

# The T.O.P.\* Workbook

## Facilitator's Manual



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# The T.O.P.\* Workbook for Taming Violence and Sexual Aggression

*\* Trauma Outcome Process*

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-----*Foreword*

Thank you for your interest in providing empirically driven interventions that address violence and sexual harm by youth. While sexual harm is a type of violence, this manual separates them in order to address sexual issues more specifically.

The purpose of this manual is to guide use of the T.O.P.\* Workbook for Taming Violence and Sexual Aggression, thereby promoting effective treatment for youth who have been involved in violence and sexual abuse. Helping youth and families heal pain that influences harmful behavior promotes community safety for all.

This manual is divided into three parts: Part I provides the underlying framework for the workbook and manual. It is the basis of information from which both documents were created. Part II is a practical guide for the T.O.P.\* Workbook with specific information, directions, suggestions, and activities for application. Resources are included in Part III. Since it is intended to both guide practical application and inform research, it is necessarily redundant in some ways. Readers may want to focus primarily on sections most relevant to their needs.

-----*Dedication*

This initiative is happily dedicated to Maria Cristalli whose enthusiasm and ambition created the impetus for this project. It is also dedicated to youth who have successfully used the T.O.P.\* Workbook to tame harmful behavior.

-----*Acknowledgements*

First, and foremost, I want to thank my husband, John for his devotion and unwavering support. This work would not be possible without his selfless consideration.

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The T.O.P.\* Workbook was published in 2002 after intensive preparation, writing, peer reviews, design and pilot projects. Staff from the Educational Technology department at Purdue University evaluated all known existing workbooks relating to juvenile sexual harm in order to provide recommendations for content, layout, and design.

Brian Bill, Greenwood, Indiana; David Braccialarghe, Las Vegas, New Mexico; C. A. Brown, Elizabethtown, Kentucky; David Brown, Thousand Islands, New York; Alan Jenkins, Adelaide, Australia; David Prescott, Mauston, Wisconsin; and Lucinda Rasmussen, San Diego, California all reviewed drafts of the text prior to publication. Each provided critical feedback that greatly improved the final product.

The workbook was designed through a collaborative senior project for outstanding graphic design majors Donna Plasson and Tyler Nevins, at Roger Williams University in Bristol, Rhode Island, under the direction of Sharon DeLucca of DeLucca Graphic Design. Youth in treatment worked with the design team to choose the color and gave ongoing feedback about the design, layout, paper, and density of information on each page. Each chapter has an abstract icon selected in part by youth in treatment.

The following programs generously volunteered to participate in pilot projects as the workbook was being developed: The Boy's Ranch, Elizabethtown, Kentucky; Damar Services, Inc., Canby, Indiana (a residential program for youth with developmental disabilities); Northeastern Family Institute (NFI), Providence, Rhode Island; the Youth Development and Diagnostic Center, Children, Youth and Families Department, Albuquerque, New Mexico; the C.A.R.E. unit at the state hospital in Las Vegas, New Mexico; and Woodbourne Center, Inc., Baltimore, Maryland.



## Part I: Fundamentals

### -----*Vision*

The purpose of this manual is to standardize use of the T.O.P.\* Workbook in order to develop an evidence-based approach for identifying and addressing the full range of violence and sexual harm by youth.

### -----*Mission*

The mission of this manual is to enhance practical application of the TOP\* Workbook and promote implementation of efficacy studies that establish an evidence-based approach for taming youth violence and sexual aggression.

### -----*Core Values\**

**Violence and sexual harm hurt people.** Concern for victims and their needs for respect, healing, empowerment, and ongoing safety must be both the driving force and guiding principle that inform all service provision.

**Every member of a community deserves to be safe.** Youth who have caused violence and/or sexual harm and all victims or potential victims must be assured physical and emotional safety. Assessment of safety is an ongoing process as any number of factors may change, making a situation unsafe for treatment. Thorough assessment assures services are provided based on the needs of each youth, family, and community.

**Treatment is guided by current research-based, best practice standards for assessment and treatment.** The field of study involving treatment of violence and/or sexual harm by youth is relatively new and constantly advancing. Interventions will need to be updated as new findings are validated.

**The most effective treatment is holistic in nature.** Youth who cause violence and/or sexual harm should not be defined by this behavior. By approaching a youth as a multifaceted person, treatment will address needs that may seem removed from the issues of sexual harm. Addressing these needs in treatment can contribute to the long-term success and development of a youth as a valuable member of the community.

**Treatment is predicated on all youth and family members' capacity for resilience.** Attributes of resilience and protective factors provide a foundation for healing. Enhancing protective factors is essential for eliminating violence and sexual aggression.

**Treatment is informed by cultural competence.** When treatment is individualized based on the strengths, needs, cultural uniqueness, and perspectives of the client and family, treatment will be more successful.

**Service providers have specialized training.** In addition to state regulations, specialized training for responding to violence and sexual harm by youth is an expectation for practice in the field.

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\* Both the core values and philosophy are adapted from *Resources for Resolving Violence, Inc. (Schladale, 1997)* and the *Community-Based Standards for Addressing Sexual Harm by Youth (Schladale, Langan, Barnett, Nunez, Fredricks, Moylan-Trigiani, & Brown (2006))*.

**Community education.** Educating personnel in schools, recreational and athletic organizations, faith communities, youth, courts, social service agencies, as well as mental health providers, doctors, and any other providers of services to youth and families about dynamics of violence and sexual harm by youth is an important step toward achieving outcomes that will enhance long-term prevention.

## -----*Philosophy\**

**Do no harm.** All services are provided in a manner that does not cause harm or injustice.

**Respect.** All interaction is based upon thoughtful consideration for basic human rights and dignity.

**Quest for excellence.** This replication manual should be continuously improved by evaluating effectiveness and efficiency. Excellence is demonstrated by staff maintaining fidelity to the manual. It is determined by prevention of harm; and evaluated by all stakeholders. Adherence to the replication manual requires commitment to providing necessary resources, staff development, and training to maintain excellence in service provision.

**Efficiency.** All services are designed and delivered in the most cost-efficient and least restrictive manner. Efficiency is measured through the relationship of cost to outcomes. Successful outcomes are achieved through efficient utilization of resources.

**Ecology.** Family and community are central to life experience. Each youth and family involved in treatment is part of a larger community with established institutions and agencies designated to support and assist these youth as they move toward adulthood. All services are provided in conjunction with this support.

**Diversity.** Respect for the diverse nature of families who receive services is paramount. Support is given without regard for gender, race, ethnicity, sexual orientation, religion, nationality, culture, or financial status.

**Resilience.** Resiliency is the ability to bounce back after adversity. It enables youth to master tasks required for healing and violence prevention.

**Individualized treatment.** Interventions will be provided based on the individual and collective strengths and needs of each youth and family. Treatment necessary for each youth and family will be determined based on initial and ongoing assessment throughout the therapeutic process.

**Hope** is central to the healing process. All services are intended to instill hope. Interventions are developed and maintained in accordance with the belief that youth and their families will make progress in their goals of healing.

**Relationships.** Healing occurs within the context of relationships. Families are able to benefit from services when they receive genuine, nonjudgmental support and empathy.

**Healing** is the ability to embrace and celebrate life through attention to physical, social, psychological, and spiritual needs. Healing is the basis for leading productive and fulfilling lives by learning to manage pain in ways that do not cause harm. Belief that youth and families can heal from pain guides service provision.

**Competency development.** All interventions are created to enhance competency development. Youth and families are able to initiate service goals and collaborate in the design and maintenance of those goals.

**Autonomy.** By supporting clients' rights to make decisions, we enhance their ability to respond to the healing process.

**Successful outcomes.** All services are based upon research related to harm reduction and protective factors. Desired outcomes are established with each youth and family.

## -----Introduction to the Manual

The Trauma Outcome Process is a conceptual framework created by Lucinda Rasmussen who writes extensively on the topic (Rasmussen, Burton & Christopherson, 1992; Burton, Rasmussen, Brandshaw, Christopherson, & Huke, 1998). The *T.O.P.\* Workbook*, which is based on the trauma outcome process, is an empirically driven, trauma-informed approach to youth violence prevention. The purpose is to stop harmful behavior through competency development. Treatment is founded on the principle that helping young people make sense of past decisions to cause harm can prevent it from happening again.

The workbook provides a bridge between treatment and competency development. Beyond simply answering all of the questions, successful completion necessitates behavior change. The workbook is effective when violence ends.

The primary goal of the *T.O.P.\* Workbook* is to develop youths' capacity for self regulation. They learn this through partnership (attachment and connection) with nurturing adults. The workbook is designed for collaboration among youth, family members and staff trained in a therapeutic response to harmful behavior. It provides a foundation for generalizing skills throughout all life domains and helps enhance a youth's ability to connect in meaningful and benevolent ways.

The primary intent of this manual is to standardize application of the T.O.P.\* Workbook in order to enhance efficacy. It can be used in both community-based and residential settings.

## -----Youth in Treatment

Young people who cause violence and sexual harm have often experienced significant trauma in their lives (Barbaree & Langston, 2006; Ford, Chapman, Hawke, & Albert, 2007; Hunter, Gilbertson, Vedros, & Morton, 2004). The Center for Disease Control (Thornton, et al., 2002) identifies the following vulnerabilities in families at high risk for youth violence: poor interactions between parents and children as early as the first year of life; emotionally distressed parents involved in anti-social behaviors; marital conflict and poor communication; parental criminal and violent behavior; alcohol and substance abuse; child abuse and neglect; harsh inconsistent discipline; poor parental supervision; violent neighborhoods; witnessing violence; learning problems; school absenteeism; bullying, or being the target of bullying; and being arrested before age 14. As a result, these youth, and their families have often weathered a range of experiences with medical or social services and the criminal justice system. Often youth have been removed from their homes for a variety of reasons.

Expect and embrace resistance! Youth using the workbook may be mandated for treatment. They are likely to be hurt and angry about their life experiences and unmotivated to participate in therapy. Many are very confused and struggle to make sense of both the process and content of what is being asked of them. It may be difficult for them to consider trusting people unknown to them who want to help.

They may be extremely fearful of facing trauma. Children, who have witnessed violence may struggle to learn healthy coping strategies for managing the impact. They may try desperately to put it out of mind, or misbehave in an effort to keep bad memories at bay (Groves, 2002). Intense fear is a normal defense against addressing trauma that boys often try to cover up in an effort to be seen as man enough. Such behavior can be especially challenging for service providers.

Youth and family members may have reading difficulties that inhibit their participation. The workbook is written at a sixth-grade reading level. While most youth using the workbook are above the age of eleven (the average age of sixth graders), youth who receive services often have developmental disabilities and cognitive limitations that inhibit reading comprehension and memory retention. Facilitators can reduce such obstacles by reducing reading and writing through collaborative methods, such as reading to or with a youth, or maximizing the multi-sensory activities included in each chapter (Bill & Schladale, in press).

Youth using the workbook explore values, beliefs, and life experiences in ways that expose discrepancies and ambivalence. They may struggle with expressing remorse, shame, and guilt about harmful behavior. Such exploration can ultimately enhance understanding and self acceptance as they learn to make sense of painful experiences and how trauma influenced past decisions to cause harm.

As youth come to terms with painful experiences, healing reflects behavior congruent with pro-social values and beliefs. Focus on courage, strength, and respect helps them to identify and work towards becoming the person they genuinely want to be.

Facilitators looking for more information may wish to consult the work of Lucinda Rasmussen, Jan Burton, and Barbara Christopherson who developed the concept of the trauma outcome process (Rasmussen 1999, 2001, 2002, 2004; Rasmussen, Burton, & Christopherson, 1992).

## -----*Workbook Facilitators*

The T.O.P.\* Workbook and this manual are based on research about motivation and change (Miller & Rollnick, 2002); affect regulation (Schore, 2003; Stein & Kendall, 2004), trauma (Groves, 2002; Saunders, Berliner, & Hanson, 2004; Stein & Kendall, 2004; Kagan, 2004), optimum child development (National Research Council & Institute of Medicine, 2001); successful outcomes in psychotherapy (Hubble, Duncan, & Miller, 1999), best practices for youth violence prevention (Office of the Surgeon General, 2001; Thornton, Craft, Dahlberg, Lynch, & Baer, 2002), and competency development (Torbet & Thomas, 2005),

Facilitators can guide youth through the workbook successfully by using current knowledge about empirical evidence, theories, and philosophical approaches that enhance treatment outcomes. While detailed descriptions are provided in Part III, a few are highlighted here.

**Motivation & Change.** The T.O.P.\* Workbook is about eliminating harm. Doing so requires motivation for change. Facilitators may benefit from using a research based approach that can reduce resistance and streamline the process. “Motivational interviewing is a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence” (Miller & Rollnick, 2002; P.25). It provides a philosophical approach that can bolster the workbook experience.

Therapeutic engagement is a critical element of successful treatment. Explaining potential benefits of the *T.O.P.\* Workbook* and instilling hope for successful completion can encourage youths’ active participation in treatment. Facilitators who emphasize confidentiality with parents and/or guardians and protect the privacy of youth using the workbook may decrease resistance while fostering the trust and therapeutic risk taking necessary for successful completion. Using motivational interviewing methods to acknowledge discrepancies and address ambivalence can increase both youth and families’ motivation to complete the workbook and—most importantly—to be successful in reducing violence and/or sexual harm.

Service providers may struggle at times with motivation to facilitate the workbook. Staff may feel overworked and have difficulty finding time necessary to help youth with it. They too may be ambivalent and question its value. Training and supportive supervision can help everyone enjoy the benefits of the workbook.

**Affect Regulation.** When young people have not learned pro-social ways to manage upsetting emotions they are at risk of misbehaving. Dysregulation occurs when individuals react to troubling emotions in ways that cause harm to self or others. Violence and sexual harm are two forms of dysregulation.

Affect regulation is essential for youth violence prevention. Assessing a youth’s ability to calm down can provide information on attributes of resilience (a person’s ability to bounce back after adversity), protective factors (Henderson, Bernard, & Sharp-Light 1996; Bremer, 2006), and healing trauma (Stein & Kendall, 2004).

## ..... Preparation .....

The task of preventing youth violence challenges everyone to overcome reluctance to discuss issues relating to violence or sexual harm. Open acknowledgement of violence and abuse counteracts a potential conspiracy of silence. Facilitating open discussions and reassuring everyone that they can talk about these things provides a safe and stable therapeutic environment that reduces fear (Groves, 2002). It lets youth know they can deal successfully with awful things so that healing can occur.

Prior to facilitating the workbook practitioners can devise a plan for responding to clients' questions and fears. Slowing down and supporting each individual's pace and tolerance for difficult subjects may reduce or eliminate any perceptions of coercion (Groves, 2002). Facilitators should never push!

Listening carefully to everything youth say and using reflective listening (Miller & Rollnick, 2002) provides a clear message about the youth or family member's importance as a person and sincere acknowledgement of their experience.

It is important to ask youth about their understanding of why they are in treatment and their understanding of the workbook. Encouraging expression of youths' thoughts on what might help encourages autonomy and efficacy.

When youth appear fearful, it is imperative for practitioners to ask what they are most afraid of and what was, or is, the worst part of such fear (Groves, 2002). Identifying what they can do when they are frightened to manage fear successfully encourages solution-focused planning and implementation. Exploring ways to help them get relief from intrusive thoughts, flashbacks, and memories also helps with competency development.

In her book, *Children Who See Too Much: Lessons From The Child Witness To Violence Project*, Betsy McAllister Groves (2002) identifies clinical concerns relating to children who have witnessed violence. While the book focuses specifically on young children and violence, many of the same concerns apply to youth using the *T.O.P.\* Workbook*.

Groves (2002) also addresses professional issues that service providers face in this work. Service providers are vulnerable to burnout, compassion fatigue, and vicarious traumatization (Figley, 1995). Developing and practicing personal coping strategies to deal with the impact is not only important self care, but also models competency development for youth and families. Such recommendations can help facilitators prepare for and successfully guide youth throughout the workbook.

**Training.** Service providers facilitating the *T.O.P.\* Workbook* should demonstrate competencies in understanding violence and sexual harm by youth, motivational interviewing, optimum elements of child development, positive psychology, resilience and protective factors, trauma, and self regulation. This manual may be used as a foundation for in-service training and supplemented with resources relating to these competencies.

Facilitation training focuses on helping adults learn how to provide an emotional buffer for youth. Supporting youth in learning how to determine when someone is trustworthy helps youth identify people they can talk to about important life experiences.



Part II: The T.O.P.\* Workbook for Taming Violence and Sexual Aggression

-----*Manual Format*

Part II of the manual provides a framework for facilitating each chapter of the T.O.P.\* Workbook. Each chapter in the manual is laid out in the following way:

..... Chapter Content and Process.....

**Overview.** Each chapter begins with a summary of the material covered in that section. This highlights core components for easy reference.

**Objectives.** A list of objectives identifies purpose and goals for each chapter. The following objectives are fundamental to all stages of the process and need not be repeated in each section. By the end of each chapter youth will be able to:

- articulate ambivalence
- understand the content of the material provided
- utilize materials and techniques designed to teach and maintain self-regulation competencies
- internalize core components of each chapter as indicated through self-regulation competencies
- answer all questions in ways that reflect developing mastery of self-regulation competencies
- reframe youth’s narrative to reveal competencies, resilience and protective factors

..... Developing Self-Regulation Competencies .....

The workbook guides youth through a set of four core self-regulation competencies derived from cognitive behavioral therapy with children and general skills common to all evidence-based practices (Saunders, Berliner, & Hanson, 2004). Each chapter focuses on developing specific self-regulation competencies identified from literature on youth violence prevention (Torbet & Thomas, 2005).

**Affect.** The *T.O.P.\* Workbook* will most likely stir up uncomfortable feelings as youth explore the impact of trauma in their lives. Prior to introducing the workbook, facilitators can prepare for emotional discomfort by teaching youth how to use multi-sensory self-soothing activities (van der Kolk, 2004; Stein & Kendall, 2004; Groves, 2002). Using such activities promotes healthy coping strategies for managing difficult situations and symptoms related to unresolved trauma and post-traumatic stress.

**Cognition.** Introducing the trauma outcome process to youth will likely effect thinking about previous traumatic experiences. Training youth to use multi-sensory self-soothing activities can stimulate cognition, boost memory, and help to organize brain processing (Stien & Kendall, 2004). Helping youth learn to mindfully observe internal experience, stay organized in the threat of psychological upheaval, change their body state when addressing their deepest pain, learn to state success, remember how they survived, celebrate survival resources, and honor their life (van der Kolk, 2004) creates a foundation for cognitive restructuring that may influence harm reduction. Narrative trauma scripting is an intervention that can enhance emotional stability and reduce potential for dysregulation (Stien & Kendall, 2004; Cohen, Mannarino & Deblinger, 2006).

**Physiology.** Trauma influences physiological arousal (Kagan, 2004; Schore, 2003). Recalling traumatic experiences can also trigger physiological responses (van der Kolk, 1994). Educating youth about this



phenomenon can help them learn to identify these episodes when they experience them and to use multi-sensory self-soothing to enhance the healing process (Stien & Kendall, 2004).

**Behavior.** Youth who are violent and/or sexually aggressive can learn to manage trauma in ways that do not cause harm to self or others. Exploring and practicing multi-sensory coping strategies unique to the youth’s interests, skills, and abilities instead of behaving violently can help them develop life-long patterns that promote health and well being. Such developmental skill building promotes safety, stabilization, and symptom reduction (Stien & Kendall, 2004).

**Check-up.** This is an ongoing collaborative assessment between the facilitator and youth. It includes self checks and reflections by each participant. Self report is a critical factor in assessing how helpful a session is for participants (Hubble, Duncan, & Miller, 1999). In turn, this leads to successful treatment outcomes. It also reinforces primary goals of building attachment, self regulation, and competency.

**Problem solving.** Using motivational interviewing methods, (Miller & Rollnick, 2002), the facilitator should maintain consonance or harmony throughout the therapeutic process. When dissonance or discord occurs, it is up to the facilitator to restore consonance. Facilitators should use and model problem-solving skills for the client in order to enhance competency development and generalization of the learning. Background in motivational interviewing is particularly useful in this program. There is a brief overview of the methodology on “The Motivational Interviewing Page” at [www.motivationalinterview.org](http://www.motivationalinterview.org).

**Evaluation.** At the end of each session facilitators should ask how the session and the chapter have been helpful. This is a time to assess a youth’s progress in the workbook. Consistently documenting changes in self-regulation competencies provides a standardized framework for monitoring improvement. Additionally, facilitators should document adherence to the model with a fidelity checklist.

## Multi-Sensory Activities .....

The process of doing is what allows therapeutic change. Current literature on trauma consistently addresses the importance of using multi-sensory experience to enhance development of self-regulation competencies (Stien & Kendall, 2004; van der Kolk, 2004; Groves, 2002). Specialized training in expressive therapies contributes much to successful facilitation of the *T.O.P.\* Workbook*. Each chapter includes multi-sensory activities to enhance the therapeutic experience. These activities are vital in working with youth who have educational and/or developmental disabilities.

Works of art—whether they are music, lyrics, dance routines, skits or plays, drawings, paintings, or sculptures—created through a therapeutic process are part of a youth's treatment. Successful utilization of multi-sensory activities depends upon facilitator’s understanding of the individual youth involved in treatment. Above all else, treatment providers should consider the potential impact on each youth before conducting any activity. All multi-sensory activities should be selected within the context of each youth's treatment plan, and his ability to benefit from such an experience.

Facilitators should warn youth that multi-sensory activities often elicit powerful reactions. These are normative responses, and facilitators must be prepared to provide support within the treatment setting.

Expressive therapy is a discipline that requires advanced training and supervised clinical experience. Facilitating multi-sensory activities is not the same as conducting expressive therapy. Art therapists created the exercises in each chapter specifically for use by specially trained and supervised treatment providers.

Prior to facilitating a multi-sensory activity, treatment providers should explain that creating art is very personal. Each piece of art belongs to the creator, and youth must be allowed to choose what they want to do with their work. Any projects created in conjunction with the workbook should be considered just as confidential as any other aspect of treatment.

