PARTICIPANT'S MANUAL

LIFE SPACE CRISIS INTERVENTION CERTIFICATION TRAINING

LIFE SPACE CRISIS INTERVENTION
Turning Problem Situations into Learning Opportunities

www.lsci.org

LIFE SPACE CRISIS INTERVENTION

Certification Training

Participant's Manual

LIFE SPACE CRISIS INTERVENTION
Turning Problem Situations into Learning Opportunities

Dear Training Participant,

Welcome to Life Space Crisis Intervention training!

You are about to participate in a training experience unlike most others. The techniques used in delivering the skills of LSCI have been developed over decades of experience and practice with professionals across the United States, Canada, Europe, and Australia. You will be challenged and supported, and by the end of the program, you will have gained a practical & highly-effective set of skills that will serve you well in your work with people who exhibit challenging behaviors.

Please visit us online at www.lsci.org for additional information, resources, articles, and research studies based on the advanced skills of Life Space Crisis Intervention.

We hope you enjoy the training!

-Dr. Frank A. Fecser
-Signe Whitson

GETTING STARTED

Welcome to Life Space Crisis Intervention!
Your Trainers are:

Name Contact Information

_____

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ABOUT THIS CURRICULUM

LSCI Certification Training is for professionals interested in turning problem situations into learning opportunities for people who exhibit chronic patterns of self-defeating behavior. Any professionals in direct contact with troubled people will gain from the advanced intervention skills offered in this course. It is particularly useful when team members are trained together.
Certification in LSCI includes:

- Real life video sequences
- Instructor-led modeling of intervention skills
- Structured and small group activities
- Realistic role-play activities
- The text *Life Space Crisis Intervention: Talking with Students in Conflict, 3rd ed.*
- A comprehensive manual covering the training and techniques
- An understanding of how LSCI training will benefit their staff and people in distress, while complementing current behavior management programs.

Upon successful completion of the training, participants receive a Certificate of Competency in Life Space Crisis Intervention from the LSCI Institute.

The Participant's manual is dedicated to Dr. Nicholas Long, LSCI Institute Founder.

The LSCI curriculum is strength-based, emphasizing resiliency and the ability to overcome adversity. It contains gender-neutral language to avoid bias towards a particular sex or social gender. Person first language is used to eliminate generalizations, assumptions and stereotypes by focusing on the person rather than their challenges.

Life Space Crisis Intervention

Certification Course Requirements

Life Space Crisis Intervention is an international certification course. The following are the requirements to receive certification:

1. Attendance and active participation at all **SESSIONS** from start to end time.
   - ✓ If you are late or leave early, an assignment of the missed material will be given. Please send the assignment to the LSCI instructor before the next class.
   - ✓ If you miss most of the morning or afternoon, you will need to repeat the missed session (morning or afternoon). Please email your instructor if you have an emergency.

2. Demonstrate knowledge of the six LSCI Interventions by:
   - ✓ passing a practical exam to demonstrate your ability to carry out an intervention. This will be done at the last session.

Life Space Crisis Intervention Certification Course
Readings for the Certification Program
Text; *Life Space Crisis Intervention: Talking with Students in Conflict Nicholas J. Long, Mary M. Wood, Frank A. Fecser & Signe Whitson*

	Text	**Manual**
Day One	Preface Chapters 1-5	The Foundations of LSCI
Day Two	Chapters 6-10	The Foundations of LSCI The Red Flag Intervention
Day Three	Chapters 11-13	The Reality Check Intervention The New Tools Intervention The Benign Confrontation Intervention
Day Four	Chapters 14-15	The Regulate & Restore Intervnetion The Peer Exploitation Intervention
Day Five	Practice, Practice *Part 3: Read post-certification*	*Review & Demonstration of Skills*

Note: Each session has readings in the text and manual which should be studied *before* the next session. The information in the text provides the background knowledge to offer further depth to the lectures and activities.

