| <b>Chapter 6:<br/>Co-occurring Disorders and Relapse</b>                                | <ul style="list-style-type: none"> <li>• explain what it means to have a relapse of your mental health disorder symptoms</li> <li>• identify relapse triggers and how to cope with them</li> <li>• respond to early warning signs that mental health symptoms could be coming back or getting worse</li> <li>• create a plan to help prevent and respond to a relapse of your mental health disorder symptoms</li> </ul>   |
| <b>Chapter 7:<br/>Building a Support Network</b>  | <ul style="list-style-type: none"> <li>• explain the importance of having a strong social support network in recovery from co-occurring disorders and criminal behavior</li> <li>• explain the importance of recovery support groups for co-occurring disorders and how to find them</li> <li>• apply new ideas for improving your social skills and building a stronger group of supportive people</li> <li>• explain the importance of support networks in preventing a relapse</li> </ul> |

| <i>Relapse Prevention Workbook</i>   |   |
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| Chapter  | Participant Goals   |
| <b>Chapter 1:<br/>Introduction</b>   | <ul style="list-style-type: none"> <li>• describe the importance of abstinence in recovery</li> <li>• identify relapse warning signs</li> <li>• explain how seemingly unimportant decisions and core beliefs affect relapse prevention</li> </ul>   |
| <b>Chapter 2:<br/>Maintaining a<br/>Balanced Lifestyle</b>                 | <ul style="list-style-type: none"> <li>• explain the connection between a balanced lifestyle and relapse prevention</li> <li>• explain the role of proactive thinking, stress management, and spirituality in relapse prevention</li> <li>• use the Wellness Wheel to identify the areas of your life that need better balance</li> <li>• plan to prevent boredom and loneliness</li> </ul> |
| <b>Chapter 3:<br/>Identifying<br/>External Triggers</b>                    | <ul style="list-style-type: none"> <li>• explain what a trigger is and how it can lead to relapse</li> <li>• identify your external triggers</li> <li>• develop ways to cope with external triggers</li> </ul>  |
| <b>Chapter 4:<br/>Identifying<br/>Internal Triggers</b>                    | <ul style="list-style-type: none"> <li>• recognize how an internal trigger can lead to relapse</li> <li>• identify your internal triggers</li> <li>• develop ways to cope with internal triggers</li> </ul>   |
| <b>Chapter 5:<br/>Coping with Cravings</b>                                 | <ul style="list-style-type: none"> <li>• explain the link between triggers and cravings</li> <li>• develop ways to cope with urges and cravings</li> <li>• create a cravings management plan</li> </ul>   |
| <b>Chapter 6:<br/>Avoiding or Coping<br/>with High-Risk<br/>Situations</b> | <ul style="list-style-type: none"> <li>• define <i>high-risk situation</i></li> <li>• identify your own high-risk situations</li> <li>• plan ways to cope with high-risk situations</li> </ul>  |

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| <i>Relapse Prevention Workbook</i>  |   |
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| Chapter   | Participant Goals   |
| <b>Chapter 7:<br/>Developing a<br/>Support Network</b>  | <ul style="list-style-type: none"> <li>• recognize the importance of healthy relationships in recovery</li> <li>• understand the importance of and need for appropriate support in recovery</li> <li>• identify ways to improve relationships with probation and parole officers</li> <li>• identify ways to improve relationships with family members</li> </ul> |
| <b>Chapter 8:<br/>Creating a Relapse<br/>Prevention Plan</b>  | <ul style="list-style-type: none"> <li>• identify your recovery goals</li> <li>• identify your relapse warning signs</li> <li>• create a Relapse Prevention Plan</li> </ul>   |
| <b>Chapter 9:<br/>Creating an<br/>Emergency Plan for<br/>Relapse or a Major<br/>Setback in Life</b> | <ul style="list-style-type: none"> <li>• explain how your recovery is going</li> <li>• identify ongoing relapse risks</li> <li>• develop a response plan for relapse</li> </ul>   |

| <i>Preparing for Release Workbook</i>              |  |
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| Chapter  | Participant Goals  |
| <b>Chapter 1:<br/>Introduction</b>                 | <ul style="list-style-type: none"> <li>• identify individual areas of life to focus on for reentry</li> <li>• identify factors that reduce the risk of relapse</li> <li>• describe the importance of setting SMART goals</li> </ul>  |
| <b>Chapter 2:<br/>Living under<br/>Supervision</b> | <ul style="list-style-type: none"> <li>• identify personal feelings related to living under supervision</li> <li>• describe the roles and expectations associated with living under supervision after release</li> <li>• identify ways to build a positive relationship with a supervising authority</li> <li>• describe ways to ask for help</li> </ul> |
| <b>Chapter 3:<br/>Recovery Environment</b>         | <ul style="list-style-type: none"> <li>• describe how to manage risky environments</li> <li>• plan for a supportive recovery environment</li> <li>• identify housing goals related to housing after release</li> <li>• describe how to manage housing setbacks</li> </ul>  |
| <b>Chapter 4:<br/>Support Network</b>              | <ul style="list-style-type: none"> <li>• describe what healthy support looks like</li> <li>• explain the differences between healthy and unhealthy relationships</li> <li>• describe the role cultural factors play in social support</li> <li>• plan for a healthy social support network after release</li> </ul>                                      |
| <b>Chapter 5:<br/>Occupational Goals</b>           | <ul style="list-style-type: none"> <li>• define what <i>personal occupational success</i> means</li> <li>• explain the difference between short-term and long-term employment</li> <li>• discuss employment assistance options</li> <li>• plan for healthy occupational goals after release</li> </ul>   |

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| Preparing for Release Workbook                 |   |
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| Chapter  | Participant Goals   |
| <b>Chapter 6:<br/>Free Time</b>                | <ul style="list-style-type: none"> <li>• describe how thinking can affect recreational activities</li> <li>• explain healthy ways to manage social events</li> <li>• describe ways to deal with boredom and loneliness</li> <li>• plan healthy ways to spend free time after release</li> </ul> |
| <b>Chapter 7:<br/>Health and Wellness</b>      | <ul style="list-style-type: none"> <li>• define what <i>balanced wellness</i> looks like after release</li> <li>• plan healthy physical wellness after release</li> <li>• plan healthy emotional wellness after release</li> <li>• plan healthy spiritual wellness after release</li> </ul>     |
| <b>Chapter 8:<br/>Finances</b>                 | <ul style="list-style-type: none"> <li>• define what <i>financial wellness</i> looks like after release</li> <li>• explain the basics of budgeting</li> <li>• plan ways to pay off debt after release</li> <li>• plan ways to set aside savings after release</li> </ul>                        |
| <b>Chapter 9:<br/>Mapping Your<br/>Release</b> | <ul style="list-style-type: none"> <li>• develop goals for the first day after release</li> <li>• develop goals for the first week after release</li> <li>• develop long-term goals for after release</li> </ul>  |

## Notes

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4. Dutra, L., G. Stathopoulou, S. L. Basden, T. M. Leyro, M. B. Powers, and M. W. Otto, "A Meta-analytic Review of Psychosocial Interventions for Substance Use Disorders." *The American Journal of Psychiatry* 165, no. 2 (2008): doi: 10.1176/appi.ajp.2007.06111851; Magill, M., and L. A. Ray, "Cognitive-behavioral Treatment with Adult Alcohol and Illicit Drug Users: A Meta-analysis of Randomized Controlled Trials." *Journal of Studies on Alcohol and Drugs* 70, no. 4 (2009): 516–27.
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