Successful facilitation of multi-sensory activity is based on:

- providing a safe therapeutic environment
- understanding that multi-sensory activities can lessen inhibitions
- therapeutically addressing issues that arise during activities
- making no attempts to interpret a youth's response
- conducting activities only with those youth who can adequately manage psychological upheaval
- providing therapeutic closure at the end of each activity

**Materials.** In addition to the *T.O.P.\* Workbook for Taming Violence and Sexual Aggression* a range of material and props may be helpful in promoting a healing process. Multi-sensory activities utilize a broad range of materials that include (but are not limited to) paper, drawing and painting supplies, modeling clay, toys, CD players, musical instruments, and theatrical props. Descriptions of specific activities in each chapter include materials lists.

### -----*Getting Started*

Deciding how to introduce youth to the workbook is very important. Assessing a youth's readiness, willingness, and ability can influence positive outcomes (Hubble, Duncan, & Miller, 1999; Miller & Rollnick, 2002). Encouraging the use of client strengths, interests and resources has potential to maximize therapeutic engagement, interest, and commitment to completing the workbook.

As soon as facilitators introduce the workbook, it is important to clarify their role in the process. Outlining expectations for change and instilling hope for success are integral parts of laying a foundation for collaboration (Hubble, Duncan, & Miller, 1999). Facilitators should tell youth how long they expect to work together, how often they will meet and approximately how long each session will last. Giving youth permission to stop the process whenever it does not feel safe or they experience any sense of vulnerability introduces a sense of autonomy and efficacy that encourages positive use of power and control. Negotiating the pace of the work provides a clear message that youth need not feel rushed through the process. In this way they learn to practice self care from the outset. Facilitators can further enhance youths' sense of self control by encouraging them to speak up and giving them a break when things get tough.

The workbook uses a range of terms to describe a process designed to help youth understand how their body responds to trauma over time. There is no need to be concerned about specific terminology, and youth should never be required to memorize any words, or the flow chart in the center of the workbook. Since familiar terms can develop into jargon, it is important to limit the use of such language in order to avoid overshadowing the topic with meaningless clichés. Requiring youth to memorize and adhere to specific terms risks causing them to lose sight of the real purpose of workbook activities.

Facilitation of the workbook should always include supervision with a specialist in youth violence prevention. This provides a setting for planning successful implementation of the workbook and resolving issues that may arise during the process.

### -----*Preface for Treatment Providers*

Facilitation styles vary by individual, setting, role, and relationship. Concerns about confidentiality and the emotional safety and stability of each client are paramount in any situation. In order to make decisions about implementing the workbook, facilitators need a general foundation in the rationale underlying the treatment model.

Facilitation always addresses the unique developmental level of each child. This approach considers age; intellectual, cognitive, and emotional functioning; and contextual factors such as family, school,

and community influences. These elements will help to identify the best means to serve each youth. Encouraging everyone involved to find creative solutions for adapting the workbook can help to ensure success.

Minimizing reading and writing requirements is a standard component of services for youth with educational and/or developmental disabilities. Preparing policies and protocols for special needs can minimize obstacles for implementing the workbook. Conversely, the skills, talents, and abilities of gifted youth require creativity to prevent boredom and unnecessary repetition.

Treatment providers should assess the ability of the youth to work independently. If the youth cannot read or write but is comfortable collaborating, the facilitator can read aloud and record the youth's answers. However, if a youth wants to work in private, the facilitator can arrange for an audio tape of the workbook and permit the youth to record answers on a tape recorder. If a youth is literate but has trouble concentrating, a facilitator might monitor progress more closely in order to keep the youth focused on each step.

Youth who are motivated and competent to work independently can negotiate with the facilitator to work privately and report progress on a regularly scheduled basis. It is important for facilitators to clarify their availability for additional support and direction as needed.

Considering time frames is important. Regularity of meetings and adequate service time greatly influences successful implementation. Clearly defining how often and how long each meeting will be can help establish expectations and understanding of the process for youth, facilitators, family, treatment team, and other members of the social support network. This also provides predictable structure, an essential element of evidence-based practices (Saunders, Berliner, & Hanson, 2004).

Leading from behind (Durrant, 1993) is a concept in which facilitators allow youth to proceed through treatment at their own unique pace. This concept serves facilitators well when they establish collaborative pacing throughout the workbook.

..... **Introducing the Workbook** .....

The workbook is a therapeutic tool to help youth heal pain that may be influencing violent and/or sexually harmful behavior. Facilitators should introduce youth to the concept of workbook prior to discussing the introduction and top ten reasons for it. The purpose is to create an emotionally and physically safe and stable environment for exploration. Introducing involved parents or guardians to the workbook is important as well. Introductions do not have to occur at the same time for youth and parents or guardians.

Explaining how the workbook helped other youth and families may instill a sense of hope and expectation for change (Hubble, Duncan, & Miller, 1999; White & Epstein, 1990). Asking youth about their perceptions of the workbook can help them articulate ambivalence and alert the facilitator to potential misunderstandings.

**Expect resistance.** Youth may express resistance in a range of ways. Those who have been in treatment before may say they have already addressed this stuff and should not have to do it again. Some may complain that it won't help or that it's "stupid".

One young man stated, "I know it's part of treatment so I'll do it", but he clearly was not engaged in the process. Ambivalent compliance provides an opportunity to practice patience and tolerance in attempting to engage youth. Respectfully accepting resistance models deference and allows youth to experience benevolent behavior.

When youth refuse to consider using the workbook, facilitators can invite them to identify and explore possible obstacles. While fear may be a significant factor, young men are often loath to admit such vulnerability. Facilitators might wish to ask youth, "What do you think is important for us to be thinking about?", "What would be the worst part of using the workbook?" and "What are you most afraid of?"



Gently identifying how the workbook can help youth feel better about the past, future, and life in general may reduce resistance even though it may not be apparent at the time. Consistent respectful interaction and follow-up may reduce resistance, clarify ambivalence, and provide a therapeutic point of entry.

**At no time should youth be commanded or coerced into using the workbook.** It is the facilitator's responsibility to lay a foundation for safety (Herman, 1992; Stien & Kendall 2004; Kagan, 2004). Providing a nonjudgmental attitude, empathy, warmth, and genuine positive regard ensure adherence to factors that influence successful outcomes (Hubble, Duncan, & Miller, 1999).

**Clarify expectations.** A facilitator's only job is to be helpful. Facilitators can encourage youth to speak up when something is not helpful. This creates a foundation for reciprocal dialogue in which a youth can practice autonomy and self efficacy (National Research Council & Institute of Medicine, 2001).

The facilitator should explain that the end of each session will include a question about what was helpful. This dialogue lets a youth know what to expect. The specific question allows for self report, which can influence successful outcomes (Hubble, Duncan, & Miller, 1999).

Preparing youth for feelings of discomfort that might surface as they address past trauma is an important part of introducing the workbook. Facilitators can describe the kind of responses others had and explore the youth's concerns about such feelings. Introducing the concept of ambivalence, helping a youth address it, exploring pros and cons of using the workbook, and eliciting change talk can all influence motivation for completing it (Miller & Rollnick, 2002). Asking a youth about his level of interest and confidence in completing the workbook may predict potential for success (Miller & Rollnick, 2002).

Once a youth has accepted an invitation to consider the workbook, the facilitator should ask him to explore pro-social ways to manage uncomfortable feelings that may surface. Before proceeding, facilitators should encourage youth to practice a range of pro-social ways to manage such discomfort. After answering all questions to his satisfaction, a youth may begin the workbook.

**Multi-sensory activities.** Hands-on projects work well to reinforce some of the workbook concepts. Facilitators should always encourage youth to participate in workbook activities without any sort of coercion or demand. The facilitator may be somewhat directive in helping the youth to resolve ambivalence, but it must always be the youth's decision to move forward.

**Change plan worksheet.** In their book, *Motivational Interviewing*, Miller and Rollnick (2002) include a "change plan worksheet". While originally created for clients with substance abuse problems, the basic format can help youth organize their thinking, clarify motivation, access support, and overcome obstacles to completing the workbook. The worksheet is also available online at [www.motivationalinterview.org/clinical/changeplan.PDF](http://www.motivationalinterview.org/clinical/changeplan.PDF)

**Disturbances of arousal flow charts.** These charts (one for adults and one for youth) illustrate affect regulation in response to trauma by describing it in terms of immobilization leading to dysregulation. Three trajectories are identified: fight or flight responses defined as 'explosion'; freezing or submission defined as 'constriction'; or multi-sensory self soothing that can lead to mobilization, elimination of pathological patterns and future

orientation. The flow chart helps youth identify how problematic coping strategies prevent healing, and provides a visual map to begin learning how to take good care of one's self.

-----T.O.P.\* Workbook Introduction

**Overview.** This brief description of the workbook title and definition of terms is designed to instill hope for change and provide a foundation for learning ways to tame violence and/or sexual aggression. *Workbook page 1*

**Top 10.** The list of reasons for this workbook describes benefits that youth may derive from completing it. Clarifying such expectations can provide youth with a vision for success throughout the process.

..... Objectives .....

- introduce the workbook
- define terms and the words used in the title
- offer an invitation to begin reading the workbook
- motivate interest in completing it

..... Chapter Content and Process .....

Communicating flexibility when introducing the workbook establishes a foundation for collaboration. When facilitators elicit a youth’s preferences for pacing and determining the context of workbook activity, they invite responsibility, autonomy, and mastery of both process and content.

The workbook introduction provides a foundation for engaging youth in the workbook process. Content is based on the fundamentals of motivational interviewing (Miller & Rollnick, 2002), inviting client responsibility (Jenkins, 1990), and factors relating to successful outcomes in psychotherapy (Hubble, Duncan, & Miller, 1999).

Facilitators should use environmental protective factors, such as being an enthusiastic and caring service provider; promoting close bonds; using a high warmth and low criticism style of interaction; setting and enforcing clear boundaries (rules, norms, and laws); encouraging supportive relationships with many caring others; expressing high and realistic expectations for success; encouraging goal setting and mastery; encouraging pro-social development of values and life skills; providing leadership, decision-making, and other opportunities for meaningful participation; and appreciating the unique talents of each individual to enhance therapeutic engagement (Henderson, Bernard & Sharp-Light, 1996).

Hubble, Duncan, and Miller, (1999) identify four elements of a therapeutic relationship that contribute to successful outcomes in psychotherapy. When service providers are warm, genuine, non-judgmental, and empathic they can maximize client participation and motivate change. These are critical attributes for facilitators to model.

The book *Children Who See Too Much* (Groves, 2002) provides recommendations and a variety of questions to help youth who have witnessed violence. Valuable recommendations include: listen carefully to everything they say, devise a plan for responding to questions and fears, reassure youth that violence and sexual aggression can be talked about and facilitate open discussion about it, slow down, support each youth’s pace and tolerance for talking about difficult subjects, never push, and determine with whom they can talk to about upsetting experiences.

Pertinent questions are: What do you think is important for us to be thinking about? What do you think might be helpful? What are you most afraid of? What do you do to help yourself when you are frightened? What is your understanding of why you are being invited to use the workbook? (Groves, 2002).



**Affect.** Youth may communicate a range of feelings about being asked to complete the workbook. Anticipating resistance can help facilitators plan accordingly and create specific strategies to engage youth in the process. Affect can range from blatant and possibly rude opposition through curiosity and interest to enthusiasm. Preparing youth to regulate affect throughout the process can build on activities introduced with the Preface (*see page 14*).

Competencies involve demonstrating ability to:

- identify and respectfully communicate feelings congruent with internal experience
- identify self-soothing activities to help manage uncomfortable feelings
- practice self-soothing activities
- explore development of coping skills to enhance life long well being

**Cognition.** The initial message is that it can be safe to acknowledge and address personal experiences of trauma. Defining terms can help youth understand exactly what the workbook is about and what to expect in the content. The introduction also seeks to instill hope and expectation for change (Hubble, Duncan, & Miller, 1999).

Competencies involve:

- understanding terms used in the title and introduction
- acknowledging the subject matter of the workbook
- recognizing and considering benefits of the workbook
- anticipating a range of physiological responses when remembering traumatic events
- staying organized in the threat of psychological upheaval
- exploring and anticipating what coping strategies might work best when addressing previous trauma
- evaluating what coping strategies work best for managing disturbances of arousal

**Physiology.** Recalling traumatic experiences evokes a range of physiological responses (van der Kolk, 1994; Schore, 2003; Stien & Kendall, 2004; Kagan, 2004). Preparing youth for the range of arousal they might experience when reminded of trauma can enhance understanding, expectation, and management.

Competencies involve:

- mindfully observing physiological arousal when recalling personal trauma
- changing body state when addressing pain
- practicing deep breathing and multi-sensory self soothing

**Behavior.** Physiological arousal associated with the trauma outcome process can greatly influence behavior. The goal here is to teach youth to tame violent and sexually aggressive responses while learning and practicing pro-social responses.

Competencies involve:

- behaving in pro-social ways when experiencing physiological arousal relating to trauma
- participating in multi-sensory activities that can reduce stress and anxiety
- experimenting with and practicing a range of body movement, such as sports or expressive activities

- learning to state success when personally managing disturbances of arousal
- honoring self-regulation skills and abilities and celebrating successful practice

**Check-up.** After reading the introduction and top ten lists, facilitators should explore the youth's experience with the material. Using the motivational interviewing techniques of directive, client-centered questioning (Miller & Rollnick, 2002) and exploring factors relating to successful outcomes in psychotherapy (Hubble, Duncan, & Miller, 1999) may promote memory retention and motivation for change.

Facilitators can begin by exploring the youth's understanding of the content of the information. Reflective listening by a facilitator can help a youth question and clarify understanding and meaning. Specifically, facilitators might ask the youth to describe his understanding of the terms defined in the introduction and the reasons for the workbook. Facilitators might ask the youth what he thinks about potential benefits identified in the top ten lists.

At this time, facilitators and youth can explore feelings and internal experiences relating to material in the introduction. They can reflect on the impact of the information. The facilitator can provide feedback about what he or she observed as the youth reacted to the introduction and top ten list.

Finally, facilitators might ask how the introduction is helpful in establishing a foundation for starting the workbook. It should include self checks and reflections by each participant. This activity reflects outcome studies in psychotherapy relating to the importance of self report in assessing helpfulness of the therapeutic process (Hubble, Duncan, & Miller, 1999). It also reinforces the primary goal of building self-regulation competencies and, with repetition, changes the neuro pathways of the brain (Siegel 1999; van der Kolk, 1994).

**Problem solving:** When a youth indicates resistance to the process and/or content of the workbook, motivational interviewing skills can be used to decrease such resistance and eliminate dissonance (Miller & Rollnick, 2002). When youth identify specific problems relating to the workbook experience, facilitators should listen carefully and help explore solutions to the identified problems. Facilitators can encourage youth to acknowledge ambivalence and explore the pros and cons of using the workbook. Youth may want to talk with others who find the workbook helpful.

**Evaluation.** A brief collaborative assessment between the facilitator and youth provides closure at the end of each session. Facilitators should ask each youth how the material was helpful. Such evaluation helps youth develop competency in personal assessment of life experiences. One youth responded with "the jury is out." He went on to talk about how he needed to digest the information and continue to think about it. He agreed to let the facilitator know if he felt any of it was not helpful.

When youth express dissatisfaction with the process or content of the workbook, it is important to support this (or any) expression to help them explore identified problems. Thoughts about trauma can illicit very strong negative responses that test affect regulation. Expressing empathy and compassion about challenges in addressing trauma can model the very behaviors we hope they will learn throughout the process.

### Multi-Sensory Activities .....

A range of expressive therapy activities can help youth develop self-regulation competencies as they go through the workbook. The following creative activities can help to introduce the need for self protection and to address ambivalence.

**Personal shield.** Facilitators introduce a discussion about the basic human need for self protection and what such efforts look like historically. Describing shields from ancient and medieval times and how they were decorated to represent elements of a warrior's life are possible examples. A more modern example is how the super hero, Batman simply says "shields up" when he is in the bat mobile, and it immediately seals up for his protection.



Facilitators may recommend pertinent movies illustrating these concepts. In addition to *Batman*, *Robin Hood*, *A Knight's Tale*, and *Drop Dead Fred* may be helpful and enjoyable.

Next, facilitators invite youth to create an illustration of their personal shield on poster board. This exercise not only normalizes the basic human need for self protection, but also creates a tangible shield for them to actually use. They can illustrate it with icons that represent specific things that help them to feel safe.

After the shield is complete, the facilitator asks the youth to describe his shield and what it was like to create it. They should think about ways the shield can symbolically help them feel safe while completing the workbook.

Finally the facilitator asks where the youth would like to keep the shield. They may choose to carry it with them, pick a designated place for safekeeping, or ask someone they trust to keep it for them. Throughout the experience the facilitator should ask the youth to explore thoughts about self protection: why it is important, and how they may successfully shield themselves throughout the treatment process and throughout life.

Facilitators can then refer to both the shield and the need for self protection, whenever a youth appears vulnerable or is struggling with the workbook.

Materials for this activity include pertinent DVD's, poster board, markers, construction paper, and a variety of craft materials such as glitter, pipe cleaners, stickers, etc.

**Resistance.** Facilitators should expect and address resistance before a youth even gets to the first chapter. Youth can be asked to illustrate resistance to the workbook. This can be done with any number of art materials. He should do the exercise silently so he can focus on the non-verbal elements of resistance.

Afterwards facilitators ask the youth to talk about any barriers he illustrated and explore his motivation (or lack thereof) to overcome any elements of the resistance. Directive, client-centered questions relating to ambivalence, responding to resistance, and enhancing confidence may streamline engagement and promote thoughtful consideration of the workbook. Facilitators can refer back to the illustration and commend a youth as he overcomes each barrier.

**Things that prevent me from facing trauma.** This activity is similar to the one above but focused specifically on trauma rather than the workbook. Facilitators can assess resistance to determine its primary focus. When youth appear fearful of the topic rather than the workbook itself, this activity is more pertinent.

Facilitators invite youth to create a collage of those things that prevent them from facing trauma. This may be an illustration of things that are stopping them from engaging in a healing process.

When the collage is finished, facilitators invited them to talk about it in the same was they would the previous activity.

Materials for this activity include paper, glue and as many magazines as possible to provide a wide range of illustrations. Markers and a broad range of craft materials can enhance the multi-sensory experience of the creation.



## Chapter 1: Getting into Trouble Versus Staying Out of Trouble

**Overview.** Chapter one is the foundation for a competency-based approach addressing ambivalence, motivation, values, and resources youth can use to stay out of trouble.

This chapter introduces the purpose of the workbook and normalizes ambivalence. It reframes the narrative from a pathological frame to a strength and competency-based perspective. It identifies core components of connection, change, practice, dreams, courage, strength, and respect as a foundation for eliciting resilience and protective factors. *Workbook page 2*

### Objectives

The focus of this chapter is:

- to engage youth in the workbook process
- to begin exploring motivation for change
- to support youth in developing awareness and expressing ambivalence about the following areas: connection, change, being in treatment, using the workbook, and/or taming violence and sexual aggression

### Chapter Content and Process

**Topical elements** look at connection, change, practice, dreams, courage, strength, and respect.

**Top 10 lists** explore reasons for staying out of trouble, ways people can help, ways to can take good care of oneself. *Workbook pages 3-5*

**Top 10 questions.** Explore dreams youth have for themselves, important things about courage, important things about strength, and important things about respect. *Workbook pages 9-15*

The first chapter addresses ambivalence, experiencing conflicting feelings simultaneously. It is a natural phenomenon and one seldom explained to children. Many adults are unfamiliar with the term as well. Ambivalence is not a user-friendly word. Youth and family members often have trouble remembering it, knowing how to pronounce it, and remembering what it means. While it is important to introduce, and define the word, it is not necessary to use it often.

Ambivalence is a significant factor of change (Miller & Rollnick, 2002) and plays a huge part in taming violence and sexual aggression. In this chapter, youth learn to understand that we can want something and not want something at the same time. Using the phrase “I want to and I don’t want to” is an easy example of ambivalence that most people will recognize. Explaining ambivalence in such a way helps youth understand potentially conflicting feelings that can create obstacles to change.

Most people are ambivalent about change and many are ambivalent about staying out of trouble. Broadening a framework for staying out of trouble can normalize basic human experience and let youth know they are not alone in this struggle. If youth and family members have not been introduced to the change plan worksheet (Miller & Rollnick, 2002) facilitators should consider doing so as part of the activities associated with this chapter. A copy of the change plan worksheet is available on The Motivational Interview Page web site at: [www.motivationalinterview.org/clinical/changeplan.PDF](http://www.motivationalinterview.org/clinical/changeplan.PDF)

Using a range of examples can help with understanding. Obeying the speed limit is often a struggle for drivers. Failure to do so gets lots of people in trouble and results in fines and other penalties. Illegally



downloading music and movies is stealing. Use of illegal substances such as alcohol and cigarettes are other examples.

Getting into trouble is not just a matter of disobeying laws. It is also a matter of behaving congruently with values and beliefs about respect and regard for self and others. Overeating and not exercising get lots of people in trouble with their health and wellbeing. Cheating can cause problems at school. When youth value things like courage, strength, and respect, they can use such values as intrinsic motivation for change. Facilitators should encourage youth to give personal examples of behaviors that conflict with their values

Exploration of pro-social values and beliefs can guide consideration of change and help youth explore discrepancies between their values and behavior (Miller & Rollnick, 2002). Discrepancy indicates when things are imbalanced, out of alignment, incongruent, discordant, or inconsistent. Such big words mean, "something's out of whack". This phrase may be easier for both staff and youth to understand and remember.

Violence may sometimes be a result of discrepancy. Young men involved with the juvenile justice system often talk about how much they hate violence, yet they behave violently. A young man named Kevin, who sexually abused his nieces, said he hated violence, but he didn't understand the discrepancy until he was in treatment and came to understand how he was behaving in opposition to his personal values and beliefs.

Chapter one begins a strength-based narrative using tenets of motivational interviewing (Miller & Rollnick, 2002) and an invitational model (Jenkins, 1990). It uses key words such as connection, change, dreams, strength, courage, and respect to highlight the book's philosophy and therapeutic language relating to positive youth development.

Identifying a youth's dreams for his life promotes intrinsic motivation for change. Providing a future orientation relating to a better life can also highlight the discrepancy between his current situation and desired reality. Courage and strength are attributes of resilience that may bolster consideration of change.

..... **Developing Self-Regulation Competencies** .....

Literature on youth violence prevention identifies five core competency domains for effective intervention (Torbet & Thomas, 2005). They are: social skills, moral reasoning, academic skills, workforce development, and independent living. These competencies help youth behave in pro-social ways. Social skills relating to interaction, cognition, and self-control influence a youth's ability to manage emotions successfully. These skills comprise self-regulation competencies, as they demonstrate an ability to control pain without causing harm. This is the entire focus of the T.O.P.\* workbook.