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LIFE SPACE CRISIS INTERVENTION
Turning Problem Situations into Learning Opportunities

1. INTRODUCTION

Life Space Crisis Intervention - A therapeutic skill that enables us to make the best out of a stressful incident when we get the worst of it.

The problems people cause are not the causes of their problems. **Dr. Nicholas Long**

Personal Crisis: Anything that overloads a person's ability to cope

Improved

Unchanged

Worse

Improved

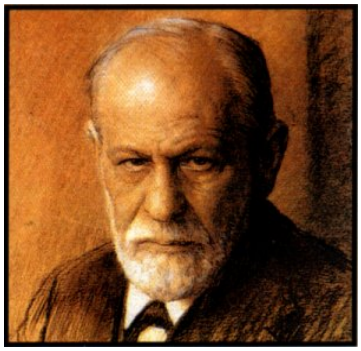
If managed well, crisis can become an opportunity for positive change.

LSCI can help staff take a bad situation and make something good of it.

LSCI can help the person in crisis and the staff build a relationship based on trust which leads to changes in perceptions, thoughts, feelings, and behaviors

The skills of Life Space Crisis Intervention are important because crises or conflict are not by appointments.

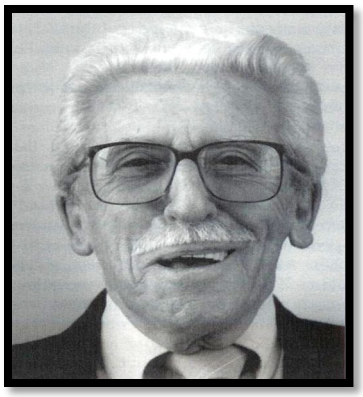
2. HISTORY OF LSCI AND KEY CONTRIBUTORS



Sigmund Freud

Anna Freud

Fritz Redl



David Wineman

William Morse

Dr. Nicholas Long

3. REQUIREMENTS OF THE TRAINING

- *Part 1: Foundations of LSCI*
- *Part 2: The LSCI Interventions*
- *Optional Graduate Credit from Augustana University (Extra assignment required)*
- Fill out *Pre-Survey and Post-Survey* (online or in Appendix)
- Agree to *Course Requirements*
    - *Attendance* (all sessions)
    - *Role-Play Test* on last session
- Prepare for each class: *Readings,* p. 4
- Questions and Concerns
- Select *Group Leaders* in morning and afternoon—the afternoon group leader obtains end-of-day feedback from group

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4. THE SIX LSCI INTERVENTIONS AND SIX STAGES OF LSCI

The Six LSCI Interventions	
Red Flag: *Imported Problems*	**Benign Confrontation:** *Justifying Harmful Behavior*
Reality Check: *Errors in Perception*	**Regulate & Restore:** *Behavior Driven by Guilt*
New Tools: Inadequate *Social-Emotional Skills*	**Peer Manipulation:** *Exploitation of Peers*

Red Flag

Stress in a person's life space is carried to another setting where it sparks conflict
Central Issue: Displacement

Reality Check

Distorted perceptions and thinking errors lead to chronic emotional and behavioral problems
Central Issue: Errors in perception

New Tools

Problems are caused by an inadequacy in social skills and self-management competencies
Central Issue: Right attitude; wrong behavior

Benign Confrontation

Person may be comfortable with aggressive or threatening behavior and show little concern over harming others
Central Issue: Displays no guilt, assumes role of victim, no desire to change

Regulate & Restore

Impulsivity and/or feelings of worthlessness, guilt and lack of self-respect result in self-destructive acting-out
Central Issue: Guilt and self-punishment

Peer Manipulation

Person entangled in destructive peer relationships are vulnerable to manipulation
Central Issue: Peer exploitation