A worksheet for monitoring the core domains of competency development is included in the Appendix (see page 67). Facilitators may wish to duplicate and use it to monitor progress at the end of each chapter.

**Affect.** Ambivalence is often expressed in confusing ways that do not make sense. Youth may have no idea about the complex processes of affective experience. They have seldom been taught about identifying and understanding feelings, and they rarely feel safe expressing genuine emotions. Defining ambivalence and helping youth explore a range of contradictory feelings can assist them in developing the ability to engage in emotional self awareness and self monitoring.

**Cognition.** Thinking about ambivalence, connection or attachment, change, practice, dreams, courage, strength, and respect is a tall order for youth in treatment. Questions throughout the workbook invite reflection and consideration of change. The first question in chapter one is "Why should I bother thinking about getting into trouble versus staying out of trouble?" A young man diagnosed with Schizoaffective disorder and Asperger's Syndrome answered "Trouble has always given me the solution, and I doubt many times that another way can be found, let's see if it exists." He went on to report

believes that “nobody” cares whether or not he gets into trouble, and he has “no model” for staying out of trouble. He wrote that he is “almost never” successful at staying out of trouble.

Competencies involve:

- listening well
- clarifying comprehension of workbook information
- recognizing, defining, and clarifying a problem
- connecting cause and effect
- setting realistic goals
- engaging in step by step planning
- identifying solutions
- anticipating pitfalls in carrying out solutions
- predicting and evaluating consequences
- identifying pro-social reasons for decisions
- acknowledging pro-social outcomes
- making good decisions

**Physiology.** Trauma wrecks havoc on physiological processes, particularly arousal. Healing trauma can be very scary and threatening. These youth have developed maladaptive strategies for managing trauma-related physiological experiences. Research provides important information about disturbances of arousal through dysregulation (Rothschild, 2000; van der Kolk, 2004; Stien & Kendall, 2004; Schore, 2003). This information provides a foundation for intervention.

In American culture the word “arousal” almost always congers up thoughts about sexual arousal. In more general terms, arousal is a heightened feeling, response, or desire. Humans experience a range of stimuli, including, but not limited to fear, pain, hunger, thirst, temperature, love, sex, loneliness, and/or terror, all of which can influence physiological arousal. Some of these stimuli, such as fear, can also influence sexual arousal.

Youth face the challenge of regulating all arousal in pro-social ways. Teaching youth about all aspects of self-regulation competencies can help them do so. Understanding physiological processes that influence regulation can go a long way in helping them to understand, plan, and practice physiological impulse control.

Competencies involve:

- mindfully observing internal experience
- staying organized in the threat of psychological upheaval
- changing their body state when addressing their deepest pain

**Behavior** is the litmus test for self regulation. It is the outward expression of affect, cognition, and physiological experience. It is also the proving ground for successful treatment outcomes.

Competencies involve:

- initiating and reciprocating respectful communication
- exploring pro and cons of getting into trouble versus staying out of trouble
- managing positive and negative feedback in pro-social ways
- displaying impulse control

- delaying gratification
- negotiating
- accepting criticism gracefully
- effectively disagreeing and handling conflict in pro-social ways
- expressing emotions pro-socially
- practicing pro-social behavior
- engaging in helpful behavior
- actively participating in academic pursuits, workforce development, and daily living skills
- resisting peer pressure
- using exercise and body movement for self-soothing
- practicing pro-social touch such as handshakes, pats on the back, etc.
- learning to state success

**Check-up.** Review the youth’s answers to all of the questions at the conclusion of the chapter. Discussing his understanding of the material and responses can help facilitators assess therapeutic engagement in the process, motivation to complete the workbook, and readiness for change.

Remaining vigilant for any indication that a youth is considering change and may want to tame violence and/or sexual aggression is evidence of discrepancy between the actual present and the desired future. Indications of change talk include verbalizing any disadvantages with the current state of his life, expressing any advantages of change, identifying optimism about possibilities for change, and indicating any intention to change (Miller & Rollnick, 2002).

**Problem solving.** If a youth indicates that specific elements or the workbook in general are not helpful, collaborative problem solving can reduce resistance and promote exploration of creative solutions.

A well meaning therapist thought that John, a 13 year old, reading at the first grade level and diagnosed with attention deficit disorder, would benefit from expressive therapy that would take focus off academic performance and problems with verbal communication. After giving John and his mother an art therapy activity to work on John made it clear that he was uninterested, unmotivated, and unwilling to do the activity as described. The therapist quickly asked John what he thought would be helpful and John immediately said “Just get to the point. If we’re gonna do this, get on with it. Just talk!” The therapist did just as he asked, and John and his mother have been talking openly about the violence and abuse. John has significant problems with dysregulation, but is working hard to manage agitation in respectful ways.

**Evaluation.** Reviewing the workbook’s helpfulness can actually start at the beginning of each session when a facilitator asks, “How is your life better since the last time we worked together?” This question is based on the premise that youth are in treatment to heal pain or ‘get better’, and all therapeutic activity is geared towards that goal. Asking youth to notice improvement in their lives helps them to organize thinking in positive ways, pay attention to success, and honor their efforts to change (Hubble, Duncan, & Miller, 1999).

Asking youth how a chapter or activity has been helpful maintains a focus on self reporting necessary for assessing efficacy and introduces a closing ritual for each session. As youth get used to the repetition of this question they often begin initiating thoughts as a session winds to a close. Such initiation indicates an internalization of learning about assessing what is helpful. This question helps youth practice observing internal experiences as a way of evaluating both content of information and therapeutic process (Hubble, Duncan, & Miller, 1999). Documenting answers may provide discernable differences over time that reflects competency development.

## Multi-Sensory Activities

As youth delve deeper into traumatic experiences, facilitators teach multi-sensory activities like the one below for anxiety management. *Spinning Inward: Using Guided Imagery for Children for Learning, Creativity, and Relaxation* (Murdock, 1987) provides additional activities.

**A calm, soothing, and peaceful place.** This is a guided imagery exercise in which youth are asked to make their body as comfortable as possible in a chair or on the floor. Once they establish a comfortable position the facilitator invites them to take some deep breaths and slow down their breathing. Facilitators ask them to relax all of their muscles and begin to think of a calm, soothing, and peaceful place. It can be a real or imagined place. The facilitator then provides the following instructions.

*As you think about such a place pretend you are there.*

*Look around and take in all of the sights associated with this place.*

*What are you seeing that helps you feel calm and at peace?*

*What is it about this place that is visually soothing to you?*

*As you continue to look around begin to take in any sounds associated with this place.*

*Is there one sound in particular, or a variety of sounds?*

*How are the sounds soothing to you?*

*What about them help you to feel calm and at peace?*

*While you continue taking in the sights and sounds of this place, I'd like you to pay attention to any smells associated with it.*

*Are there a variety of smells or something in particular?*

*What about the scents and fragrances are calm and soothing for you?*

*How about any tastes you associate with this place?*

*Is there something in particular or a range of tastes that remind you of this place?*

*Are there specific foods or drinks you associate with it?*

*What about the sense of taste is soothing and calming for you?*

*How does it help you to feel peaceful?*

*And as you continue to pay attention to all of your sensory experience, please think about any soothing touch you experience in this place.*

*Pay attention to anything, or anybody that may be touching you, and anything or anybody that you may be touching.*

*How does this sense of touch help you to feel calm and peaceful?*

*What is soothing about your experience of touch in this place?*

*Take a few seconds to bask in the sense of comfort that all of your five senses enjoy in this place.*

*I'd like to you to begin thinking about coming back from the calm, soothing, and peaceful place.*

*It's time to come back to where we are, but take your time and ease out of that place.*

*When you're ready, I'd like to ask you a few questions.*

Facilitators should begin by asking what they thought about the activity. Ask if they were able to identify a calm, soothing, and peaceful place. If not, explore any obstacles and struggles that prevented them from identifying such a place. If they were able to do so, ask youth if they are willing to describe the soothing place and any details they might want to share. Youth may illustrate the calm and soothing place on paper or with three-dimensional material such as clay or sand.

Youth may select an object to hold during the imagery. They then keep the object as a sensory reminder. They can also choose an object after the activity to carry with them as a personal reminder of their special place. They can make clay beads or choose existing objects like shells, stones, or keys.

Making jewelry, such as bracelets or a 'strength' necklace that uses beads as icons to represent attributes of personal strength can be adapted to illustrate each completed chapter of the workbook. Creating a body movement, such as pressing the thumb and middle finger together, can be another reminder to calm down.

Finally, ask if they think they can do this on their own. If they can, talk with them about practicing when they experience any discomfort or agitation. If they are not confident, explore obstacles to successful practice. Ask them to report back any opportunities they had to practice.

**Creature comfort.** This activity is similar to the one above but involves both guided imagery and sculpting. Begin with the instructions below:

*I would like you to sit back and relax. You might want to close your eyes for a few moments*

*Take a few deep breaths.*

*As you relax let your mind wander and pay attention to where it takes you.*

*As your thoughts wander, begin to direct them to a specific place.*

*What kind of place is it?*

*It might be a forest, or a beach, a desert, or mountain.*

*Are you indoors or outdoors?*

*What season of the year is it?*

*What time of day?*

*Pay attention to all of your senses.*

*What are the smells associated with this place?*

*How about the temperature?*

*What things inhabit this place?*

*Do you see animals, insects, fish, birds, fantasy beings?*

*Take a few minutes to take in the whole scene*

*Which inhabitant holds your interest?*

*Take a good look at it.*

*After you are clear about what it looks like, take a few deep breaths and bring your mind back to where we are.*

*Open your eyes and orient yourself back in the room.*

*Now I would like you to create the inhabitant you were just thinking about with modeling clay.*

After the objects are created provide the following instructions:

*Now that you have finished this creation I would like you to sit back and relax again.*

*Please go back to the place you were thinking of when you identified the inhabitant.*

*I would like you to think of a safe place for your creature.*

*It may be a nest, a cave, or some type of home.*

*Take a few minutes to observe the safe place.*

*After you are clear about what it looks like bring your mind back to where we are.*

*Now, I would like you to create that safe place for your creature with the remaining clay.*

*After the safe places have been created the following questions can be used to help guide discussion about the activity.*

*Describe the creature and it's safe place.*

*What are your thoughts about it?*

*Do you like it?*

*Is there anything you would like to change about it?*

*Imagine it in the safe place you have made for it.*

*Is there anything else it would need to feel safe?*

*Would it want to invite anyone, or anything in with it?*

*How does it feel to be in there?*

*Does it feel safe?*

*If not, what does it need?*

*What was it like to do this activity?*

*Were there any surprises for you as you participated in the activity?*

*Does it represent you in some way?*

*If so, how?*

*What did you like about doing it?*

*Were there any parts you didn't like?*

*If so, what?*

*How is it been helpful to do this activity?*

**Feelings in our body.** Youth are given markers and asked to choose twelve pieces of paper. They have thirty seconds to draw an abstract image of each of the following words: happy, excited, scared, anxious, depressed, tired, overwhelmed, guilty, ashamed, lonely, calm, and serene. The facilitator times them through this activity. When they have finished all twelve illustrations, the facilitator asks them to identify where each feeling is experienced in their body. Next, the facilitator provides magazine and newspaper images and asks the youth to use specific illustrations to identify specific responses associated with each feeling. The pictures then provide the basis for discussion on a range of emotions and how different people experience and express them.



## Chapter 2: Life Experiences

**Overview.** This chapter explores ecological systems and experiences across the lifespan organized around such specific life domains and contexts. It addresses social learning from a perspective of gender, sexual health, and connection to family and social support networks. Youth identify attributes of resilience and protective factors that enhance competency development. *Workbook page 18*

### Objectives

In this section, youth will work on competencies that help them:

- continue addressing ambivalence
- facilitate a comprehensive examination of self from an ecological perspective
- introduce sexuality as a normative experience and facilitate open exploration of beliefs

### Chapter Content and Process

**Topical elements.** Explore myself, sex, sex roles, sexual arousal, sexual pleasure, sexual intercourse, love, my family, my school, my community, and friendship. *Workbook pages 19-34*

**Top 10 questions.** Youth explore important things about: self, sex roles, ways to experience sexual arousal without causing harm, experiencing sexual pleasure, sexual intercourse, love, family, and life experiences. *Workbook page 35*

This chapter focuses on self exploration and how perceptions influence thoughts and behavior. It invites youth to explore how self-perception plays a part in taming violence and/or sexual aggression.

After general questions about self, the chapter focuses on all aspects of sexuality. Facilitators should introduce this material in a non-threatening way and without necessarily addressing sexual problems. Specific topics can focus on complexity and potential confusion associated with gender, sexual identity, arousal, and pleasure. The purpose is to educate and normalize youthful sexual experience as a component of positive youth development. The chapter also provides a forum for concerns about confusing aspects of sexuality with love, affection, violence, and sexual abuse.

Facilitators may experience ambivalence and resistance to addressing the material in this chapter, since it addresses a controversial and potentially volatile topic in American culture (Martinson, 1997; Brown & Schwartz, 2006). Even in a non-threatening format, both facilitators and youth may struggle with self-regulation. Advance training on sexual health and child development can enhance facilitators comfort and competency. Excellent resources are available through the Sexuality Information and Education Council of the United States (SIECUS) at [www.siecus.org](http://www.siecus.org).

For youth who have caused sexual harm, education about sexual health provides a vision for success. It creates a foundation for sexual expression that does not cause harm. This is extremely important, particularly for youth who have received dangerous and damaging messages about sex that include destructive entitlement.

Although they may try to act cool, it is normal for teens to be uncomfortable when exploring sexual issues. Such experiences allow facilitators to observe physiological responses to the subject and assist youth in practicing self-regulation. Sexual health educators, such as health department staff and teen educators from Planned Parenthood, can often provide excellent advice and resources for engaging youth in meaningful dialogue. These organizations may also facilitate sexual health curricula for youth in treatment.



After the segments on sexuality, the chapter moves on to the topic of love. The field of youth violence prevention seldom addresses love. Tina Turner's song *What's Love Got To Do With It* provides an intriguing introduction to the subject. Love has a great deal to do with connection and attachment. Disconnection and disorders of attachment greatly influence violence and sexually harmful behavior (Friedrich & Sim, 2006). Research consistently indicates a vital need for touch, tactile soothing, attunement, and physical connection (Groves, 2002; Kagan, 2004). These elements of intimacy are all associated with benevolent expression of love. When these needs are not met appropriately, youth are at risk of using anti-social ways to meet them.

Love is about connection. Pro-social connection throughout a youth's ecological contexts acts as a protective factor and fosters competency. For youth who do not experience love through benevolent connections, social support throughout their ecological contexts may be limited.

The chapter next addresses family, school, community, and friendships. These topics focus on eliciting strengths, and discovering ways to increase protective factors, and enhancing competencies. The conclusion reflects on life experiences.

Reframing courage, strength, respect, and hope help youth alter views of their personal histories. Facilitators can model such attributes to help youth make positive changes in their lives.

### ..... Developing Self-Regulation Competencies .....

Youth frequently experience a great deal of confusion as they explore issues relating to sexuality, intimacy, and love. It is important that facilitators understand the concept of sexualized intimacy (Allender, 1990), which equates physiological and/or psychological sexual arousal with care, and compassion with love.

When normal feelings of attachment and connection are sexualized, youth are vulnerable to misunderstanding and transference. Sometimes this involves a reproduction of emotions by a client relating to repressed experiences and the substitution of a service provider for the object of the repressed impulses. Sexualized intimacy may be more than transference in a service provider-client relationship. Youth may have confused and mistaken such experiences with others, such as victims of their violence and/or sexual harm.

The concept of sexualized intimacy combines elements of social learning and cognitive distortions. Youth sometimes confuse physiological arousal to intimacy with sexual arousal, and may sexualize the good feelings that come from intimate sharing with others. This sexual arousal influences both sexual and non-sexual behavior because it changes how they think about others. Facilitators must be able to address differences in these concepts in order to help youth understand and process cognitive distortions ingrained in their thinking.

**Affect.** Throughout sessions, facilitators should watch for any indication of affective responses. Such vigilance provides an avenue for addressing the youth's responses to any of the material. Through exploring potentially helpful cues and reinforcing affect regulation, facilitators can nurture developing competencies in this area. While youth may initially resist, patient and respectful persistence can lead to successful collaboration.

Changes in facial expression, tone of voice, breathing, and body tension can all be indicators of affective responses. In one case, a young man who struggled with verbal communication showed agitation through an inability to sit still. When service providers failed to notice the subtle change, he would escalate through heavy breathing and eventually belligerent language. As soon as the behavior became a recognizable pattern the youth was taught to mindfully observe the onset and just say "I'm agitated" or "stop". This became his cue to practice self soothing through listening to music and swinging on a swing in the yard. With practice he was able to use a CD player in therapy to take a quick music break when the content of the session or workbook activity became difficult. This allowed him to remain focused and provided a way to address important issues with family members

Competencies involve:

- engaging in emotional self awareness and self monitoring
- identifying feelings congruent with internal experience
- identifying self-soothing activities to help manage uncomfortable feelings

**Cognition.** Facilitators should pay close attention to indications of cognitive distortions, commonly referred to as *thinking errors*. Facilitators should question distortions and give youth opportunities to expound on reasons for believing them. Facilitators can then respectfully refute the distortions. It is important to help youth connect both cause and effect of distortions in order to allow the creation of new neural connections in cognition (Applegate & Shapiro, 2005).

Examples of cognitive distortions relating to life experiences include gender stereotypes like ‘real men don’t cry’ and toughness norms that promote the use of force and violence. When youth are exposed to such values and beliefs it is important for them to explore the impact of the messages on their behavior and debunk dangerous mythology.

Competencies involve:

- clarifying comprehension of workbook information
- recognizing, defining, and clarifying cognitive distortions developed through life experiences
- connecting cause and effect
- remembering how they survived difficult life experiences
- using positive self talk
- predicting and evaluating consequences
- identifying solutions for managing cognitive distortions
- making good decisions

**Physiology.** As mentioned previously, humans experience many forms of arousal. Before youth explore sexuality, love, family, and friendships it is important for them to acknowledge the full range of physiological responses they may experience.

Teaching youth to mindfully observe internal reactions can help them learn to expect both sexual and non-sexual arousal as they explore deeply personal and potentially painful experiences and memories. Explaining types of physiological arousal and overload, such as increased heart rate, muscle tension, fight or flight urges, and difficulty in organizing thoughts can help youth anticipate and prepare for such reactions.

This section challenges youth to regulate arousal in pro-social ways as they explore topics that naturally elicit a broad range of feelings, thoughts, and actions. Facilitators help youth to normalize arousal of difficult emotions and sexual stimulation as they explore a range of coping strategies to prevent dysregulation. This is a critical part of impulse control and teaches other elements of self control, such as delayed gratification and self monitoring.

Competencies involve:

- mindfully observing internal experience
- acknowledging types of arousal as they occur
- staying organized in response to psychological upheaval caused while addressing life experiences
- changing body state when responding to psychological upheaval

**Behavior.** This chapter provides a foundation for learning and practicing pro-social behavior in the face of intimate, erotic, and potentially confusing and frightening stimuli. Facilitators have an opportunity to teach youth about personal boundaries and self-regulation competencies relating to sexual arousal and internal reactions relating to life experiences.

Clarifying expectations about behavior prior to beginning this chapter can help prepare youth for successful self management. By learning to anticipate and plan for discomfort, youth can ultimately reduce anxiety and diminish discomfort when they realize it may not be as bad as they anticipated.

Competencies involve:

- identifying pro-social reasons for decisions
- delaying gratification
- displaying impulse, anger, and aggression control
- respectfully communicating feelings congruent with internal experience
- dealing with positive and negative feedback relating to life experiences

**Check-up.** As youth begin to delve into highly personal information it is imperative that facilitators monitor them closely to support and enhance self regulation. When facilitators ask youth for permission to address chapter topics, they model respect for privacy, as well as physical and psychological safety. Keeping pace with a youth's tolerance for exploring such sensitive topics can prevent their perceptions of being pushed or coerced into answering workbook questions. It may also reduce disturbances of arousal that can lead to dysregulation. Failure to monitor a youth's reactions or state of mind may lead to unanticipated consequences.

In one situation, unbeknownst to any of his service providers, a 15-year-old, who sexually abused siblings, saw *Get Rich or Die Tryin'* a violent, R-rated movie about the life of rapper 50 Cent. The young man became highly agitated but no one knew what caused the disturbance. He was unable to calm down and demanded to be removed from his home. He was unable to provide any explanation for such a need. Within days he was taken to a hospital for crisis stabilization and was later placed in residential treatment.

Months later, while working on a school report about Curtis "50 Cent" Jackson, he began making the same demands. A counselor inquired about any relationship between doing the report and the increased agitation. Only then was the youth able to make sense of the connection between the violence in Jackson's life and violence he experienced as a young child. He also identified having seen the movie just before the crisis experience. After the intervention the young man was able to drop his demands to change placement and explore options for affect regulation.

His disturbance of arousal and inability to manage affect in pro-social ways resulted in residential placement. Assessment not only indicated his vulnerability, but the caregiver's inability to censor potentially upsetting media stimulus. Assessing affect regulation and impulse control for all family members can provide insight into how disturbing experiences are handled and what might help to eliminate problematic responses. Doing so during initial evaluation may prevent a need for more restrictive treatment later on.

**Problem solving.** Addressing problems as they arise during each session can ward off accumulated frustration and potential resistance to the workbook. Monitoring dissonance and striving for consonance are elements of motivational interviewing (Miller & Rollnick, 2002) that help facilitators maintain awareness about attunement with youth throughout the workbook process.

Problems in this chapter may involve resistance by facilitators and/or youth to exploring intimate sexual knowledge, awareness, and expression. Open acknowledgement of such challenges can enhance genuine communication, empathy, and respect for the delicate nature of such discourse.

**Evaluation.** In addition to evaluation questions in the introduction to each chapter, facilitators should process specific concerns relating to chapter topics. This process may include exploring the youth's desire to discuss any of the topics and his readiness to begin the next chapter. Commending youth for readiness, willingness, and ability to explore such personal information promotes personal strength and courage.