Cognitive Map of the Six Stages of LSCI

Stage 1: Drain Off Staff *de-escalating skills* to drain off the person's intense feelings while controlling one's counter-aggressive reactions	Diagnostic Stages
Stage 2: Timeline Staff *relationship skills* to obtain and validate the person's perception of the crisis	
Stage 3: Central Issue Staff *diagnostic skills* to determine if the crisis represents one of the six LSCI patterns of self-defeating behavior	
Stage 4: Insight Staff *clinical skills* to pursue the person's specific pattern of self-defeating behavior for personal insight and accountability	Reclaiming Stages
Stage 5: New Skills Staff *empowering skills* to teach the person in crisis new social skills to overcome the person's pattern of self-defeating behavior	
Stage 6: Transfer of Learning Staff *consultation and contracting skills* to help the person in crisis re-enter the activity and to reinforce and generalize new social skills	

5. COURSE OBJECTIVES

You will learn:

1. The primary importance of forming positive relationships with people
2. The differences in psychological worlds between helping staff and people in crisis
3. How the brain responds to stress and trauma
4. The stages of child development
5. Unconscious forces that protect us from overwhelming stress
6. The importance of learning how to express feelings through language
7. How perceptions and thoughts impact feelings and behavior
8. The Conflict Cycle™
9. Five skills of effective listening
10. Skills to Drain Off intense emotions
11. A model to ask questions to determine the Timeline
12. Six stages of the LSCI, tailored to six common self-defeating patterns of behavior

6. THE IMPORTANCE OF POSITIVE RELATIONSHIPS

6. THE IMPORTANCE OF POSITIVE RELATIONSHIPS

"The single most common factor for people who develop resilience
is at least one stable and committed relationship
with a supportive parent, caregiver, or other adult.
These relationships provide the
personalized responsiveness, scaffolding, and protection
that buffer people from developmental disruption.
They also build key capacities—
such as the ability to…regulate behavior—
that enable people to respond adaptively to adversity and thrive."
(Center on the Developing Child, Harvard University)

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Activity: Adult Influences

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How do you want to be remembered by a person in crisis?

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Therapeutic Power of Kindness

Kindness gives meaning to our lives
and makes the lives of others more hopeful and satisfying.
Acts of staff kindness are essential to the success of any therapeutic program
and are the fundamental reason why people in crisis learn
to develop trusting relationships with others.
Kindness is the emotional coat
that we wrap around a person in crisis
to provide human warmth and hope.

Dr. Nicholas Long

- They will not remember what we said.
- They will not even remember what we did.
- But they will never forget how we made them feel.

Summary:

1. LSCI is a verbal strategy that helps staff work with people in crisis to build a trusting relationship which leads to real changes in overcoming self-defeating patterns and learning to make better choices in life.
2. LSCI is a psycho-educational strategy that traces its roots to the work of Bill Morse, David Wineman, Fritz Redl and even Anna Freud.
3. LSCI views crisis as an opportunity for a person in crisis to gain insight into behavior and move toward positive behavioral change.
4. The skills of LSCI can be used to address six of the most common patterns of self-defeating behavior.

7. DIFFERENCES IN PSYCHOLOGICAL WORLDS

PEOPLE IN STRESS & HELPING STAFF

7. THE DIFFERENCES IN PSYCHOLOGICAL WORLDS

	People in Stress- Reaction:	Helpful Adult- Reaction:
Perceptions	Concrete One-dimensional	Diverse Multi-dimensional
Thoughts	Illogical Irrational Cognitive Traps	Logical Cognitively-Based
Feelings	Flooded Explosive	Accepts & controls
Behaviors	Does not accept responsibility for behavior	Accepts responsibility for behavior

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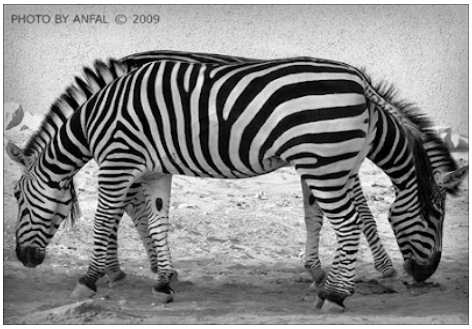

What can these images teach us about how to approach a person under stress?

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"Put yourself in the psychological shoes of the person in crisis." Dr. Fritz Redl

Summary:

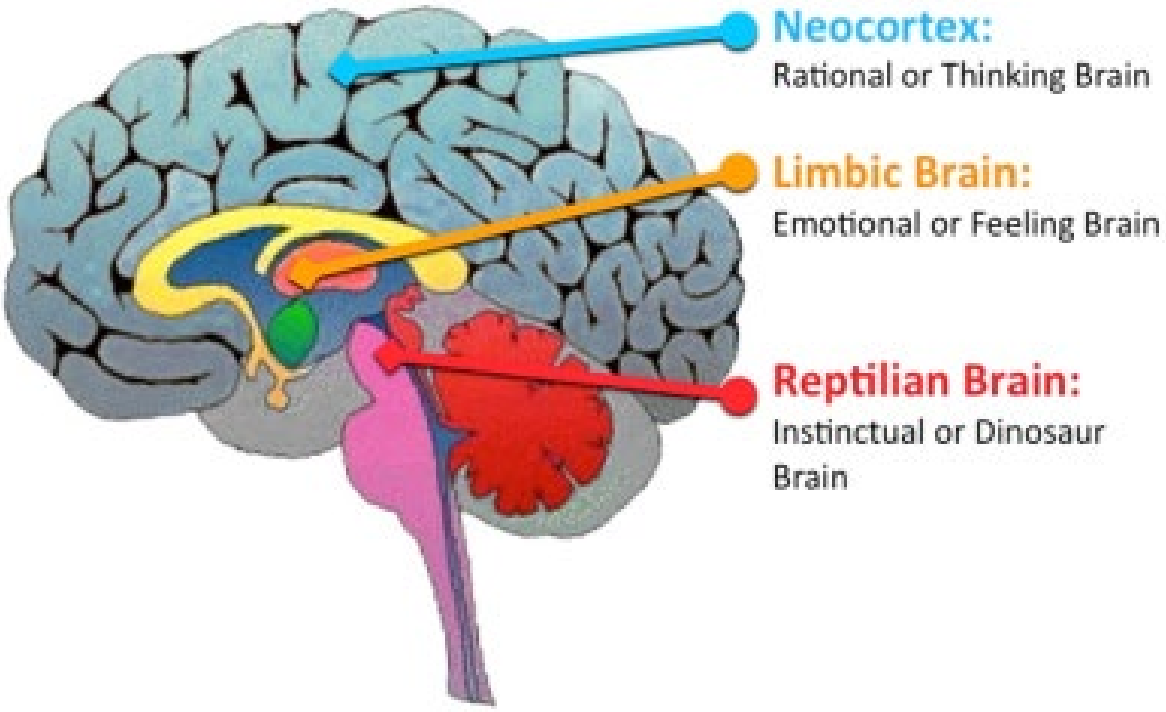
1. LSCI takes into account key differences in the psychological worlds of helping staff and people in stress.
2. People are often concrete in their perceptions. Under stress, they have difficulty considering things from alternate points of view.
3. In stressful situations, a person's thinking may become illogical. LSCI helps people challenge their irrational beliefs and illogical thinking.
4. In a crisis, people can become explosive and flooded by their feelings. Helping staff can show people how to accept and control overwhelming emotions.
5. For some people, accepting responsibility for behavior is like admitting failure. It is a painful process and one that benefits from staff support.