**Multi-Sensory Activities** .....

**A road map of life.** Facilitators invite youth to illustrate a road map of their life. They can use any available materials, such as a large piece of paper, drawing materials, construction paper, magazine pictures, etc. Facilitators should ask them to leave room for future additions to the map. Upon completion, youth are invited to share the experience with the facilitator, and others in their social support network.

**Feeling thermometer** (Kagan 2004). Youth can illustrate levels of emotional arousal by drawing a thermometer and using a color to show the level, or 'temperature', of a designated feeling. An alternative way to gauge feelings, and monitor internal experience, is to create a body outline with different colors used to designate intensity and location.





## Chapter 3: Bad Things That Happen In Life

Youth learn to explore connections between bad things that happen in life and decisions to behave in violent and/or sexually harmful ways.

**Overview.** This chapter identifies and defines bad things, such as violence, abuse, and trauma, and provides a framework for linking personal history to current functioning. It normalizes challenges in self regulation stemming from such experiences. *Workbook pages 36-37*

### Objectives

- to name and explore bad things that happen in life
- to identify personal competencies, protective factors, and attributes of resilience for self regulation

### Chapter Content and Process

**Topical elements.** bad things that happen in life, violence and abuse, abuse, and trauma.

*Workbook page 38*

**List.** Youth identify bad things that can happen in life.

**Top 10 questions.** Youth consider important things about themselves, violence, abuse, and trauma.

*Workbook pages 39-47*

The workbook attempts to provide a safe and stable foundation for exploring potentially threatening memories. This chapter begins by normalizing bad experiences in life and the impact they have on behavior. Vulnerability and shame are defined, and vulnerability is reframed as an act of courage and strength. Facilitators encourage youth to pace themselves when addressing painful topics. They are prepared for a lot of questions that may be hard to answer. The initial section also addresses potential relief they may experience as they answer such questions.

Facilitators then invite youth to reflect on bad things that happened to them. Questions focus on acknowledging and honoring survival skills, linking them to courage and strength. This approach follows research on affect regulation and tasks for harm reduction (Stien & Kendall, 2004; van der Kolk, 2004). Youth explore messages they have received and beliefs they have internalized in response to such experiences. Facilitators then ask them to identify the most important aspects of these issues.

The section on trauma concludes with statements about hope for the future. Youth reflect, not on the content of their lives, but on the strength of their character. Facilitators encourage youth to view themselves as strong, courageous, and respected. The chapter ends with youth anticipating future challenges and exploring potential solutions for taming violence and/or sexual aggression.

### Developing Self-Regulation Competencies

Bessel van der Kolk (2004) identifies a series of tasks required to heal trauma. Youth are challenged to: stay organized in the threat of psychological upheaval, change their body state when addressing their deepest pain, learn to state success, remember how they survived, celebrate survival resources, and honor their life. Self-regulation competencies in this chapter begin to address these tasks.

**Affect.** Workbook activities progress from general life experiences to specifically bad ones. It purposefully guides youth in incremental steps towards addressing traumatic experiences. This fosters both physical and psychological safety through thoughtful pacing and promotion of strength, courage,



and respect. These concepts bolster affect regulation as youth are facing psychological upheaval and addressing deeply felt pain (van der Kolk, 2004).

Thoughtful planning by facilitators can help prepare youth to manage pain effectively as they begin to explore the impact of previous trauma on current behavior. Utilizing multi-sensory self-soothing activities introduced in previous chapters can help youth manage affect, and potentially prevent dysregulation.

Promoting discussion about emotional distress helps makes it safe for youth to acknowledge feelings of vulnerability. Exploring a range of discomfort from mild disturbance to absolute terror can help youth anticipate disturbances of arousal and create effective plans for self regulation.

Competencies involve:

- continuing to engage in emotional self awareness and self monitoring
- mindfully observing internal experience when addressing bad things that happen in life
- identifying feelings congruent with internal experience
- staying organized in response to psychological upheaval caused when addressing bad thing that happen in life

**Cognition.** Traumatic experience can impact cognitive functioning (Schoore, 2003; Stien & Kendall, 2004). When trauma is related to violence and abuse a wide range of cognitive challenges can occur (Groves, 2002). Belief systems develop in relation to experience. Messages that promote the use of violence and/or sexual aggression lead youth toward anti-social values.

Facilitators should encourage youth to explore values and beliefs they have learned about bad things that happen in life. Youth can examine such beliefs for their accuracy and congruence with their personal values. Facilitators can then challenge youth to address discrepancies between their personal values and behavior that gets them into trouble (Miller & Rollnick, 2002).

Facilitators should remember to be sensitive in addressing cognitive distortions brought on by trauma. In such cases, they can invite youth to explore validity of distortions and resulting inconsistencies with their intrinsic values. Facilitators can then support youth in cognitive restructuring, or creating new stories relating to pro-social and benevolent behavior. Inviting youth to change old beliefs related to getting into trouble enables them to formulate a vision and plan for staying out of trouble.

Competencies involve:

- clarifying comprehension of workbook information
- remembering how they survived bad things that happened in life
- identifying self-soothing activities to help manage uncomfortable feelings relating to bad things that happened in life
- learning to state success about survival coping skills
- identifying values and beliefs relating to bad things that happen in life, violence, and sexual aggression
- exploring discrepancies between personal values and behavior
- considering motivation for change
- making good decisions
- identifying pro-social reasons for such decisions
- acknowledging pro-social outcomes resulting from good decisions

**Physiology.** Youth often have strong physiological reactions to material covered in this chapter. Bad memories naturally impact arousal. Facilitators should watch for indications of distress, as such reactions

offer opportunities to identify physiological cues that indicate suffering. Youth can practice self-regulation competencies in response to such physiological arousal.

Helping youth predict and understand what their body might do in response to recollection of trauma reduces mystery, anxiety, and negative anticipation. Facilitators might wish to provide a list of symptoms relating to trauma (Groves, 2002) so youth can identify any they experience personally. Such information can help youth better understand the impact of trauma on their body.

Competencies involve:

- mindfully observing internal experience when addressing bad things that happened in life
- identifying types of arousal as they are experienced
- changing one's body state when responding to psychological upheaval relating to bad things that happened in life
- learning how to assess physical and emotional safety and stability in order to promote health and well being

**Behavior.** The content of this chapter provides explicit information connecting experiences of previous trauma with current behavior. Youth are asked to explore any ways in which they think their own bad experiences influenced getting into trouble. Facilitators further invite youth to consider how such exploration can influence successful change to help them stay out of trouble in the future.

Competencies involve:

- exploring and discussing emotional distress
- recognizing, defining, and clarifying bad things that happened in life
- acknowledging feelings of vulnerability
- displaying impulse, anger, and aggression control when aroused by bad things that happened in life
- celebrating survival resources

**Check-up.** It is imperative that facilitators are vigilant in monitoring each youth's capacity for self regulation as they explore extremely sensitive information about violence, abuse, and trauma. Checking in with them regularly enhances connection and restorative attachment with trustworthy adults.

**Problem solving.** Some youth exhibit high levels of resistance when delving into extremely sensitive information about their past. Such exploration requires a safe and stable environment, particularly when youth have not developed competencies and confidence to face unresolved pain relating to such experiences.

Problem solving can focus on helping youth to identify the worst parts of the bad things that happened (Groves, 2002) and honor their survival resources (van der Kolk, 2004). Commending youth acknowledges heroic action they took on behalf of themselves and can bolster courage and strength to continue workbook activity even when it is challenging.

During a site visit to a treatment facility the workbook author received a request to meet with a particular resident. When they met, he asked if they could go somewhere more private. After moving away from any staff the youth became visibly upset, took several deep breaths, looked around uncomfortably, and hesitated for a long time before blurting out, with tears rolling down his cheeks, "It's really hard, Miss!" To which the author gently replied, "I know. And it can be so scary too". The young man look visibly relieved to receive such a response and proceeded to talk about how hard the workbook was for him. The author reiterated beliefs about the courage and strength it required and the youth became amused when hearing the author's voice replicating the messages from the workbook. He laughed as he said, "You sound just like the workbook!" As the conversation came to a close the

young man said he would now have the author’s voice in his head as he continued his work, and it would help him to stay with it and focus on healing the pain.

Sometimes problem solving is as simple as listening so that youth can give voice to their most heart-felt experience. Facilitators should continuously invite youth to discuss difficulties during sessions and identify skills and resources that help alleviate discomfort and distress.

**Evaluation.** As youth progress through the workbook, evaluation begins to incorporate assessment of coping strategies and self-regulation competencies. Youth can identify topics that they may need to explore in greater depth, or revisit at a later time. They may want to use therapy sessions to further address and reinforce information obtained in the workbook.

**Multi-Sensory Activities** .....

**Bad things that happen in life.** Facilitators may invite youth to simply illustrate bad things that happened to them. Such straightforward tasks can help youth express bad things without having to talk about them. When they are finished, youth may keep the illustrations in a safe place so they are available, if need be, as the youth progresses in treatment.

**Illustrating terms.** Facilitators can ask youth to illustrate specific terms from the workbook, such as trauma and abuse. They can use abstract or realistic expression. From this point, discussion should focus on choices the youth made in the creation, such as how the illustration, colors, lines, images, etc. represent the youth’s thoughts about the terms.

Materials for both of these activities may involve nothing more than markers and paper, or a range of materials, such as clay, paints, pictures for collage, or craft materials.





## Chapter 4: Feeding Violence and Sexual Aggression

**Overview.** Many factors can influence violence and sexual aggression. This chapter connects abusive use of power, control, and connection to secrecy and anger in a way that can help youth understand motivation to offend. Such behavior prevents healthy relationships that promote wellbeing.

*Workbook pages 48-49*

### Objectives

- to identify how abusive use of power, control, anger and secrets contribute to violence and sexual aggression, preventing genuine connection
- to define benevolence and identify its benefits as a foundation for healing
- to elicit change talk

### Chapter Content and Process

**Topical elements** include connection, power, control, secrecy, and anger.

*Workbook pages 50-61*

**Top 10 list** explores the benefits of touch and connection.

**Top 10 questions** consider important things about connecting with others, power, control, secrets, and anger.

*Workbook page 61*

Abusive use of connection, power, and control feed on secrecy and anger to influence violence and/or sexual aggression. This section provides a framework for exploring such concepts and how they may influence harmful behavior. Connection can be a successful way to express affection and attachment, countering the negative effects of trauma related to attachment disorders and ways youth may have experienced abusive connection.

This chapter maintains a careful focus on physically and psychologically safe ways for youth to explore elements of violence and sexual aggression. Distinguishing between abusive and benevolent uses of power and control can help youth understand that power and control are not necessarily bad things. They can learn how power—an ability to do something—is related to competency, and how control—exercising authority—is related to autonomy.

Self control, an ability to regulate one’s thoughts, feelings, and actions, is a core component of the social skills domain of competency development (Torbet & Thomas, 2005). When youth master this skill, they may feel powerful and competent. They can also experience control through mastery of other competencies, such as academics or athletics.

Facilitators should encourage youth to explore pro-social ways of practicing benevolent power and control. They can explore ambivalence about giving up abusive use of power and control by assessing the pros and cons of so doing. Youth can learn ways to take good care of themselves through the process of exercising benevolent power, control, and connection.

Harmful behavior flourishes in the context of secrecy. Under the topic of secrecy, youth learn the differences between secrecy, privacy, solitude, and confidentiality. Here they can find the courage to tell the truth about violence and abuse.

Finally, the chapter concepts of connection, power, control, and secrecy connect with anger in a way that helps youth consider how unresolved anger perpetuates problems. Youth can explore how they use anger to mask distressing emotions such as fear, hurt, loss, and sadness. They can learn how



righteous anger can be a powerful motivator. Facilitators should encourage youth to use anger for healing pain rather than feeding violence and sexual aggression.

The conclusion honors youth for tackling this challenging work and introduces a framework for taking a stand against violence. It promotes development of self worth through loving relationships and benevolent connection.

..... **Developing Self-Regulation Competencies** .....

**Affect.** Addressing things that feed violence and sexual aggression can be emotionally challenging for youth. Anger may create problems before youth learn how to control it and use it to motivate benevolent action. Feelings of powerlessness and lack of control can remind youth of traumatic experiences in ways that increase vulnerabilities and risk of harm. Facilitators can encourage affect regulation through multi-sensory activities, such as body movement, exercise, and artistic expression (Stien & Kendall, 2004).

Competencies involve:

- continuing to engage in emotional self awareness and self-monitoring
- mindfully observing internal experience when addressing things that feed violence and sexual aggression
- identifying feelings congruent with internal experience
- staying organized in response to psychological upheaval caused when addressing those things that feed violence and/or sexual aggression

**Cognition.** As they work through this chapter, youth may feel a pronounced ambivalence about choices between abusive and benevolent behavior. Cognitive distortions may continue to create dissonance and creating obstacles in the development and practice of moral reasoning competencies. Facilitators should continue patiently to help youth examine persistent discrepancies between a youth’s current situation and a desired future (Miller & Rollnick, 2002).

Competencies involve:

- listening well
- clarifying comprehension of workbook information
- identifying cognitive distortions associated with things that feed violence and sexual aggression
- accepting criticism about engaging in violence or sexual aggression
- exploring discrepancies between personal values and behavior relating to violence and abuse
- assessing motivation for change
- using positive self talk to influence good decision making
- making good decisions about harm reduction
- understanding pro-social reasons for decisions to stop harm
- developing flexible coping strategies for addressing arousal that has influenced violence and sexual aggression in the past

**Physiology.** Physiological distress and disturbances of arousal can arise as youth recall violent and abusive behavior. Immediate acknowledgement can give youth an opportunity to track affective and cognitive reactions that provoke the physiological response. They can learn to identify cues leading to such distress and plan for successful management to mitigate the painful effects of facing up to harmful behavior. Facilitators can use these experiences to assess a youth’s progress in developing successful coping strategies.



Competencies involve:

- continuing to mindfully observe internal reactions to things that feed violence and sexual aggression
- identifying types of arousal as they are experienced
- learning how to assess physical and emotional safety and stability in order to promote health and wellbeing
- changing their body state when experiencing psychological upheaval that has fed violence and sexual aggression in the past

**Behavior:** Historically, psychological upheaval relating to past trauma influenced dysregulation in the form of violence and/or sexual aggression. Youth may be very upset with themselves, particularly if they feel shame and disgrace about past behavior. They may struggle significantly with self regulation. It is imperative that facilitators encourage youth to embrace the positive reframe of the chapter and practice benevolent behavior. Facilitators can model flexibility by allowing youth a broad range of outlets for behavioral coping strategies that promote health and wellbeing.

In one residential facility in a rural community, the program allows a nurse to jog every morning with youth who are interested in physical fitness or need to work out anxiety through significant body movement. The nurse routinely has about eight youngsters running with her. Exercise can help youth change their body state when experiencing deep pain and promote life long physical fitness as a primary coping skill.

Competencies involve:

- dealing with positive and negative feedback about violence and sexual aggression
- delaying gratification
- displaying impulse, anger, and aggression control
- resisting peer pressure to engage in violence or sexual aggression

**Check-up.** Throughout this chapter facilitators can inquire about any changes a youth may be experiencing in their values and belief systems. They can ask youth to identify the most important belief they want to hold on to and practice.

After an outburst that resulted in a youth being physically restrained and placed in a restrictive environment, he was able to track the sequence of events leading up to the outburst. As he was making sense of the pain that influenced the problematic behavior he stated, "I hate violence." The counselor was able to point out the clear discrepancy in his behavior and help him formulate plans for handling the intense pain differently in the future.

Some programs use rewards to acknowledge treatment milestones. For example, when check-ups begin to indicate behavior congruent with a youth's stated values one program rewards them for their hard work with a token such as a Lance Armstrong "Live strong" bracelet.

**Problem solving.** During workbook sessions, facilitators should help youth resolve any identified problems. By preparing for self-regulation challenges, facilitators can anticipate the best way to assist youth with multi-sensory soothing strategies that help manage pain associated with their harmful behavior.

When youth are unable to resolve a problem in session it is imperative that a detailed management and/or safety plan be created before the session ends. Such a plan should include identifying social support for the youth and making significant others aware of his vulnerability so they are prepared to intervene effectively.

**Evaluation.** Facilitators and youth collaborate in a joint assessment of how the chapter was helpful for the youth. Evaluating progress in competency development—particularly self-control and moral reasoning—is very important at this time. Acknowledging how abusive use of power, control, and

connection fed violence and abuse prepares youth to consider alternative behavior when dealing with difficult situations in the future. This chapter has potential to become a turning point for the youth in considering how he can successfully tame violence and/or sexual aggression.

### Multi-Sensory Activities.....

**Story line.** When youth have difficulty with verbal and/or written communication, facilitators can ask them to draw the story or stories of harmful behavior that brought them into treatment. This might take the form of blocks similar to cartoon frames, which the youth can fill in over time as it becomes safe for him to face up to and communicate about the harm. Facilitators should encourage youth to illustrate thoughts and feelings in addition to the action.

**Gaining control.** Facilitators invite youth to experience control through a series of three exercises. In the first exercise, the youth create a painting of the feelings of being out of control. Second, after completing this picture, they copy the painting on a smaller sheet of paper using a more controlled medium, such as markers or colored pencils. Finally, when the smaller picture is complete, they can change any of the parts they do not like about the first two by creating yet another picture. After the illustrations are finished, the facilitator invites the youth to discuss the experience and how it relates to real life.



## Chapter 5: The Trauma Outcome Process

**Overview.** Chapter five introduces a flow chart illustrating the trauma outcome process. This conceptual framework, which offers hope for healing by normalizing confusion about the process, is the central unifying element of the workbook. This section focuses on the past choices of harm to self or others, which brought on the need for intervention. It links trauma with self regulation, showing pathways of dysregulation that influence harm to self and/or others. This section also introduces concepts of cognitive restructuring and affect regulation to reduce harm. *Workbook pages 64-65*

### Objectives

- to identify vulnerabilities that can create barriers to healing
- to describe the trauma outcome process
- to articulate benefits of healing

### Chapter Content and Process

**Topical elements.** The flow chart and topics in this chapter clarify the relationships between healing, confusion, trauma, triggers, trauma echoes, choices, thinking errors about hurting others, revenge fantasies, destructive acts, offending acts, thinking errors about hurting myself, negative self talk, repressed feelings, and self-destructive acts.

**Top 10 lists** consider the benefits of healing and thinking errors about revenge fantasies or hurting myself. *Workbook page 64*

**Top 10 questions** explore confusing things in my life and important things about recognizing trigger events, trauma echoes, making choices, taming thinking errors and revenge fantasies, stopping destructive and offending acts, taming negative self talk, feelings, and stopping destructive behavior. *Workbook page 65*

### The Trauma Outcome Process

The flow chart is based on the premise that reminders of previous trauma (trauma echoes) are triggered through sensory experiences. These experiences can elicit sensations relating to any elements of the original trauma. The human brain and body act together to formulate immediate responses when such triggers occur. *Workbook pages 66-67*

**Trauma.** Encouraging youth to openly acknowledge trauma normalizes experiences relating to it and externalizes problems (White & Epstein, 1990). *Workbook page 68*

In one situation, 13-year-old John, who was in residential treatment for excessive aggression at home and school, and for exposing his genitals in front of his mother and 11-year-old sister. John had significant learning disabilities and a history of trauma relating to domestic violence and child abuse perpetrated by his father.

During John’s first family therapy session his mother talked about how sad it was that John never hugged her back when she put her arms around him. She talked about John seeking affection from his father only to be rebuffed and abused by him. She was able to link the source of his affect and help him understand his fear about showing affection. John immediately began practicing hugging his mother back.

John was resistant to family therapy and vehemently complained whenever he was asked to address harmful behavior. He was unwilling to talk about any violence until his mother began openly talking

about it. John had a history of stealing and was caught doing so twice in his home. He was very angry addressing it until his mother quietly said, "I know exactly where you learned to steal." and proceeded to tell John and his sister about John witnessing one of his father's arrests for shoplifting when John was four years old. Both children immediately began asking questions about the incident and were able to openly discuss concerns about behavior they had observed but never acknowledged.

John was then able to consider what he might do to tame such a criminal habit. He agreed to practice talking to staff about his desire to steal and how it was related to his anger and desire to get back at people who hurt him. John's mother worked hard to help him learn that it can be safe to talk openly about trauma.

**Triggers.** The term "triggers" indicates sensory stimuli that may set off an affective, cognitive, and behavioral chain reaction potentially influencing harm to self and/or others. For the purpose of this workbook, trigger is simply defined as something that sets off an action. While sensory triggers can have a very positive effect when eliciting a fond memory, this approach uses the term specifically in relation to trauma.

*Workbook pages 69-71*

**Trauma echoes.** The term "trauma echoes" (Gray, 1989) can help youth understand how humans revisit trauma in cognitive, affective, and physiological ways. The flow chart distinguishes four types of trauma echoes: flashbacks, bad memories, nightmares, and night terrors. Here, facilitators can support youth in exploring different ways their body manages trauma echoes over time. Exploration of thoughts, feelings, and actions helps youth to identify the impact of trauma echoes.

*Workbook pages 72-73*

When the brain experiences trauma echoes it attempts to mobilize the body in response to a real or perceived threat. Healthy coping through multi-sensory self soothing allows youth to override the brain's emergency response. Youth can then act in their own best interest. Fight or flight reactions can lead to dysregulation through explosion or externalization, and freezing or submission can lead to dysregulation through constriction or internalization. Both are maladaptive and create barriers to healing.

**Choices.** Choice is a pivotal concept in the trauma outcome process. All decisions revolve around making choices. Helping youth understand the centrality of choice is the most important element of the workbook. Using a strength-based approach for competency development introduces the domain of moral reasoning. Teaching youth about making good decisions for the right reasons can help them develop insight into taming harmful behavior. Facilitators and other adults interacting with these youth are responsible for helping them practice good decision making.

*Workbook pages 74-75*

**Thinking errors about hurting others.** People make choices about hurting themselves and/or others. The term 'thinking errors' describes cognitive distortions that youth may have in response to trauma echoes. Cognitive distortions are unique to each person and should not be lumped into trite phrases or universal descriptions that may or may not be relevant. Simply asking youth what they were thinking about during the decision making process can provide insight into their experience of harm to self or others.

*Workbook page 76*

In one case, 15-year-old Tom, described thinking "it's happening" whenever he saw bananas. As a young child he was tied to a bed by an abusive boyfriend of his mothers' and fed bananas for breakfast after being untied. Ten years later when Tom saw bananas his brain was still telling him "it's happening", even though the man was long gone from his life. This sort of thinking error immediately influenced revenge fantasies. Tom immediately questioned how he could "get him before he gets me". Tom identified being filled with rage and decided to sexually abuse his little sister, the man's daughter. Tom described thinking that if he couldn't get back at the person who did it to him, he could at least make the man's daughter (Tom's sister) suffer in the same way he had.

Tom was able to explore how his mind plays tricks and create a plan for countering such thinking errors, revenge fantasies, and destructive or offending acts.

Training in trauma-focused cognitive behavior therapy (TF-CBT) is helpful to service providers doing this work with youth in treatment (Cohen, Mannarino, & Deblinger, 2006). The Medical University of South Carolina provides web-based TF-CBT training material at: [tfcbt.musc.edu](http://tfcbt.musc.edu).

**Revenge fantasies.** This term refers specifically to a desire to hurt others. In this section, youth explore anti-social thoughts and feelings about wanting to hurt. Facilitators should encourage them to think about possible connections between hurting others and ways in which they have been hurt. Exploring such socially unacceptable thoughts and feelings helps youth externalize the problem, normalize the experience, and consider alternative action. *Workbook page 77*

**Destructive acts.** In order for youth to distinguish between non-criminal and criminally harmful behavior, it is important to distinguish between destructive acts and offending acts. These youth often minimize the impact of violence on others. Understanding how disrespectful behavior can hurt relationships is an important element of harm reduction. Teaching and modeling moral reasoning can help youth consider how destructive behavior threatens benevolent connection and attachment with significant others. It can also clarify a range of harmful behavior from subtle disrespect and disdain to blatant disregard that hurts both self and others. *Workbook pages 78-79*

**Offending acts.** Offending acts include any behavior that meets a criminal code. When youth have been adjudicated, it is important to provide them with clear descriptions of their criminal charges, outcome of the adjudication process, and terms or conditions of involvement with the juvenile justice system.

Many youth involved in services for violence and/or sexual aggression have learning and/or developmental disabilities. They may not have understood either the charges against them or the legal terminology. Terms like larceny, sodomy, and even adjudication may mean nothing to them. It is difficult to take responsibility for offending acts when a youth does not understand the details of the charges or the legal process they are going through. Providing actual documents and definitions of terms can help reduce anxiety and fear while helping youth accept accountability for such behavior.

**Thinking errors about hurting myself.** Facilitators ask youth to explore ways that trauma echoes may influence harming themselves. Thinking errors influencing harm to self may be the exact same, similar, or different from those that influence harm to others. *Workbook pages 80-81*

**Negative self talk.** All human beings experience internal dialogue, or private speech. The brain is constantly exploring, assessing, reasoning, questioning, and reflecting. Internal dialogue is a core element of cognitive behavior therapy as it relates to how thinking is processed and controlled. Negative self talk may reflect anti-social thinking and influence vulnerability towards anti-social behavior, which is the most significant risk factor for recidivism.

A parish priest sexually abused Mary when she was in elementary school. As a result, she struggled with debilitating behavior such as selective mutism, an unwillingness to talk. She had great difficulty interacting with anyone. After a significant amount of art therapy in which she communicated through writing, Mary reached this part of the trauma outcome process. After her therapist explained the concept of negative self talk and asked Mary what she said to herself about the sexual abuse, Mary very emotionally blurted out "you ugly fucking bitch!" The therapist realized that Mary was describing her internal dialogue, despite being shocked that these were the first words she said in therapy.

Although Mary never spoke much, she was able to describe the origins of such dialogue and the role they played in her behavior. She was able to practice mindfully removing the vile words from her private speech and learned to pay attention to her internal experience when triggered back to the trauma so she could practice more successful ways to manage the pain.

**Repressed feelings.** People who are overwhelmed by trauma are at risk of being immobilized in their efforts to cope. Repressed feelings represent a maladaptive coping strategy that inhibits healing and influences dysregulation. In an effort to obtain emotional distance from pain, children can become overwhelmed, struggle to organize thinking, and develop analgesia, or mental paralysis, that may put them at risk of dissociating (Schladale, 2006; van der Kolk, 2004). *Workbook pages 82-83*

The purpose of exploring repressed feelings is to help youth understand that openly acknowledging trauma and its aftermath can help them take action on their own behalf. It encourages the development of emotional strength to address the sometimes horrific experience of trauma.

**Self-destructive acts.** Self-destructive behavior is any activity that can lead to physical and/or emotional harm to one's self. This term encompasses a broad range of behavior from the most subtle forms of disrespecting one's self or putting one's self in harm's way to blatant acts of self mutilation and/or suicide attempts.

*Workbook pages 84-85*

Exploring self-destructive behavior helps youth address confusion that can lead to such dysregulation. As with destructive and offending acts, youth need support in planning for and practicing alternative coping strategies for self regulation.

..... **Developing Self-Regulation Competencies** .....

**Affect.** Children can be terrified of addressing personal trauma, especially when no adult has modeled healthy coping strategies for them. While this chapter tracks the processes of dysregulation, youth will continue to be vulnerable to it until they master a new framework for self-regulation as introduced in the following chapter.

Throughout this time, facilitators should encourage youth to practice all of their self-regulation competencies, monitor progress, and assess particular successes. They may also want to identify goals for continued improvement. Such activity can help everyone gage a youth's tolerance for openly addressing traumatic experiences and enhancing confidence in change (Miller & Rollnick, 2002).

Competencies involve:

- continuing to engage in emotional self awareness and self monitoring particularly as it relates to the youth's trauma outcome process
- mindfully observing internal experiences associated with any aspect of the trauma outcome process
- identifying feelings congruent with internal experiences
- staying organized in response to psychological upheaval caused when addressing the trauma outcome process

**Cognition.** Changing thinking in order to stop problematic behavior is the foundation for youth violence prevention. Helping youth explore faulty thought processes, create plans to change thinking, and practice such plans provides a foundation for affect regulation, health, and wellbeing. Questions throughout this chapter along with the visual reference provided in the trauma outcome flow chart help youth explore all elements of cognitive experience relating to harmful behavior.

Competencies involve:

- clarifying comprehension of workbook information
- recognizing personal experience in the trauma outcome process
- accepting feedback about choices the youth makes in relation to the trauma outcome process
- exploring discrepancies between personal values and behavior relating to the trauma outcome process
- assessing motivation for change
- identifying goals for continued improvement of self regulation
- using positive self talk to influence good decision making
- making good decisions about harm reduction
- understanding pro-social reasons for decisions to stop harm
- continued development of flexible coping strategies for responding to the trauma outcome process

**Physiology.** Studies on brain processing reveal significant challenges in maintaining clarity of thought and action when alerted to perceived threat and/or recollection of trauma. A range of multi-sensory props should be readily available for youth working on this chapter (Rothschild, 2000; Schore, 2003; Stien & Kendall, 2004; van der Kolk, 2004). Such props can be as simple as play dough or colored markers and paper to help youth physiologically release energy through tactile expression.

Competencies involve:

- continuing to mindfully observe internal reactions to the trauma outcome process
- identifying types of arousal as they are experienced
- learning how to assess physical and emotional safety and stability in order to promote health and wellbeing
- changing their body state when experiencing psychological upheaval that has fed violence and sexual aggression in the past

**Behavior.** Understanding the impact of previous trauma on current behavior can help youth make radically different choices to behave benevolently.

Competencies involve:

- using props, exercise, and body movement to physiologically release energy
- communicating understanding of the trauma outcome process to workbook facilitator and social support network members
- delaying gratification
- displaying control of impulse, anger, and aggression
- resisting peer pressure to engage in harm to self or others

**Check-up.** While this chapter attempts to use child-friendly language, even the primary elements of people's response to trauma are complex and challenging to understand. Youth may need extra time to slow down and work hard to understand their experience.

Periodic check-ups throughout the chapter can prevent a youth from getting lost in the material and overwhelmed by the amount of information to be digested. Facilitators can enhance understanding and potential benefits by closely observing a youth's reactions to each segment of the material. Discussing their grasp of the language and understanding of the process can help them feel supported. Patience with each youth's pacing through the material diminishes any sense of pressure or feelings of inadequacy.

**Problem solving.** It is important to anticipate affective and cognitive challenges during this chapter. By this point, the facilitator should have a good understanding of the youth going through the process and be well aware of his personal coping skills. Vigilant observation provides ongoing assessment of a youth's readiness, willingness, and ability (Miller & Rollnick, 2002) to face the details of trauma and harmful behavior. If problems arise, facilitators should use kind and patient care to assist youth in exploring potential solutions, creating a plan, and practicing it.

An important component of problem solving is to explore ways youth can get relief from intrusive thoughts, flashbacks, bad memories, nightmares, or night terrors. These symptoms of post traumatic stress disorder (PTSD) can provide important information about the impact of trauma on a young person's life. Successful management of such symptoms is critical to competency development and healing.

**Evaluation.** Following an established routine of asking youth how each workbook session is helpful maintains a therapeutic ritual for closing each meeting. Such predictable routines can provide soothing and optimistic ways to move away from the topic. Continued evaluation can contribute to positive youth development through enhancing confidence in assessing life experiences. *Workbook page 87*

## Multi-Sensory Activities .....

**Drawing the flow chart.** One program that serves youth with developmental disabilities created this activity to support multi-sensory experiential learning. They ask youth to copy the chart onto a piece of blank paper. This exercise may be repeated to enhance memory retention. Some residential programs have taken the concept a step further and invited youth to create a wall mural of their understanding of the flow chart. These can be colorful and entertaining illustrations that youth refer to throughout the treatment process and provide unifying information for all staff and clients.

**Hurting.** Facilitators invite youth to create an illustration of the parts of them that are hurting and the parts that hurt others. This exercise provides an opportunity to externalize and separate from those parts of our personalities that are difficult to face. When they are finished youth are asked to describe the different parts and their experience of them.

**Inner and outer self.** This activity gives youth an opportunity to create an illustration of their inner and outer self. Using a large piece of paper folded in half, facilitators should ask the youth to picture what's going on inside and outside. Next, ask them to make a bridge connecting the two sides. This bridge is important for integrating the internal and external struggles that everyone experiences throughout a healing process. When complete, ask the youth to discuss both the process and content of the experience and creation.

**Multiple masks.** In this activity, youth create a variety of masks that represent different parts of the self. They may identify different elements of the trauma outcome process illustrated by different masks. After the artwork is complete, facilitators and youth can discuss the significance of the masks, giving some consideration to how the youth might want to use the different masks to help throughout treatment. In the past, some youth have used the masks as icons to let others know what they may be trying to hide or convey, or to represent barriers that are masking current struggles.

**Chessboard.** Youth make clay figures or symbols to represent different parts of themselves. The pieces are then arranged on a chessboard and used to discuss different aspects of each part. Facilitators ask the youth to describe which parts are most powerful, important, vulnerable, etc. They can also explore what part they want each one to play and what parts they want to change or move around. Each part is finally located on the chessboard according to the youth's determination of the part it will play in their future. All the while, youth are asked to make analogies to the part each symbol plays in their life.

**Aggression.** Facilitators invite youth to make something that represents aggression and something that represents assertiveness. Next, facilitators ask them to discuss the differences. This exercise can be as easy as body posturing, and may not require any materials at all. However, youth may create drawings, sculptures, and/or collages to illustrate these concepts and their differences.



## Chapter 6: Taking Good Care of Yourself

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**Overview.** This chapter introduces a strength-based process for healing through benevolent behavior that leads to self acceptance. The content guides youth in the creation of a specific plan to manage pain successfully. Healthy coping strategies promote self regulation to help youth face trauma, stay clear, attend to pain, and express genuine feelings. *Workbook page 88*

..... **Objectives** .....

- to develop and practice strategies for healing
- to clarify, practice and refine self-regulation competencies
- to recognize the importance of self-acceptance and self care in the healing process
- to incorporate self care into daily life

..... **Chapter Content and Process** .....

**Topical elements** focus on facing trauma, staying clear, positive self talk, attending to pain, expressing genuine feelings, and self acceptance.

**Top 10.** Important things about facing trauma

*Workbook pages 88-89*

**Top 10 questions** consider important things about staying clear, attending to pain, expressing feelings genuinely, self acceptance, and taking good care of myself.

This chapter begins with the challenge of addressing trauma. Encouraging youth to face traumatic experiences helps to diminish secrecy and promote competency and autonomy. Facing trauma requires courage and strength to help youth deal with pain, rather than repress it. Although this may seem counterintuitive to some youth, caregivers, and service providers, facing bad things can pave the way for healing.

Facilitators encourage youth to keep their mind clear when they experience trauma echoes in order to learn how to manage the impact without causing harm. Keeping the present clear simply means staying focused and being aware that the trauma was in the past and not currently happening.

**Staying clear** involves maintaining calm. Youth learn that trauma echoes will pass and arousal will diminish when they are able to successfully focus on self-soothing activities. It is important for youth to recognize agitation and know how to maintain clarity through it.

*Workbook pages 90-91*

One of the frightening things about trauma echoes is that youth may suffer from flashbacks that make them think they are actually experiencing the trauma again. It is important to normalize this response. It can be hard for youth to stay clear when trauma echoes occur. Facilitators can help youth explore ways to do this and suggest ideas that have helped others. Some of these ideas are described in the multi-sensory activities.

**Attending to pain** helps youth explore congruent responses to trauma echoes. Violence and sexual aggression are incongruent responses. When youth learn to accept congruent affective, cognitive, and physiological reactions to trauma echoes, they can practice changing their body state during these psychological upheavals. Youth learn that by attending to pain, in time it becomes less painful. They also learn that ignoring pain or fighting with it simply allows it to fester and influence dysregulation.

*Workbook pages 92-95*



**Expressing genuine feelings.** Learning to express genuine feelings without causing harm is a pivotal element of taming violence and sexual aggression. The ability to identify, modulate, and express emotion is a key component of evidence-based practice (Saunders, Berliner, & Hanson, 2004; Kinniburgh & Blaustein, 2005). Work with affect involves identifying different emotions, rating intensity of emotion, recognizing physiological indicators of different emotions, adjusting emotions, and communicating in an effective and pro-social manner. Ideas for managing upsetting emotions become part of each youth's self-care plan.

*Workbook pages 96-97*

**Self acceptance** comes from taking good care of one's self, which, in turn, influences development of such virtues as faith and trustworthiness. In the end, it unites benevolent power, control, and connection with healing.

*Workbook pages 98-99*

..... **Developing Self-Regulation Competencies** .....

**Affect.** There are three parts to affect regulation: affect identification, affect modulation, and affect expression (Kinniburgh & Blaustein, 2005). Identification of affect includes building a vocabulary for feelings and connecting specific emotions with different physiological responses. Youth learn to face, rather than avoid, negative affect.

Modulation of affect includes understanding that feelings have a range of intensity. Youth learn skills to manage arousal through self-soothing practices, including deep breathing, muscle relaxation, guided imagery, and body movement.

In learning affect expression, youth learn to identify safe people with whom to share affect, verbal and non-verbal ways to communicate it, and effective self expression through expressive arts.

Evidence-based practice has demonstrated that developing affective skills is critical (Saunders, Berliner, & Hanson, 2004). Before facing trauma and attending to pain, youth must be able to access skills for affect regulation (Cohen, Mannarino, & Deblinger, 2006). The goal is to help youth learn to live in the here and now so the present is no longer contaminated by echoes from the past.

Competencies involve:

- continuing to engage in emotional self awareness and self-monitoring particularly as it relates to the youth's trauma outcome process
- consistently identifying and monitoring feelings congruent with internal experience
- mindfully observing internal experiences when experiencing any aspects of the trauma outcome process
- staying organized in response to psychological upheaval caused when addressing the trauma outcome process
- beginning to integrate affect, cognition, and behavior congruently

**Cognition.** In order to face trauma successfully, youth need cognitive as well as affective skills. These cognitive skills include positive self talk, problem solving, writing or journaling, psycho-educational reading, and cognitive restructuring. A key concept of CBT is the cognitive triangle: the reciprocal and interactive relationships between thoughts, feelings, and behavior. When youth develop the ability to recognize personal patterns and restructure cognitions, their coping skills are enhanced (Cohen, Mannarino, & Deblinger, 2006).

Competencies involve:

- recognizing, defining, and clarifying the trauma outcome process
- connecting cause and effect
- using positive self talk



- identifying solutions for successful management of the trauma outcome process
- setting realistic goals for self-regulation
- predicting and evaluating consequences
- engaging in step-by-step planning
- anticipating pitfalls in carrying out solutions for the trauma outcome process

**Physiology.** Paying attention to what is going on in our bodies is often the first step in self regulation. Physiological arousal should become a cue to practice self care. Any exercise in facing trauma, staying clear, attending to pain, or expressing genuine feelings begins with awareness of physical sensations. The chapter stresses slowing down through mindfulness (Linehan, 1993). Paying attention to breathing, imagery, or focusing on one of the five senses can help youth manage arousal and slow physiological responses. Conversely, those who are depressed may need to increase their physiological activity. Body movement, exercise, and interaction with others are good options to augment regulation.

Competencies involve:

- consistently monitoring arousal and all physiological experience of the trauma outcome process
- actively practicing multi-sensory self soothing for affect regulation

**Behavior.** To be successful in developing new behaviors that express genuine feelings in ways that do not cause harm, youth must develop and regularly practice a self-care plan. Self care is the pathway to self regulation. Youth identify ways to have fun, activities to enjoy, and people with whom to connect benevolently. When youth master self regulation, their behavior changes for the better, and violence ends.

Competencies involve:

- dealing with positive and negative feedback
- effectively disagreeing and handling conflict
- making good decisions
- identifying pro-social reasons for such decisions
- acknowledging pro-social outcomes
- expressing motivation to succeed
- displaying impulse, anger and aggression control
- consistently initiating positive interactions
- expressing feelings and attending to pain in ways that do not cause harm

**Check-up.** Facilitators continue to normalize pain as a fact of life and focus on proactive approaches for management. Together, youth and facilitators can explore ambivalence about healing trauma and/or self care. Check-ups involve assessing self regulation in response to facing trauma. Facilitators both model and reinforce self care and assist youth in reviewing their self-care plans.

**Problem solving.** It is important to anticipate and explore challenges, obstacles, or other problems youth may encounter when implementing a plan for self care. Problem solving can include generating potential solutions and identifying people who will support the plan.

It is helpful for adults to be part of a self-care plan, as they can often recognize signs of arousal and coach youth in designated strategies. As youth develop competency, the need for coaching decreases.

**Evaluation.** The ongoing process of analyzing self-care plans and practices reinforces development of competencies such as self control and moral reasoning. As youth gain confidence practicing self-

control strategies in therapeutic sessions, they are more likely to practice in other settings.

*Workbook pages 100-103*

Youth can learn to rate strategies for self care. For example, before trying a strategy, youth report their stress level on a scale of one to ten. The facilitator then teaches a specific strategy such as guided imagery. After the exercise, youth rate their stress level again.

Youth can also learn to recognize signs of dysregulation in others. One youth was in line at a store and noted the dysregulation of some shoppers around her. She was pleased that she was effectively able to manage the situation with breathing exercises. She correctly observed that she was more skilled in dealing with the checkout process than the majority of adults around her. This event was a turning point in her treatment, as in the past she had lived with numerous adults who did not practice self regulation. Realizing that she had the power and control to regulate herself was a powerful learning experience for her.

Evaluation of staying clear, attending to pain, and expressing emotion is an ongoing process. Youth continue to refine their self-care plans and experiment with what fits for them.

### Multi-Sensory Activities .....

**Breathing exercises.** Deep breathing is a core skill for self regulation. Facilitators can discuss with youth how sports heroes and musicians practice breathing exercises. Simple breathing in to a count of “one”, and breathing out to a count of “two”, or counting to ten and backwards to one again. Youth can also inhale using a designated word and exhale another word.

If youth don't buy into the notion of breathing exercises, it may help to mention that breathing is a big part of childbirth. If it helps pregnant women get through the physical and emotional stress of giving birth, they might imagine what it can do for them.

**Self-care book.** Youth can assemble a book of self-care activities. These ideas can be in any expressive medium. They can decorate the book in a way that is soothing to them and discuss the significance of their design elements.

**Self-care box.** The youth assemble a box of soothing activities. The box can include things like puzzles, squeeze balls, bubbles, nail polish, scented markers, CDs, etc. Facilitators should encourage them to include items that soothe each sense and talk about why they chose each one and how they find it soothing.

**Memory boxes.** Facilitators can encourage youth to fill a box with mementos from supportive others, awards, affirmations, symbols, letters, etc. This box should include memories of benevolence, love, courage, strength, respect, and connection. Youth can tell stories about each memento, including why it belongs in the box.

**Comfort room.** This is a multi-sensory place that youth find soothing. It might be a designated place in a room, a tent, or a special place that contains materials comforting to each of the senses. Creating this space is a joint project for youth and caregivers. One family actually created a calm room with pillows, candles, and a water fountain. The entire family used this room for quiet reflection.

**Puzzle.** In this activity, youth make a poster with a game board design on it. They label or draw a picture of a self-care activity in each square. Youth devise a plan for choosing squares and engaging in the designated activity. They do this until they have successfully practiced the activities in each square. This is particularly helpful for youth with developmental disabilities.

**Relaxation CD.** Youth can make a progressive muscle relaxation or a guided imagery CD. They choose music, and write the script. Youth then make the CD. Youth can also create play lists of calming music for MP3 players.

Spinoza bears ([www.Spinozabear.org](http://www.Spinozabear.org)) are stuffed animals that have a tape recorder inside the body of the bear. Youth can make their own tapes and use them with the stuffed animal.

**Stuffed animals.** Youth make very simple stuffed animals. They choose fabric, cut the material, sew, and stuff it. They can put special objects inside of the bear such as stones or shells to represent concepts such as strength, courage, and love, or sew special buttons or beads on the outside to represent things that have special meaning for them. Youth can also make a skill bear with buttons or patches to remind them of different skills they know how to use.

**Scented pillows.** Youth make small fabric pillows and pick fragrances to put in them. Youth may choose from an array of scents and identify any fond memories they evoke.

**Yoga or dance routine.** Youth design individual yoga or dance routines. They can choose music and props to enhance the experience. Youth may enjoy teaching their routines to others.