8. THE BRAIN:
STRESS & MEMORY

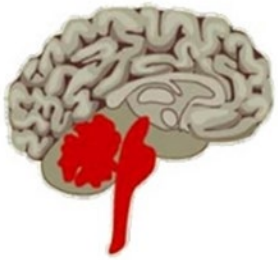
8. THE BRAIN, STRESS & MEMORY

The Triune Brain

Paul D. MacLean

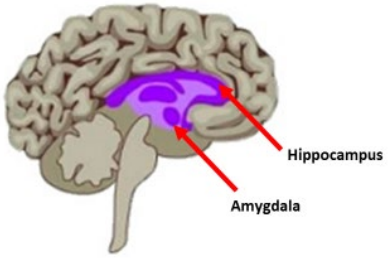


Brain Stem



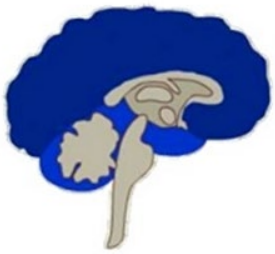
Survival Functions – State Memories

Limbic System



Emotional and Sensory Memories

Neocortex



Rational Brain

Four Types of Stress

Developmental Stress

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Physical Stress

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Psychological Stress

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Reality Stress

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Time Stamp

When stressful and traumatic events occur, the memories of those events are stored in a part of the brain, the **limbic system**, where **there's no language.** If there is no language, then there's **no ability to time stamp** and effectively process the event.

Video Viewing Guide: *Dr. Daniel Siegel's Hand Brain Model*

- What are your noticings, wonderings and take-aways?

  _____
  _____
  _____

- Why is this important for this course?

  _____
  _____
  _____

Effects of Toxic Stress & Trauma on Brain Development in Early Childhood

- The brain's stress response can become hyper-sensitized when it is repeatedly exposed to toxic stress and traumatic events such as chronic hunger, violence, separation from loved ones and emotional abuse and not given the support to recover.
- For boys, toxic stress and trauma more often looks like hyper-arousal: inability to focus, becoming angry quickly, or showing aggression.
- For girls, toxic stress and trauma more often presents as disassociation. In a school or treatment setting, this can look like shyness or zoning out.

(Dr. Bruce Perry)

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Summary:

1. The **brain stem** is responsible for survival functions, such as heart rate and respiration. "State" memories are stored in the brain stem and can be triggered during periods of stress (e.g., why your heart beats faster when you are nervous).
2. The **limbic system** is the emotion center of the brain. It plays the major role in the body's response to stress. "Sensory" memories are stored in the limbic system. This part of the brain has no language.
3. The limbic system houses the **amygdala**, which is responsible for the fight, flight, or freeze reaction.
4. The **neocortex** is the executive functioning center of the brain, where planning, problem-solving, reasoning, and abstract thought all take place. This is also the storage area for facts, figures, dates, numbers, etc.
5. The memories of a person who lives in chronic stress, or who has suffered trauma, are stored largely in the **limbic system**, where there is no language. Without language and the ability to "time stamp" a troubling event, the difficult memories are always live and playing in the background.
6. These people operate at a constantly high state of arousal—at **toxic stress levels**—and experience many events in their environment as safety threats and emotional triggers.
7. **The goal of LSCI is to bring language to emotion**—to interrupt repetitive trauma and crisis re-enactment patterns.

9. STAGES OF CHILD DEVELOPMENT

HOW OUR PERCEPTIONS ARE FORMED

9. STAGES OF CHILD DEVELOPMENT

Developmental Stage	Existential Question	Irrational Belief if Not Resolved
Abandonment (Birth to 2 years)	Is the world a safe place?	I can't trust anyone but myself— I'll do whatever it takes to meet my needs!
Inadequacy (3 to 5 years)	Can I measure up to my parents' expectations?	I'll never measure up, so why try?
Guilt (6 to 9 years)	Can I measure up to my own expectations?	I'm no good so I deserve to be punished!
Conflict (10 to 12 years)	Can I measure up to my peers' expectations?	I'm an outcast so screw them all!
Identity (13-18 years)	Do I have what it takes to be the kind of adult I want to be?	I don't have what it takes to make it; I'm lost!

Remember: Everyone goes through these developmental stressors. It's a normal, natural part of life. How young people progress through each of these stages shapes how they *perceive* the world, other people and themselves.

Developmental Anxieties & Stress

Positive Strategies to help youth successfully complete this stage

Developmental Anxieties & Stress

Stage 1: Abandonment (Ages Birth to 2 years)

Is the world a safe place?