**Scheduling pleasant activities.** Youth make a list of activities they enjoy. The lists should be divided according to time required to do the activity: 15 minutes, 30 minutes, one hour, half-day, etc. Youth continue to add activities to the list as they discover what they like. Facilitators and caregivers should encourage youth to experiment with one new activity each week. Every day the youth should engage in an hour of pleasant activities while monitoring his mood before and after the activity.

**Picture this.** Youth can use a camera to take photographs of one self-care activity per day. If the necessary technology is available, youth can download the pictures and create a computer generated slideshow. Otherwise, youth can make an album with narrative about each activity and how it is helpful. If boys indicate that such activity reminds them of scrapbooks and complain that it seems too much like a 'girls' activity, facilitators can help youth adapt the exercise to best represent each youth's self expression.



## Chapter 7: Becoming the Person You Want to Be

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**Overview.** This chapter introduces a restorative justice framework for using moral reasoning to develop values and beliefs based upon honor and integrity. The ongoing narrative process reinforces pro-social values. Youth are invited to embrace a sense of competency that enables them to tame violence and/or sexual harm. Strength-based language and questions about becoming the person a youth wants to be can become a means to pursue personal dreams. *Workbook page 104*

..... **Objectives** .....

- to identify admirable qualities youth aspire to embrace
- to make amends to anyone impacted by the harmful behavior
- to behave congruently with identified values and beliefs

..... **Chapter Content and Process** .....

**Topical elements** focus on heroism, empathy and compassion, making amends, forgiveness, honor, and integrity.

**Top 10.** Youth explore reasons for becoming the person they want to be. *Workbook page 104*

**Top 10 questions** consider important things about heroism, empathy and compassion, making amends, forgiveness, and becoming the person I want to be. *Workbook pages 104-115*

Restorative justice is “a process to involve, to the extent possible those who have a stake in a specific offense and to collectively identify and address harms, needs, and obligations, in order to heal and put things as right as possible” (Zehr, 2002, p. 37). Restorative justice attempts to address accountability and consequences through a victim-sensitive approach with a goal of community healing. Youth learn to take responsibility for harmful behavior and make amends to their victims, families, and community. This process provides an opportunity for developing moral reasoning competencies.

The goals behind these restorative justice principles include: identifying and addressing needs of victims, offender accountability, competency development for the offender, and community safety (Zehr, 2002).

This chapter uses elements of the above goals as a model for honorable manhood. Initially when youth are asked to tame violence and/or sexual aggression, they may not know what else to do. When their model for managing pain has been violence and abuse, it may be hard to visualize something they have never experienced.

Just as visualizing a goal is fundamental to sports psychology, visualizing benevolent behavior is fundamental to self regulation. Beginning with heroism and unsung heroism, this chapter acknowledges the Herculean task of self regulation. Reframing crying as a normal part of managing pain contradicts one of the most powerful gender stereotypes about masculinity. The concept of heroism is broadened to include self care, which in turn aids competency development and assists youth becoming the person they truly want to be.

Learning about empathy and compassion has potential to increase awareness and consideration for others. Such consideration helps youth prepare to make amends for harmful behavior. When possible, youth participate in victim offender dialogues with everyone hurt by their violence and/or sexual abuse. These dialogues begin with specific apologies for any harm done.



When it is not possible to apologize directly, facilitators can create opportunities for youth to make symbolic amends. For example, one program in Arizona has a 'victim's garden' designed and created by youth in treatment. It is designated as a place for meditation and reflection. Youth purchase plants and volunteer their labor landscaping. Youth in another residential program in rural New Mexico adopted a segment of highway for litter control as a metaphor about cleaning up the messes made from their violence.

This part of the workbook also addresses complex elements of forgiveness. Youth in treatment may be angry and resentful about bad things that happened in their lives. Many were victims of abuse in which their perpetrators were never held accountable and never apologized to them. They may resent being expected to apologize for wrongdoing when people who hurt them have never done so. Forgiveness is a Herculean task; it can be a hard thing to do. This section challenges youth to explore how to forgive others, how to make amends so that others may be more willing to forgive them, and finally how to forgive themselves.

In exploring the concepts of honor and integrity, youth learn that there is strength in making good choices and becoming the person they want to be. Defining the terms and exploring how they influence self care creates a clear dichotomy between getting into trouble and staying out of trouble. It elaborates on honor and provides examples of dishonorable behavior. *Workbook pages 114-115*

Considering admirable qualities provides an opportunity for youth to identify desirable pro-social choices. Such discovery begins to bring into focus a vision of who they can be. When youth share this vision with others, they can gain support from facilitators, family members, and significant people from all aspects of their lives. When they can clearly articulate the type of person they want to become, they not only have a clear vision for success but intrinsic motivation with which to actually pursue such a goal.

..... **Developing Self-Regulation Competencies** .....

Self-regulation strategies associated with this chapter address diverse challenges associated with becoming the person a youth truly wants to be. While they may seem unrelated and disconnected, a broad range of thoughts, feelings and actions make up these concepts. It may be challenging for facilitators to organize them into a unified picture.

Making amends for harmful behavior is hard work! Making amends when a person has been violent and/or sexually aggressive can tax the resources of everyone involved. Pain is the unifying force of such activity, and modern culture provides few models for genuinely expressing painful feelings and making amends.

Cultural stereotypes about male toughness are rampant in the media, and they seldom include accountability. Some people believe that apologizing, like crying, is a sign of weakness. Staff are seldom trained to facilitate apology sessions and may have no protocols to follow.

The goal of helping youth create an image of the person they want to be is to support competency development in all five domains: social skills, moral reasoning, academics, work force development, and independent living (Torbet & Thomas, 2005). Empathy, compassion, honor, and integrity offer a thoughtful approach for self regulation and a means to benevolent manhood.

**Affect.** After working through the trauma outcome process, youth often develop greater understanding of affective responses to multi-sensory triggers relating to bad things that happened. Such education does not necessarily lead to therapeutic change. Many people know a great deal about trauma and continue to cause harm. People are faced with this challenge every day throughout life. Practicing affect regulation is an enormous task.

When facilitators model empathy, compassion, honor, and integrity, they give youth an opportunity to experience good feelings relating to them. In turn, the youth's motivation to embrace these positive



attributes may increase. Seeing adults personify pro-social behavior can help youth formulate a plan for success. This becomes the vision of the person they want to become.

Managing hurt feelings requires constant vigilance in a sometimes hostile world. It requires commitment and coordination between affect and cognition. As youth learn to observe internal experiences, they gain a foundation for tracking feelings and thoughts in order to promote pro-social behavior and prevent harm. Developing skill in quick identification of feelings and what brought them on may require heroic effort, especially for youth with developmental limitations or disabilities.

Supporting youth in understanding how identification of feelings can aid them in making pro-social choices and controlling behavior are crucial for taming violence and/or sexual harm. The ideal outcome is for youth to practice this process with compassion for themselves and others.

Empathy and compassion provide foundations for making amends. Managing affect throughout the process of planning and actually making amends can be complicated for these youth. It may also be difficult for their victims and significant others involved. Youth may struggle with a range of emotions and need extra support to help manage psychological upheaval.

As they make it through the apology processes successfully, youth may feel calmer and anticipatory anxiety may decrease. If the process is problematic, facilitators can expect continued challenges with affect regulation.

Competencies involve:

- continuing to engage in emotional self awareness and self monitoring as it relates to identifying the person a youth wants to become
- consistently identifying and monitoring feelings congruent with internal experience
- mindfully observing internal experiences when actively working to become the person they want to be
- identifying feelings of self worth
- beginning to integrate affect, cognition, and behavior congruently
- exploring flexibility in managing the full range of emotions
- considering experiences of empathy and compassion that can influence benevolence

**Cognition.** Beginning with cognition, moral reasoning competencies (Torbet & Thomas, 2005) have potential to influence harm reduction. When youth are able to think differently about harm done to them and harm they have done to others, they can consider alternate ways to manage pain.

Seldom have these youth had first-hand experience with empathy, compassion, honor, and integrity. They may resist thinking about them, particularly when unresolved pain about trauma fuels anger and aggression. They may take longer to consider change and need to ponder pros and cons before making decisions about taming harmful behavior. A change process for them may occur in fits and starts, and it may seem they are taking one step forward and two steps back as they attempt to resolve ambivalence (Miller & Rollnick, 2002).

Change in thinking comes about in a variety of ways. A sudden intuitive leap of understanding, an epiphany of sorts, might come through an ordinary but striking occurrence. Youth may all of a sudden 'get it' and change behavior quickly and consistently. As always, but especially under these circumstances, facilitators can bolster youth by honoring their efforts and celebrating their success. Positive reinforcement is important as youth consider their commitment to change.

Cognitive change can also come through tedious plodding in which youth grapple with long held distortions, values, and beliefs. Unwavering support and tolerance can help youth stay on track and provide consistent messages about persistence, change, and success.

Competencies involve:

- clarifying comprehension of workbook material
- connecting cause and effect
- consistently assuming an internal locus of control for pro-social behavior
- recognizing, defining, and clarifying the type of person the youth wants to become
- identifying ways to become that person
- setting realistic goals
- predicting and evaluating consequences of succeeding
- engaging in step-by-step planning
- anticipating pitfalls in carrying out solutions

**Physiology.** Empathy and compassion influence physiological responses. Benevolent thoughts can have a calming effect. When youth practice multi-sensory self soothing on a regular basis, physiological responses can become less volatile and more controlled. Things as simple as deep breaths or stretching become a form of self regulation to reduce physiological arousal. Regular practice supported by adults in a youth's social support network can help him develop new patterns that can become lifelong habits.

Self knowledge can lead to self care. Learning to monitor their own physiological responses can alert youth to a need for self expression through exercise, body movement, artistic endeavors, or other positive outlets.

Competencies involve:

- consistently monitoring physiological responses
- active internal assessment of emotional safety and stability
- consistently practicing internal management of physiological reactions

**Behavior.** By this stage of the trauma outcome process, one might hope that a youth's behavior consistently reflects the moral reasoning skills of making good decisions, identifying pro-social reasons for decisions, and acknowledging and assessing pro-social outcomes.

Making amends involves all of the skills developed thus far and epitomizes benevolent behavior. Mentoring youth through the process and celebrating success is vital.

Facilitators need to support activities geared toward creating a vision of the person a youth wants to become. Once they have a clear vision, youth can 'try it on for size' and tweak it for perfect fit. Understanding that becoming the person we want to be is a lifetime challenge can help youth find practical strategies for such a journey. Feedback about a youth's behavior can help him improve and establish a comfortable fit.

If youth continue to resist change, appear unmotivated to stop harmful behavior, or refuse to make amends, facilitators must document this information. Such resistance may indicate continued risk for violence and/or sexual harm. Anti-social behavior is the most significant risk factor for recidivism (Prescott, 2006).

Competencies involve:

- expressing self confidence in successfully managing the trauma outcome process
- consistent use of multi-sensory coping strategies for self soothing
- consistent use of benevolent touch

- active expression through art, drama, dance, and music
- regular exercise and body movement
- giving of self in service to others or a cause
- active participation in pro-social relationships
- expressing a sense of humor
- behaving with autonomy and independence
- expressing a positive view for the future
- identifying motivation for maintaining change
- acknowledging and celebrating successes
- consistent pro-social interaction

**Check-up.** Talking with youth about their understanding of words and concepts can help them feel supported. Patience with possible ambivalence about empathy, compassion, and making amends continues to model benevolence. Monitoring frustration and anger, and assessing affect regulation are an important part of check-ups throughout this chapter. Vigilance can avert potential dysregulation that may bring up feelings of failure and influence vulnerability.

Maintaining community safety throughout the process of making amends is critical. Any communication or contact must respect victim sensitivity. At the same time, allowing youth in treatment patience and flexibility with pacing through the process may diminish any sense of pressure or feelings of inadequacy. Facilitators doing periodic check-ups with youth can prevent them from being overwhelmed by the amount of activity involved both in making amends and in deciding about the person they want to become.

**Problem solving.** At this point in the workbook, problem solving focuses on ambivalence about the use of empathy and compassion to guide a process for making amends. When youth appear stuck, and/or unmotivated to move forward, facilitators can explore potential obstacles and help youth create strategies to overcome them. Multi-sensory activities for this chapter may help to identify thoughts and feelings that could lead to the youth’s resistance.

**Evaluation.** Throughout the process of making amends, evaluating the helpfulness of each activity can help youth make sense of its importance and help them formulate plans to ensure success. Assessing readiness, willingness, and ability to accept accountability and take responsibility for harmful behavior can greatly enhance successful outcomes for everyone involved. Facilitators and youth should also collaborate to determine victim and witness readiness to participate in any reconciliation activities.

When the formal process of making amends is finished, facilitators should continue to work with youth in evaluating his transformation into the person he wants to become. Facilitators can provide valuable feedback about desired attributes and help youth rate selected attributes as a way of evaluating their importance (*see activity below*).

Finally, facilitators should encourage youth to practice evaluating their honor and integrity by reviewing decisions and behavior in relation to the youth’s understanding of the concepts. When youth are struggling, they can practice asking themselves if their behavior or the decision they are about to make is honorable.

### Multi-sensory Activities .....

**Victims.** This is often the most emotionally wrenching expressive therapy activity in the trauma outcome process. It must be facilitated only after thorough agreement by treatment team members that a youth is willing and able to acknowledge harmful behavior and address the depth of consequences for violence and sexual abuse.



In this exercise, the youth are asked to draw a picture of someone they hurt. If a youth is involved in juvenile justice, he may be asked to draw a specific victim of his criminal behavior. After completing the drawing youth are instructed to tear it up. When they finish tearing up the picture youth are given a roll of tape and asked to put the pieces back together. Youth are often stunned by the visceral experience of “tearing up” someone’s life and often express difficulty with completing the tasks. When they are finished, a discussion about the impact of harm can help them face up to consequences and explore a variety of ways to make amends.

**Hunter and hunted.** After discussion about relationships between people who have caused harm and those harmed by violence, youth are asked to create something that represents a perpetrator-victim relationship, using a metaphor such as a cat and mouse or a hunter and its prey. When they have finished, facilitators ask youth to talk about both roles and what it is like to find themselves in one or both.

**Letting go of the past.** Facilitators invite youth to create a peace ritual by decorating a stick. The youth should identify things they want to leave behind, such as those parts that influenced violence and abuse. They can find symbols of each from nature and connect all of them to the stick in a decorative way. After finishing the decoration, they are asked to describe symbols on the stick to an audience of their choice. After that they locate a flowing body of water and throw the stick downstream. They may do this alone or with anyone of their choosing.

**Burying the past.** It is important that facilitators do not push youth to this activity prematurely, as it may inadvertently reinforce desires to repress bad things in an effort to avoid facing them. When facilitators assess that a youth has adequately addressed all previous elements of the workbook, he is invited to bury things he is ready to get rid of. Youth decorate a container—a shoe box or something comparable. Next, the youth can cut out pictures, make things, or use artwork from previous activities, and place them in the container. Next, they are asked to create a private or public burial ceremony with the participants of their choice. The burial ceremony can include eulogies from the youth and other participants, as well as any cultural rituals they may want to adapt.

**Ranking attributes.** In this activity, facilitators invite youth to make a list of attributes they associate with honor and integrity. They may wish to list specific attributes of people they admire. When their list is complete, youth assign a number to rate the importance of each attribute. They can interview people they admire to find out those people developed their admirable traits. Finally, facilitators ask youth to create a plan for embracing the attributes and practicing them.

**The swap shop.** The following guided imagery provides an opportunity for exploring choice in a new way. Facilitators provide the following instructions:

*I would like you to get as comfortable as possible.*

*Pay attention to your breathing and slow it down by taking some deep breaths.*

*Imagine that you have come upon an old store and go in.*

*As you go in take a look around and realize the store has everything you can possibly imagine.*

*The owner approaches and says you can pick something you want, but you must leave something behind.*

*Take a few minutes to look around the store.*

*Identify the thing you want the most.*

*Let the owner know, and begin to think about what you will leave behind.*

*Imagine exchanging the items.*

*Thank the owner for this opportunity.*

*As you leave the store, pay attention to your thoughts about this experience.*

*Once you are outside, find a place to sit and look at the new item.*

*What does it look like and feel like?*

*Does it have any scent or taste?*

*If so, how does it smell?*

*How does it taste?*

*What is it like to have it?*

*Take a good look at it so that you can remember everything about it.*

*Now return focus to your breathing.*

*Take a few deep breaths as you become aware of your surroundings.*

The facilitator now asks the youth to create an image of the new item and to identify the meaning that it has for him. These new items can be used in future therapy and reinforced as they become part of each youth's new story.



## Chapter 8: Pursuing Your Dreams

**Overview.** This chapter focuses on personal goals with a future orientation for mobilizing action on behalf of oneself. Youth now have the opportunity to identify dreams in a variety of areas. The chapter then introduces structured problem solving as an avenue for pursuing dreams. The book ends with a discussion about the importance of connection, in which youth identify people they can trust to continue supporting their success. *Workbook page 118*

### Objectives

- to identify and prioritize dreams
- to create a detailed plan for success
- to make a list of trustworthy people
- to finish the workbook with a celebration ritual

### Chapter Content and Process

**Topical element.** Dreams. *Workbook pages 118-127*

**Top 10 questions.** Important things about my dreams and taming violence and/or sexual aggression.

The workbook comes full circle: youth return to thoughts about dreams. Only now, they reconsider their dreams from a vantage point of strength, courage, and respect. Youth learn their final evidence-based skill: problem solving (Saunders, Berliner & Hanson, 2004).

Stephen Covey (1998) noted that all things are created twice: the first creation is the plan; the second creation is the execution of the plan. He gives the example of building a house: the first creation is a mental creation—the blueprint, and the second is the physical creation. Covey refers to this process as beginning with the end in mind, learning to control one’s destiny, and defining a mission and goals in life. This activity provides a powerful tool for youth to create personal scripts and rewrite the narrative of their lives. In working through this chapter, youth identify ten dreams and makes blueprints for them.

A key tenet of cognitive behavioral therapy is the relationship between thoughts, feelings, and behaviors. Changing thinking precedes permanent behavior change. We are what we think.

This chapter invites youth to identify dreams about: having fun, talents they want to develop, loving relationships, taking good care of themselves, and becoming the people they want to be. Facilitators should encourage youth to add new dreams, if they wish. They should also reflect on how their dreams may have changed since they started the workbook. Facilitators can highlight a youth’s emerging sense of personal agency. Youth need no longer be at the mercy of emotional triggers and unhelpful thoughts. Instead, they have power to create a future of their choosing and take action on their own behalf.

While a range of clinical models identify stages for healing trauma (Herman, 1992; Linehan, 1993; Stien & Kendall, 2004) the current clinical literature encompasses core elements relating to the T.O.P.\* Workbook. All of the cited models involve safety and stability, symptom reduction, and skill building. These factors are all addressed throughout the workbook and culminate with this chapter. By now, youth should be making benevolent connections and identifying people with whom they can have ongoing supportive relationships. The end of the workbook is about moving on with a network of trustworthy and faithful supporters.



Youth first identify and prioritize their dreams. Next, they make detailed plans for pursuing each dream. Detail is a key aspect of mental creation, as attention to sensory detail enhances effectiveness of planning. This process is widely used by athletes, musicians, and other performers. They “practice” success, paying attention to their affect, cognition, physiology, and behavior.

The workbook concludes as it began, with a discussion about connection and trust. Because trauma can cause attachment disorders, successful completion involves benevolent connection with significant others throughout the full ecological context.

..... **Developing Self-Regulation Competencies** .....

**Affect.** At this point youth actively practice self awareness. They now know how to stay clear emotionally, and affective responses become cues that guide effective action. Affect becomes a guide or compass for successful navigation of emotional triggers from the past.

Competencies involve:

- mindfully observing internal experience in all facets of life
- staying organized in the threat of psychological upheaval
- consistently engaging in emotional self awareness

**Cognition.** This chapter focuses on left-brain activity relating to detailed goal setting (Applegate & Shapiro, 2005). Youth can consistently access such reasoning when they know how to regulate emotions effectively. Cognition now centers on living proactively as opposed to reactively. It focuses on designing, prioritizing, and planning for implementation.

Affect and cognition are successfully integrated and interdependent when youth recognize the complex relationship between the two. They are able to draw on the resources of each when facilitators ask: What are you feeling? And what are you thinking? Linehan (1993) describes the concept of three types of mind: emotional mind, reasonable mind, and wise mind. Wise mind is a synthesis of emotion and reason. Youth learn that both affect and cognition provide valuable input into decision making. They learn to tame violence and sexual aggression when accessing their wise mind.

Singular focus on cognition is a pitfall of traditional treatment for this population. Separating or eliminating focus on one or the other creates a false dichotomy. Healing occurs when all elements of self regulation are honored and used.

Competencies involve:

- recognizing, defining, and clarifying problems and solutions
- successfully connecting cause and effect
- motivation to succeed
- setting realistic goals
- predicting and evaluating consequences
- engaging in step-by-step planning
- anticipating pitfalls in carrying out solutions
- making good decisions
- identifying pro-social reasons for decisions
- acknowledging pro-social outcomes
- delaying gratification
- using positive self talk

- self-monitoring in all aspects of life

**Physiology.** Physiology, like affect, is an integral part of the body's early warning system. It provides critical cues for decision making about behavior. As youth learn to calm down through self-soothing activities, these cues prompt messages like "slow down", "breathe", or "take a break". Youth now have a wide range of coping strategies that regulate physiological arousal.

In the past, physiological arousal was an obstacle to pursuing dreams. Now youth can control physiological responses and pursue dreams. They learn to respect and celebrate physiological responses through benevolent action.

Competencies involve:

- consistent monitoring of physiological responses
- active internal assessment of emotional safety and stability
- consistently practicing internal management of physiological reactions

**Behavior.** The goal of the *T.O.P.\* Workbook* is to tame youth violence and sexual aggression. Behavioral change involves addressing all parts of the individual process as well as intervening in the youth's ecological system. While it is tempting to focus solely on violence and sexual aggression, enduring change involves conceptualizing behavior in a more holistic way. This approach involves stopping all harm to self and/or others. Facilitators should support youth in making plans for continued success that addresses harm reduction in all facets of their lives.

Competencies involve:

- consistent multi-sensory self soothing
- eliminating violence and/or sexual harm
- successfully completing activities of daily living
- engaging in academic and/or vocational pursuits
- identifying and using community resources
- engaging in pro-social leisure activities

**Check-up.** This chapter provides a link between treatment and a youth's future. Facilitators and youth review the workbook experience and create a plan for continued success. Clarification of any residual concerns can help assess the youth's readiness to move forward. Competency development should also be evaluated in all core domains (Torbet & Thomas, 2005) in order to identify any ongoing needs.

**Problem solving.** It is important to be alert to potential obstacles in pursuing each dream. The acronym SMART is a useful tool. Is the goal Specific, Measurable, Achievable, Realistic, and Iimely? Based on this scale, youth can then check and refine their plans. Facilitators can also remind youth of self-regulation strategies that the youth has mastered.

**Evaluation.** The closing chapter of the workbook involves transition and successful completion of a job well done. At this time, youth discuss and evaluate personal growth. Facilitators should invite them to design and facilitate a celebration ritual symbolizing the experience.

## Multi-Sensory Activities .....

**Scripting the future.** Ask the youth to relax and imagine being a famous movie writer. Have him pretend a Hollywood producer has contacted him to write a movie script. The youth's task is to develop a lead character. He must describe what the character looks like, what he likes to do, where he is living, what relationships he has, where he works, how he talks, what he believes, etc. There are three rules to follow in creating this person. First, the character must be the youth himself in the future. Second, the movie will be about the youth after high school. Third, the movie will be about his dreams of what he would like his life to be like at that time (Schmitz, 1995).

Facilitators may invite the youth to create a collage illustrating the life of this character. Have the youth collect or create symbolic objects that will represent this future person.

**Dream game.** Youth identify their top four dreams and use them to create a game. The game board can be multidimensional or flat. Youth design a variety of cards about each dream, such as a description, why it is important, how it can be achieved, and obstacles to achievement. Games may be more or less sophisticated, depending upon the age and skill level of each youth.

Examples may range from simple structures like *Candy Land*, or *Chutes and Ladders*, to more sophisticated games like *Monopoly*, or *Hotels*. Instead of houses or hotels, youth pursue dreams. Each dream includes specific behavioral components required to fully achieve it. Obstacles should be built into the game as well.

**Dream cards.** Youth often like to design and play card games. Younger youth may enjoy a format like the game *Memory*, or *Go Fish*. Such a game would involve matching dream cards.

Card games involving dream categories with 1-10 steps for each dream are fun to make. Youth use standard card game rules like *Rummy* or *Phase 10* to play the homemade games.

**Paper chains.** Youth design paper chains of their dreams. Each loop is a step in the pursuit of a dream. They choose a color for each dream. When the step is completed, the youth can put a sticker of their choice on the completed loop.

**The time machine.** Wexler (1991) describes this intervention, which is often used at the end of treatment. Youth choose a date five years in the future. The facilitator then leads a guided imagery in which the youth is put in the time machine and sent off to the future date. The youth imagines details of the ride as the facilitator calls out months that are passing by. The facilitator then interviews the youth as if they are in the future. State the date and inquire what has happened in their life over the past five years. Ask how he feels, what he is doing, and how he got there. Focus specifically on what he was able to do to effectively change, and ask about self-regulation strategies. After the interview is complete, the youth reenters the time machine and comes back to the present. The youth can then create a piece of art that represents that future self.



## Part III: Resources

### -----Empirical Evidence

The following areas of research provide the underlying foundation for both the T.O.P.\* Workbook and this manual.

**Optimum child development.** In 2001 the National Research Council and Institute of Medicine published the following elements of optimum child development: physical and psychological safety; appropriate structure; supportive relationships; opportunities to belong; positive social norms; support for efficacy and mattering; opportunities for skill building; and integration of family, school and community efforts. Using the *T.O.P.\* Workbook* in the full ecological context of a youth's life can establish recognition of these basic needs and maximize potential to meet them.

Understanding the importance of the eight elements, assessing, and monitoring their presence in each youth's life provides a foundation for success. A checklist appears in the Appendix (see page 67).

**Trauma.** While data has always indicated that many youth who commit crimes have experienced childhood trauma (Barbaree & Langston, 2006; Ford, Chapman, Hawke, & Albert, 2007), addressing the impact has only recently become a generally accepted component of evaluation and treatment (Creeden, 2006; Miccio-Fonseca & Rasmussen, 2006; Schladale, 2002).

Briere and Scott (2006) recommend addressing trauma through psychoeducation, distress reduction and affect regulation training, cognitive interventions, emotional processing, increasing identity and relational functioning, and psychopharmacology.

The National Child Traumatic Stress Network (NCTSN) identifies ARC (Attachment, self Regulation and Competency) as a promising practice (Kinniburgh & Blaustein, 2005). ARC uses the three key content areas as a foundation for intervention.

A great deal of research is being conducted on the experience of childhood trauma and resources are available through websites such as NCTSN.org.

**Affect regulation.** An individual's ability to manage emotions without causing harm (Schoe, 2003) includes their capacity to regulate thought, emotion, impulse, attention, appetite, and task performance (Baumeister, DeWall, Ciarocco, & Twenge; 2005). Self regulation is a complex process rooted in biological and neurological chemistry. Self-regulation competencies focus on four areas: affect, cognition, behavior, and physiology. Research on this topic is often integrated into studies on childhood trauma and youth violence prevention.

**Successful outcomes in psychotherapy.** Current evidence indicates that the most effective treatment is based upon a foundation of non-judgmental attitude, empathy, genuineness, and warmth (Hubble, Duncan, & Miller, 1999; Hunter & Chaffin, 2005; Miller & Rollnick, 2002). Additionally, recent studies indicate that successful outcomes in psychotherapy are based on four factors (Hubble, Duncan, & Miller). They are: therapeutic technique (15%); creation of hope and expectation for change (15%); the therapeutic relationship between service providers and clients (30%); and client characteristics (40%) including strengths, resources, social support, living environment.

Two excellent resources on this topic include *The Heart and Soul of Change* (Hubble, Duncan, & Miller, 1999) and *Motivational Interviewing* (Miller & Rollnick, 2002).

**Youth violence prevention.** After several school shootings during the 1990s, President Clinton commissioned the Surgeon General to undertake an initiative to determine effective ways to stop youth violence in the United States. During this same time, the United States Department of Health and Human

Services, Center for Disease Control (Thornton, et al., 2002) was addressing similar concerns. Simultaneously, the University of Colorado's Center for the Study and Prevention of Violence, created a national clearinghouse called Blueprints for Violence Prevention (University of Colorado, 2004), providing designation to model and promising programs. These three research efforts provide compelling information about reducing youth violence. Given that recidivism data on youthful sexual harm indicate greater risk for non-sexual criminal behavior (Hunter, et al., 2004), efforts such as these have great potential to inform treatment practices with both delinquent youth and those who have committed acts of sexual harm.

The United States Department of Health and Human Services, Center for Disease Control (Thornton, Craft, Dahlberg, Lynch, & Baer, 2002) suggests that parent and family-based strategies, home visiting strategies, social-cognitive strategies, and mentoring comprise best practice for preventing youth violence. A report of the Office of the Surgeon General describes effective strategies for three types of prevention. These include primary (which include efforts aimed at keeping abuse from happening), secondary (efforts aimed towards at-risk groups before abuse happens), and tertiary (efforts aimed at preventing abuse from happening again).

More specifically, the Surgeon General's report (2001) describes effective primary prevention as: skills training, behavior monitoring and reinforcement, behavior techniques for classroom management, building school capacity, continuous progress programs, cooperative learning, and positive youth development programs. It describes effective secondary prevention efforts as: parent training, home visitation, compensatory education, moral reasoning, social problem solving, and thinking skills. Finally, it describes effective tertiary prevention programs as: social perspective taking, multimodal interventions, behavioral interventions, skills training, marital and family therapy by clinical staff, and wraparound services.

Further, the Surgeon General's report (2001) describes ineffective primary prevention strategies as those including peer counseling, peer mediation, peer leaders, and withholding promotion to succeeding grades. Ineffective secondary prevention programs include gun buyback programs, firearm training, mandatory gun ownership, redirecting youth behavior, and shifting peer group norms. Finally, ineffective tertiary prevention programs include boot camps, residential programs, milieu treatment, behavioral token programs, waivers to adult court, social casework, and individual counseling.

Meanwhile, the Blueprints for Violence Prevention project (University of Colorado, 2004) describes a number of model programs that do have a positive impact. These include the Midwestern Prevention Project, Big Brothers Big Sisters of America, Functional Family Therapy, Life Skills Training, Multisystemic Therapy, Multidimensional Treatment Foster Care, the Project Towards No Drug Abuse, Olweus Bullying Prevention Program, and Promoting Alternate THinking Strategies (PATHS).

**Competency development.** "Competency development is the process by which juvenile offenders acquire the knowledge and skills that make it possible for them to become productive, connected, and law abiding members of their communities" (Torbet & Thomas, 2005, p.3).

Research on youth violence prevention indicates five core competency domains (Torbet & Thomas, 2005,). They are: social skills (cognition, interaction, and self-control), moral reasoning, academic skills, work force development skills, and independent living skills. The *T.O.P.\* Workbook* focuses primarily on the domains of social skills (cognition, interaction, and self control) and moral reasoning. Academic, workforce development and independent living skills should be addressed in other components of treatment.

It is important to distinguish between competency development and treatment. "Competency development is not treatment. Youth do not become competent just because they complete a treatment program" (Torbet & Thomas, 2005, p.5). Self-regulation strategies, often learned in therapy, are necessary for competency development. The workbook enables youth to explore personal competency by working through their trauma outcome process.

Skills training plays a critical role in competency development (Torbet & Thomas, 2005). It results in an ability to generalize specific competencies into daily living. While youth in treatment may verbalize knowledge of skills needed to prevent recidivism, they often lack the ability to apply such knowledge to practice. By linking cognition, affect, and physiology to behavior, youth learn to recognize patterns of dysregulation and skillfully practice self regulation in all facets of their life.

“The role of the juvenile justice system is to facilitate efforts that advance youths’ competencies so that offenders are less likely to take part in anti-social, delinquent behaviors and better able to become responsible and productive members of their communities” (Torbet & Thomas, 2005, p.12). Whether or not youth receiving services are court mandated, developing pro-social competencies is critical for life-long success.

In summary, education does not equal change. Ultimately, competency development is required for enduring change. Youth must be able to integrate knowledge into consistent practice. Only demonstration of pro-social behavior and measurable harm reduction indicate violence prevention and successful outcomes.

**Core approaches of empirically supported treatments.** Empirically supported treatment protocols share common principles. They tend to be goal directed, structure their approach, focus on skill building to manage emotional distress and behavioral disturbance, and use techniques that involve repetitive practice of skills with feedback (Saunders, Berliner, & Hanson, 2004).

There are four key skills common among empirically supported treatment for youth. They are: emotional (or affect) regulation, anxiety management, cognitive restructuring, and problem solving (Saunders, Berliner, & Hanson, 2004). Additionally, empirically supported treatments include components that address the child’s environment (Henggeler, 1998; Saunders, Berliner, & Hanson, 2004; Kauffman Foundation Best Practices Project, 2004). This usually means working with caregivers within the family system.

**Multi-sensory applications.** Experiential learning greatly enhances memory retention. Research on child development indicates that children, particularly boys, learn best through physical activity (Pollack, 1998). Clinical literature on healing trauma indicates that symptom reduction is achieved through multi-sensory therapies (Stien & Kendall, 2004; van der Kolk, 2004; Kagan, 2004; Levine, 1997; Rothschild, 2000). Examples of multi-sensory activities include: exercise and body movement, healing touch, art, drama, dance and music, and narrative trauma scripting. Augmenting the *T.O.P.\* Workbook* with multi-sensory activities has potential to improve the efficacy of intervention.

The use of creative processes such as art, dance, drama, music, poetry, and psychodrama provide youth with a right brain dimension for self expression. Youth who have been traumatized may have difficulty with organization and synthesis of the right and left hemispheres of the brain. These youth often lack ability to self regulate and problem solve, which is a left-brain function. Multi-sensory activities utilize the right brain, which is biologically impacted by disorders of attachment (Applegate & Shapiro, 2005). Expressive arts allow youth to utilize a broader range of skills that synthesize both hemispheres of the brain (Stien & Kendall, 2004).

The chapter guide component of this manual identifies a range of multi-sensory activities that may increase motivation, understanding and engagement in the therapeutic process. Such activities assist in blending the cognitive, affective, and physiological elements of the workbook experience.

Facilitation of the *T.O.P.\* Workbook* combines aspects of the above concepts in order to reduce harm, enhance the lives of children and families, and create safer communities.

## -----*Theoretical Foundations*

This manual draws material from several theories to explain behavior and influence change.

**Attachment** is an instinctual biological bond that a child has with significant caregivers. Human capacity for self regulation develops through attachment. Secure infant attachment occurs when attuned caregivers meet a child's needs. A child learns trust through this process, which produces chemical changes in the brain that influence self regulation. When secure attachment is threatened, significant chemical changes occur in an infant's brain. When caregivers are not consistently predictable, or responsive, infants can fail to develop a capacity to self soothe. (Bowlby, 1988; Siegel, 1999; Applegate & Shapiro, 2005).

As youth experience secure relational connections, their belief system about relationships can change. Throughout the workbook, facilitators model benevolent connection, provide psychoeducation, support youth's exploration of attachment, and provide mentoring. When healing occurs, relationship patterns are positively changed.

**Human ecology.** The narrative approach of this workbook utilizes a life course perspective based upon theories of human and family ecology. Ecology is simply the relationship between a person and the various elements of their environment (Bronfenbrenner, 1979). In this case, a youth's ecology is made up of his or her family, neighbors, school, church, and community.

**Family systems.** Research recognizes that the behavior of a youth receiving services may reflect the pain of an over-stressed family system (Saunders, Berliner, & Hanson, 2004; Thornton et al., 2002; Kagan & Schlosberg, 1989). Systems theory provides a circular as opposed to linear way of viewing interaction. It emphasizes reciprocity, relationships, context, and patterns (Becvar & Becvar, 1988).

Integrating underlying assumptions of systems theory (Hoffman, 1981) is central to this workbook. Maintaining a belief that the whole is greater than the sum of its parts illustrates the importance of engaging an entire family in a commitment to stop violence and/or sexual abuse. This philosophy embraces an assumption that many people working together have a greater opportunity for success than a few working in isolation. It also illuminates the phenomenon that parents actively influence similar emotional states in children (Stein & Kendall, 2004). While negative parent-child experiences hinder development and brain functioning, positive therapeutic interactions can facilitate restorative processes that promote stress reduction, memory retention, maturation, well being, and healing. Such interaction has a ripple effect in which all family members can embrace and support a commitment for holistic harm reduction within the entire family system. This assumption has potential to influence intergenerational healing from an array of painful experiences, thereby enhancing long-term successful treatment outcomes.

**Social learning** explains how behavior is learned and maintained (Bandura, 1985). It occurs through observation of others in the context of relationships, or obtained symbolically through media presentation. Witnessing violence increases childhood aggression (Groves, 2002; Dodge, Pettit & Bates, 1997), and predicts adult aggression (van der Kolk, 1997). When children are raised in an environment that glorifies violence and/or models the use of violence as an acceptable way of meeting needs, they may choose to sustain relationships in a similar manner. Youth are often unable to understand complex elements of violence and aggression, hence they perpetrate it without clearly understanding the impact on self and others.

**Cognitive Behavioral Therapy** (CBT) is based in part on social learning theory and has long been a recognized approach for youth violence prevention (Thornton et al, 2002; Office of the Surgeon General, 2001). Youth can learn to examine various components of cognition, affect, and physiological arousal that precede behavior. Studying this sequence must be a respectful and collaborative process. At-risk youth can learn to identify and practice alternative pro-social responses in the threat of psychological upheaval.

This approach differs from a traditional hierarchical perspective in which parents, guardians, and/or service providers focus on a child's problematic behavior. When this happens, children fail to learn the situational cognitive, affective, and physiological antecedents of such behavior. They are not taught how to self intervene in the behavioral sequence and generate pro-social alternatives.

**Constructivism.** This theory posits that learning is an active process and that new meanings are constructed through a collaborative therapeutic process (White & Epstein, 1990). The creation, or construction of alternative strength-based stories counter problem-saturated or pathology-based approaches. Constructivism is the basis of narrative therapy. By eliciting exceptions to the problem, a youth's perception of self can change and a new narrative can be constructed.

-----*Appendix*

- A.** Competency Development Scale
- B.** Elements Of Optimum Child Development
- C.** Dysregulation Chart
- D.** Dysregulation Chart: Youth Version

# Competency Development\*

Resources For Resolving Violence, Inc.

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On a one to five scale (1 = never, 5 = always) how often does this youth?

## 1. Pro-social Skills:

**Interaction** (discreet observable social behaviors and assertiveness skills):

- Initiate greetings or interactions: .....1 2 3 4 5
- Listen well: .....1 2 3 4 5
- Resist peer pressure: .....1 2 3 4 5
- Deal with positive and negative feedback: .....1 2 3 4 5
- Negotiate: .....1 2 3 4 5
- Accept criticism: .....1 2 3 4 5
- Effectively disagree and handles conflict: .....1 2 3 4 5

**Cognitive** (thinking skills, particularly problem solving skills applicable to a variety of situations):

- Recognize, defines, and clarifies a problem: .....1 2 3 4 5
- Connect cause and effect: .....1 2 3 4 5
- Identify solutions: .....1 2 3 4 5
- Set realistic goals: .....1 2 3 4 5
- Predict and evaluate consequences: .....1 2 3 4 5
- Engage in step-by-step planning: .....1 2 3 4 5
- Anticipate pitfalls in carrying out solutions: .....1 2 3 4 5

**Self-Control** (interaction and cognitive skills that help prevent an individual from displaying aversive or antisocial behavior):

- Delay gratification: .....1 2 3 4 5
- Display impulse anger and aggression control: .....1 2 3 4 5
- Engage in emotional self-awareness: .....1 2 3 4 5
- Use positive self-talk: .....1 2 3 4 5
- Self-monitor: .....1 2 3 4 5

## 2. Moral Reasoning Skills (Making the right decisions for the right reasons):

- Make good decisions: .....1 2 3 4 5
- Identify pro-social reason for decision: .....1 2 3 4 5
- Acknowledge pro-social outcomes: .....1 2 3 4 5

## 3. Academic Skills (advancing in school to the highest possible level of academic achievement):

- Engage in academic pursuits: .....1 2 3 4 5
- Express motivation to succeed: .....1 2 3 4 5
- Pass classes: .....1 2 3 4 5

## 4. Workforce Development Skills (economic self-sufficiency):

- Participate in pro-social employment activity: .....1 2 3 4 5
- Express motivation to succeed: .....1 2 3 4 5
- Participate in vocational training: .....1 2 3 4 5

## 5. Independent Living Skills (self-sufficient living):

- Successfully complete activities of daily living: .....1 2 3 4 5
- Manage money adequately: .....1 2 3 4 5
- Identify and use community resources: .....1 2 3 4 5
- Engage in pro-social leisure activities: .....1 2 3 4 5

---

\* Torbet, P. & Thomas, D. (2005). *Advancing Competency Development: A White Paper for Pennsylvania*. Pittsburgh, PA: National Center for Juvenile Justice.

## Elements of Optimum Child Development\*

Resources For Resolving Violence

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---

On a one to five scale (1= not at all, 5 = very well) how well do you think this family is meeting the needs of each child being served?

Physical and Psychological Safety: .....1 2 3 4 5

Appropriate Structure: .....1 2 3 4 5

Supportive Relationships: .....1 2 3 4 5

Opportunities to Belong: .....1 2 3 4 5

Positive Social Norms: .....1 2 3 4 5

Support for Efficacy and Mattering: .....1 2 3 4 5

Opportunities for Skill Building: .....1 2 3 4 5

Integration of Family, School, and Community Efforts:.....1 2 3 4 5

---

Now, please identify what might be done to improve efforts in each of the designated areas.

Physical and psychological Safety:

Appropriate Structure:

Supportive Relationships:

Opportunities to Belong:

Positive Social Norms:

Support for Efficacy and Mattering:

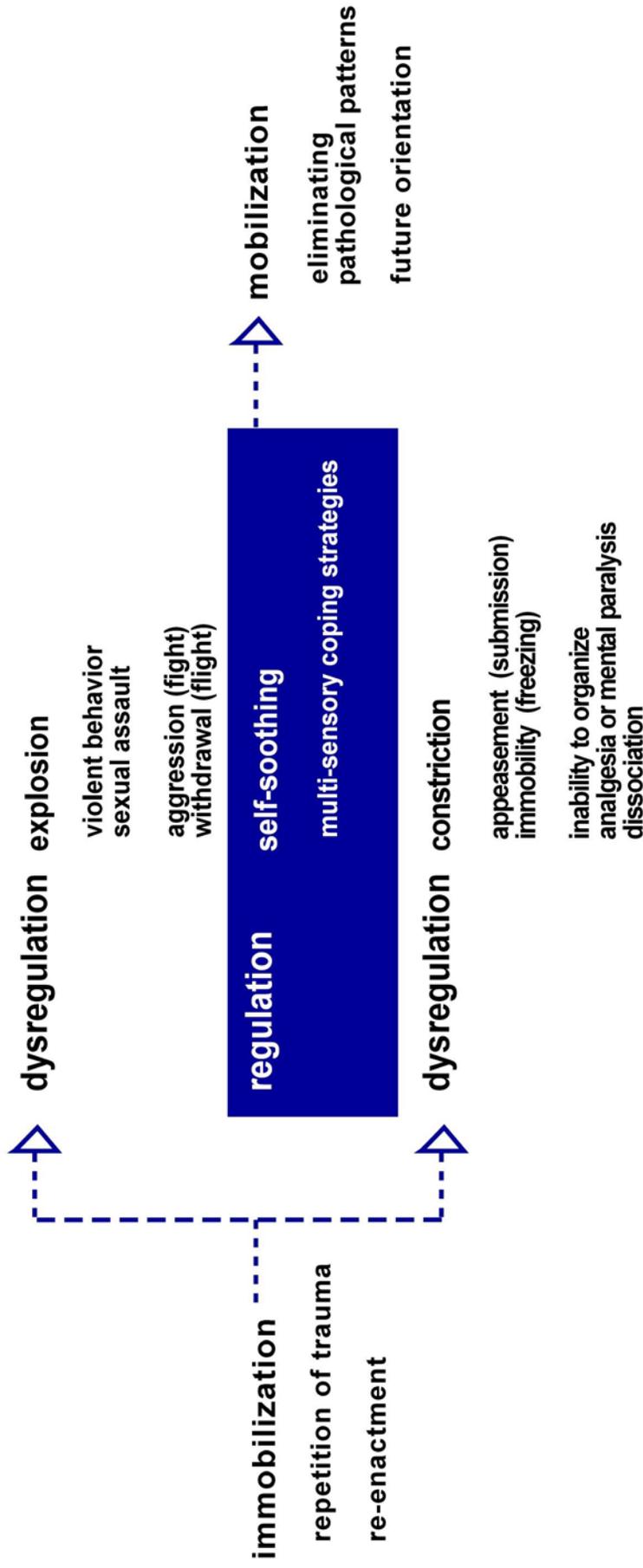
Opportunities for Skill Building:

Integration of Family, School and Community Efforts:

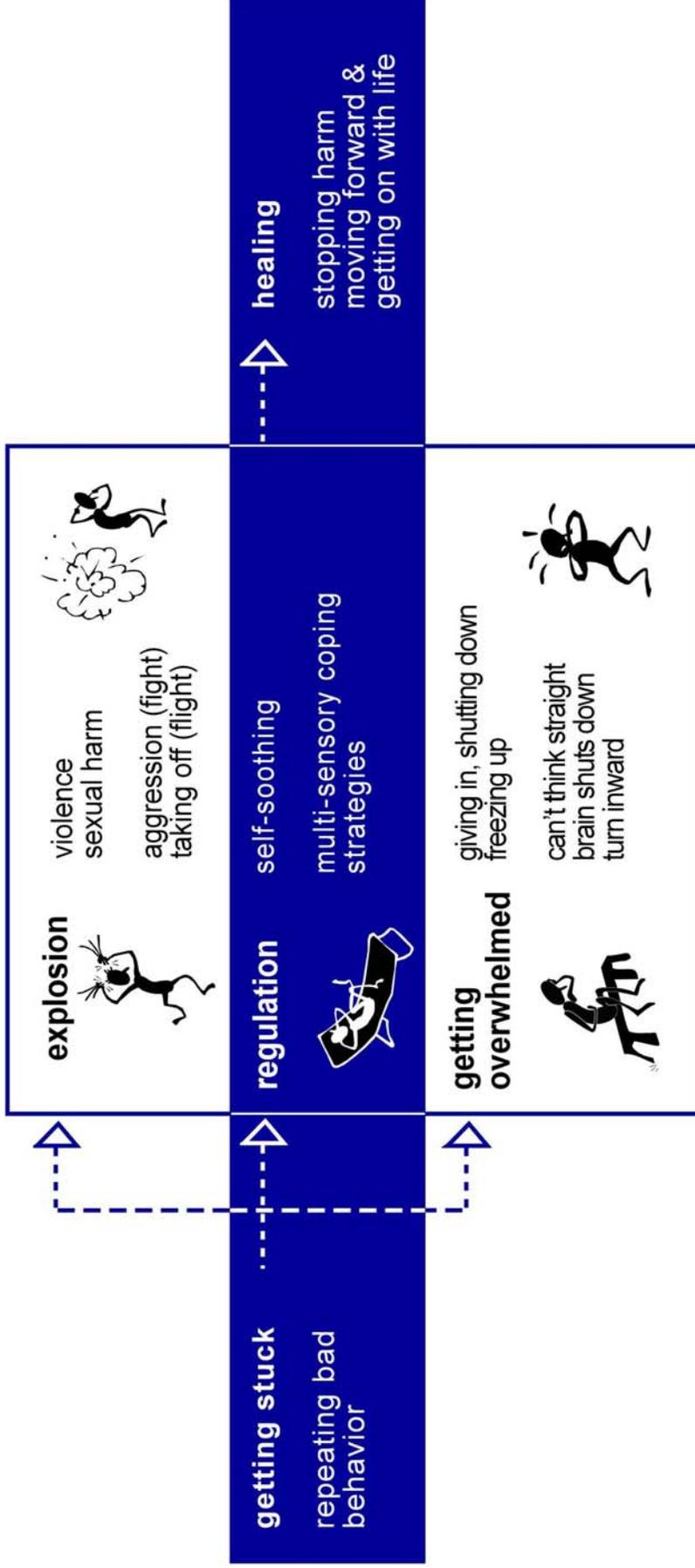
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\* National Research Council and Institute of Medicine (2001, November 1). *Community programs to promote youth development*. Committee on Community-Level Programs for Youth. Washington, DC: National Academy Press.

# disturbance of arousal



# getting upset & feeling out of control



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## -----References

- Allen, D. (2001). *Getting things done: The art of stress-free productivity*. New York: NY: Penguin.
- Allender, D. (1990). *The Wounded Heart: Hope for adult victims of childhood sexual abuse*. NavPress.com.
- Applegate, J. S. & Shapiro, J. R. (2005). *Neurobiology for clinical social work: Theory and practice*. New York: W. W. Norton.
- Association for the Treatment of Sexual Abusers (ATSA). (March 11, 2000). The effective legal management of juveniles sex offenders. Retrieved from <http://www.atsa.com/ppjuvenile.html>.
- Bandura, A. (1985). *Social foundations of thought and action: a social cognitive theory*. NJ: Prentice-Hall.
- Barbaree, H. & Langston, C. (2006). The effects of child sexual abuse and family environment. In Barbaree, H. & Marshall, W. (Eds.). *The juvenile sex offender*. (pp. 58-76). New York: The Guildford Press.
- Baumeister, R., DeWall, C., Ciarocco, N., & Twenge, J. (2005). Social exclusion impairs self-regulation. *Journal of personality and social psychology*, 88, 589-604.
- Baumeister, R. F. & Vohs, K.D. (2004). *Handbook of self-regulation: Research, theory, and applications*. New York: The Guilford Press.
- Becvar, D. S. & Becvar, R. J. (1988) *Family Therapy: A systemic integration*. Boston, MA: Allyn and Bacon.
- Bill, B. & Schladale, J. (2008) Helping youth with developmental disabilities stop sexual harm. Manuscript submitted for publication.
- Bird, G., Stith, S., & Schladale, J. (1991). Psychological resources, coping strategies, and negotiation styles as discriminators of violence in dating relationships. *Family Relations*, 40, 45–50.
- Borduin, C., & Schaeffer, C. (2001). Multisystemic treatment of adolescent sexual offenders: A progress report. *Journal of Psychology & Human Sexuality*, 13:3/4, 25–42.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.
- Bremer, J. (2006). Protective factors scale: Determining the level of intervention for youth with harming sexual behavior. In D. Prescott (Ed.), *Risk assessment of youth who have sexually abused* (pp. 195–221). Oklahoma City, OK: Wood 'N' Barnes Publishing and Distribution.
- Brier, J. & Scott, C. (2006). *Principles of trauma therapy: a guide to symptoms, evaluation, and treatment*. Thousand Oaks, CA: Sage Publications.
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32, 513–531.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.
- Brown, S., & Schwartz, C. (2006). Promoting healthy sexuality in sexually abusive youth. In R. Longo, & D. Prescott (Eds.), *Current perspective: Working with sexually aggressive youth and youth with sexual behavior problems*. (pp. 193-214). Holyoke, MA: NEARI Press.
- Burn, S. (1996). *The Social Psychology of Gender*. New York: McGraw-Hill.
- Burns B., & Hoagwood, K. (2002). *Community treatment for youth: Evidence-based interventions for severe emotional and behavioral disorders (innovations in practice and service delivery with vulnerable populations)*. New York: Oxford University Press.
- Burton, J., Rasmussen, L., Bradshaw, J., Christopherson, B., & Huke, S. (1998). *Treating children with sexually abusive behavior problems*. New York: Haworth Press.
- CARF: The Rehabilitation Accreditation Commission (2001). *Behavioral Health Standards Manual*. Tucson, AZ: The Commission on Accreditation of Rehabilitation Facilities.

- Center for Sex Offender Management (CSOM) (December 1999). Understanding juvenile sexual offending behavior: Emerging approaches and management practices. Retrieved June 3, 2006, from [www.csom.org](http://www.csom.org).
- Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado at Boulder. Blueprints for violence prevention, Retrieved June 4, 2006, from <http://www.colorado.edu/cspv/blueprints>.
- Chaffin, M. (2006). Can we develop evidenced-based practice with adolescent sex offenders? In R. Longo & D. Prescott (Eds.), *Current perspective: Working with sexually aggressive youth and youth with sexual behavior problems*. (pp. 661-681). Holyoke, MA: NEARI Press.
- Chaffin, M., Bonner, B., & Pierce, K. (2003). *NCSBY Fact Sheet: What research shows about adolescent sex offenders*. Oklahoma City, OK: Center on Child Abuse and Neglect, University of Oklahoma Health Sciences Center.
- Cohen, J., Mannarino, A.P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. New York, NY: Guilford.
- Cole, M. (1998). Can cultural psychology help us think about diversity? *Mind, Culture, and Activity*, 5 (4), 291-304.
- Covey, S. (1998). *The 7 habits of highly effective teens*. New York, NY: Fireside.
- Covey, S. (1990) *The 7 habits of highly effective people*. New York, NY: Simon and Schuster.
- Creeden, K. (2004). Integrating trauma and attachment research in the treatment of sexually abusive youth. In M. C. Calder (Ed.), *Children and young people who sexually abuse: New theory, research, and practice developments*. Lyme Regis, Dorset, UK: Russell House Publishing.
- Creeden, K. (2006). Neurological impact of trauma and implications. In R. Longo, & D. Prescott (Eds.) *Current perspective: Working with sexually aggressive youth and youth with sexual behavior problems*. (pp. 395-418). Holyoke, MA: NEARI Press.
- Dishion, T., McCord, J., & Poulin, F. (1999). When interventions harm: Peer groups and problem behavior. *American Psychologist*, 54 (9), 755-764.
- Dodge, K. Pettit, G., & Bates, J. (1997). How the experience of early physical abuse leads children to become aggressive. In D.T. Cicchetti (Ed.), *Rochester symposium on developmental psychology*, 263 Rochester: Rochester University Press. (P.277).
- Durrant, M. (1993). *Residential treatment*. New York: W.W. Norton.
- Evans, M. E., Dollard, N., & McNulty, T. L. (1992). Characteristics of seriously emotionally disturbed youth with and without substance abuse in intensive case management. *Journal of Child and Family Studies*, 1, 305-314.
- Federation of Families for Children's Mental Health (July 1995). Principles of family involvement in the development and operation of managed health and mental health care systems for children and youth. Alexandria, VA: Author.
- Ferber, T., Pittman, K. with Marshall, T. (2002) *Helping all youth to grow up fully prepared and fully engaged*. Takoma Park, MD: The Forum for Youth Investment.
- Figly, C. (Ed.) (1995). Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized. An overview. 1-20. New York: Brunner/Mazel.
- Ford, J., Chapman, J., Hawke, J., & Albert, D. (2007). Trauma among youth in the juvenile justice system: Critical issues and new directions. *National Center for Mental Health and Juvenile Justice Research and Program Brief*. Retrieved February 2, 2008, from <http://www.ncmhjj.com>.
- Friedrich, W. & Sim, L. (2006). Attachment styles and sexual abuse. In R. Longo, & D. Prescott (Eds.) *Current perspective: Working with sexually aggressive youth and youth with sexual behavior problems*. (pp. 395-418). Holyoke, MA: NEARI Press.
- Garber, J., & Dodge, K. A. (1991). *The development of emotion regulation and dysregulation*. Cambridge, UK: Cambridge University Press.
- Gray, A. (1989). *New concepts in sexual abuse recovery: Healing the effects of trauma*. Paper presented at the Fourth Annual Training Conference on the Treatment of Juvenile Sex Offenders, Salt Lake City, Utah.

- Groves, B. (2002). *Children who see too much*. Boston, MA: Beacon Press.
- Henderson, N., Benard, B., & Sharp-Light, N. (Eds.) (1996). *Resiliency in action: Practical ideas for overcoming risks and building strength in youth, families and communities*. Retrieved from [www.resiliency.com](http://www.resiliency.com).
- Henggeler, S., Schoenwald, S., Borduin, C., Rowland, M., & Cunningham, P. (1998). *Multisystemic treatment of antisocial behavior in children and adolescents*. New York: The Guilford Press.
- Herman, J. L. (1992). *Trauma and Recovery*. New York, NY: Basic Books.
- Hoffman, L. (1981). *Foundations of family therapy*. New York: Basic Books.
- Hubble, M., Duncan, B., & Miller, S. (1999). *The heart and soul of change*. Washington, DC: American Psychological Association.
- Hunter, J., Gilbertson, S., Vedros, D., & Morton, M. (2004). Strengthening community-based programming for juvenile sexual offenders: Key concepts and paradigm shifts. *Child Maltreatment*, 9: 2.
- Hunter, J., & Chaffin, M. (2005). *NCSBY Bulletin: Ethical issues in the assessment and treatment of adolescent sex offenders*. Oklahoma City, OK: Center on Child Abuse and Neglect, University of Oklahoma Health Sciences Center.
- Jenkins, A. (1990). *Invitations to responsibility: The therapeutic engagement of men who are violent and abusive*. Adelaide, South Australia: Dulwich Centre Publications.
- Jenkins, A. (1994). Therapy for abuse, or therapy as abuse. *Dulwich Centre Newsletter* 1, 11–19.
- Kagan, R. (2004) *Rebuilding attachments with traumatized children*. New York: The Haworth Maltreatment and Trauma Press.
- Kagan, R. & Schlosberg, S. (1989) *Families in perpetual crisis*. New York: W.W.Norton.
- Kauffman Foundation Best Practices Project (2004). *Closing the quality chasm in child abuse treatment: Identifying and disseminating best practices*. Retrieved January 28, 2007 from [www.capacitybuilding.net](http://www.capacitybuilding.net).
- Kinniburgh, K. M. & Blaustein, M. E. (2005). *Attachment, self-regulation, & competency: a comprehensive framework for intervention with complexly traumatized youth*. Brookline, MA: [www.traumacenter.org](http://www.traumacenter.org)
- Kobayashi, J., Sales, B., Becker, J., Figueredo, A., & Kaplan, M. (1995). Perceived parental deviance, parent-child bonding, child abuse, and child sexual aggression. *Sexual Abuse: A Journal of Research and Treatment*, 7 (1), 25–43.
- Kurki, L. (1999). Incorporating restorative and community justice into American sentencing and corrections. In *Sentencing and Corrections: Issues for the 21<sup>st</sup> Century*. Washington, D.C.: US Department of Justice, National Institute of Justice.
- Laursen, E. K., & Brasler, P. (2002). Is harm reduction a viable choice for kids enchanted with drugs? *Reclaiming Children and Youth*, 11 (3), 181-183.
- Levine, P. (1997). *Waking the tiger: Healing trauma*. Berkeley, CA: North Atlantic Books.
- Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford.
- Martinson, F. (1997). Sexual development in infancy and childhood. In G. Ryan & S. Lane (Eds.), *Juvenile sexual offending: Causes, consequences, and correction*. San Francisco, CA: Jossey Bass.
- McMackin, R., Leisen, M., Cusack, J., LaFratta, J., & Litwin, P. (2002). The relationship of trauma exposure to sex offending behavior among male juvenile offenders. *Journal of Child Sexual Abuse*, 11 (2), 25–40.
- Miccio-Fonseca, L.C., & Rasmussen, L.A. (2006) *Implementing MEGA, a new tool for assessing risk of concern for sexually abusive behavior in youth ages 19 and under: An empirically guided paradigm for risk assessment: Revised version*. Online article on the website of the California Coalition on Sexual Offending. Retrieved November 28, 2006, from <http://www.ccoso.org>.
- Miller, A. I., Rathus, J. H., & Linehan, M. M. (2007). *Dialectical behavior therapy with suicidal adolescents*. New York, NY: Guilford.
- Miller, W. & Rollnick, W. (2002). *Motivational Interviewing*. New York: The Guilford Press.

- Morrison, T. (2006). Building a holistic approach in the treatment of young people who sexually abuse. In R. Longo & D. Prescott (Eds.), *Current perspective: Working with sexually aggressive youth and youth with sexual behavior problems*. Holyoke, MA: NEARI Press.
- Murdock, M. (1987). *Spinning inward: Using guided imagery for children for learning, creativity and relaxation*. Boston, MA: Shambhala Publications, Inc.
- National Research Council and Institute of Medicine (2001, November 1). *Community programs to promote youth development*. Committee on Community-Level Programs for Youth. Washington, DC: National Academy Press.
- Office of the Surgeon General (2001). Youth violence: A report of the surgeon general. Retrieved January 27, 2007 from [www.surgeongeneral.gov](http://www.surgeongeneral.gov).
- Pollack, W. (1998). *Real boys*. New York: Henry Holt & Company.
- Prescott, D. (2006). *Risk assessment of youth who have sexually abused*. Oklahoma City, OK: Wood'N'Barnes Publishing and Distribution.
- Puzzanchera, C. (2000). *OJJDP fact sheet: Court placements of adjudicated youth, 1988–1997* (No 15). Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- Quinn, K. P., & Epstein, M. H. (1998). Characteristics of children, youth, and families served by local interagency systems of care. In M. H. Epstein, K. Kutash, & A. Duchnowski (Eds.), *Outcomes for children and youth with behavioral and emotional disorders and their families* (pp. 81–114). Austin, TX: Pro-Ed.
- Rasmussen, L. A. (1999). The Trauma Outcome Process: An integrated model for clinical practice with children with sexually abusive behavior problems. *Journal of Child Sexual Abuse, 8*(4), 3-33.
- Rasmussen, L. A. (2001). Integrating cognitive-behavioral and expressive therapy interventions: Applying the Trauma Outcome Process in treating children with sexually abusive behavior problems. *Journal of Child Sexual Abuse, 10*(4).1-29.
- Rasmussen, L. A. (2002). An integrated systemic approach to intervention with children with sexually abusive behavior problems. In M. Calder (Ed.), *Young people who sexually abuse: Building the evidence base for your practice*. United Kingdom: RHP Publications.
- Rasmussen, L. A. (2004). Differentiating youth with sexual behavior problems: Applying a multidimensional framework when assessing and treating subtypes. *Journal of Child Sexual Abuse, 13*(3/4), 57-82. Published simultaneously in: R. Geffner, K. C. Franey, T. G. Arnold, & R. Falconer (Eds.). *Identifying and treating youth who sexually offend: Current approaches, techniques, and research*. New York: Haworth.
- Rasmussen, L., Burton, J., & Christopherson, B. (1992). Precursors to offending and the trauma outcome process in sexually reactive children. *Journal of child sexual abuse, 1* (1), 33-48.
- Rothschild, B. (2000). *The Body remembers: The psychophysiology of trauma and trauma treatment*. New York: W.W.Norton.
- Ryan, G. (2005). Preventing violence and trauma in the next generation. *Journal of Interpersonal Violence, 20*, 1, 1–10.
- Ryan, G. & Lane, S. (1997). *Juvenile sexual offending*. San Fransisco: Jossey-Bass Publishers.
- Saunders, B., Berliner, L., & Hanson, R. (Eds.). (2004). *Child physical and sexual abuse; Guidelines for treatment (revised report: April 26, 2004)*. Charleston, SC: National Crime Victims Research and Treatment Center
- Schladale, J. (2002). *The T.O.P.\* workbook for taming violence and sexual aggression*. Freeport, ME: Resources for Resolving Violence.
- Schladale, J. (2006). Family matters: The importance of engaging families in treatment with youth who have caused sexual harm. In R. Longo & D. Prescott (Eds.), *Current perspective: Working with sexually aggressive youth and youth with sexual behavior problems*. Holyoke, MA: NEARI Press.
- Schladale, J. (2007). Family reconciliation and reunification with youth who have caused sexual harm. In D. Prescott (Ed.), *Applying knowledge to practice: Challenges in the treatment and supervision of sexual abusers*.

- Schladale, J., Langan, T., Barnett, P., Nunez, J., Fredricks, K., Moylan-Trigiani, J., & Brown, D. (2006). Community based standards for responding to sexual harm by youth. Resourcesforresolvingviolence.com.
- Schmitz, C. (1995). *Fighting invisible tigers: a stress management guide for teens*. Minneapolis, MN: Free Spirit Publishing.
- Schore, A. (2003). *Affect regulation and the repair of the self*. New York: W.W. Norton & Company.
- Siegel, D. (1999). *The Developing mind: How relationships and the brain interact to shape who we are*. New York: The Guilford Press.
- Stien, P. & Kendall, J. (2004). *Psychological trauma and the developing brain*. New York: The Haworth Press.
- Stroul, B., & Friedman, R. (1986). *A system of care for severely emotionally disturbed children and youth*. Washington, D C: Georgetown University Development Center.
- Szalavitz, M. (2006). *Help at any cost: How the troubled-teen industry cons parents and hurts kids*. New York: Riverhead Books.
- Taylor, D., & Alpert, S. (1973). *Continuity and support following residential treatment*. New York: Child Welfare League.
- Thornton, T., Craft, C., Dahlberg, L., Lynch, B., & Baer, K. (rev. ed., 2002). *Best practices of youth violence prevention: A sourcebook for community action*. Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- Torbet, P. & Thomas, D. (2005). *Advancing Competency Development: A White Paper for Pennsylvania*. Pittsburgh, PA: National Center for Juvenile Justice.
- van der Kolk, B. (1994). The body keeps the score. *Harvard Review of Psychiatry*, 1, 253-265.
- Van der Kolk, B. (1997). The physiobiology of posttraumatic stress disorder. *Journal of clinical psychiatry*, 58, 16-24.
- van der Kolk, B. (2004). *Frontiers of Trauma Research*. Cape Cod Institute, MA: July 12–16. Conference Presentation.
- Wexler, D. B. (1991). *The adolescent self: strategies for self-management, self-soothing, and self-esteem in adolescents*. New York, NY: W. W. Norton & Company.
- White, M. (2007). *Maps of narrative practice*. New York: W.W. Norton.
- White, M. & Epstein, D. (1990). *Narrative means to therapeutic ends*. New York: W.W. Norton,
- World Health Organization (2007). *Sexual health: Working definitions*. Retrieved January 13, 2007, from [www.who.int/reproductive-health/gender/sexual-health.html](http://www.who.int/reproductive-health/gender/sexual-health.html).
- Zehr, H. (2002). *The little book of restorative justice*. Intercourse, PA: Good Books.

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