Reality Stress	Physical Stress
Will someone care for me? *Will my basic needs be met?*	*Comforted, held, and kept warm, dry & full* *vs.* *Lacking nurturing touch, and left cold, wet, hungry*

Irrational Beliefs if Not Resolved

I can't trust anyone but myself—
I'll do whatever it takes to meet my needs!

Developmental Anxieties & Stress

Stage 2: Inadequacy (Ages 3 to 5 years)

Can I measure up to my parents' expectations?

Reality Stress	Physical Stress
I can't seem to do anything quite right.	*Complete dependence on caregivers for nutrition, rest, exercise, hygiene*

Irrational Beliefs if Not Resolved

I'll never measure up, so why try?

Developmental Anxieties & Stress

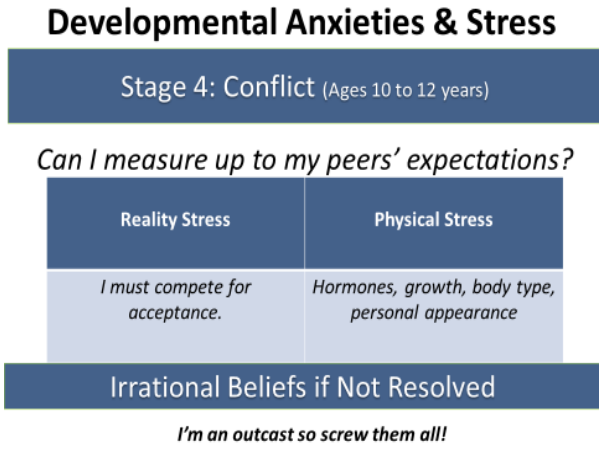
Stage 3: Guilt (Ages 6 to 9 years)

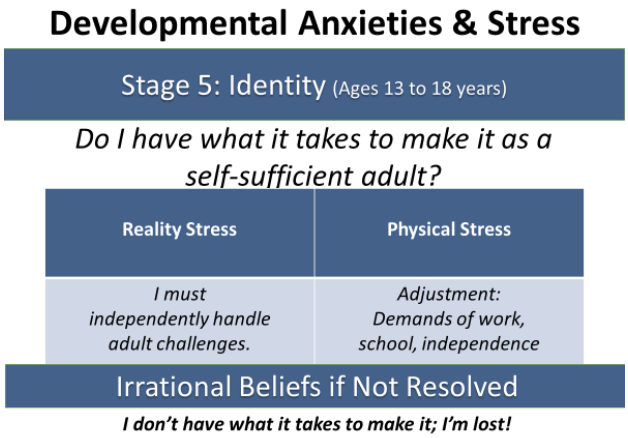
Can I measure up to my own expectations?

Reality Stress	Physical Stress
Compared to others, my weaknesses and failures become realities.	*Conforming to the demands of school: sitting still, managing bodily demands*

Irrational Beliefs if Not Resolved

I'm no good so I deserve to be punished!





Summary:

1. A child's perceptions and beliefs about the world are heavily influenced by how the existential questions of each developmental stage are resolved.
2. The perceptions a child forms from their earliest stages can become the operating principles that drive the way the child approaches life.
3.

Stage	**Existential Question**
1st-Abandonment (Birth-2 years)	Is the world a safe place?
2nd-Inadequacy (3-5 years)	Can I measure up to my parents' expectations?
3rd-Guilt (6-9 years)	Can I measure up to my own expectations?
4th-Conflict (10-12 years)	Can I measure up to my peers' expectations?
5th-Identity (13-18 years)	Do I have what it takes to make it as a self-sufficient adult?

10. HOW PEOPLE MANAGE INTENSE EMOTIONS UNDER STRESS

TYPES OF MEMORY

CHOICES IN MANAGING FEELINGS

DEFENSE MECHANISMS

10. HOW PEOPLE MANAGE INTENSE EMOTIONS UNDER STRESS

Types of Memory

Implicit Memory

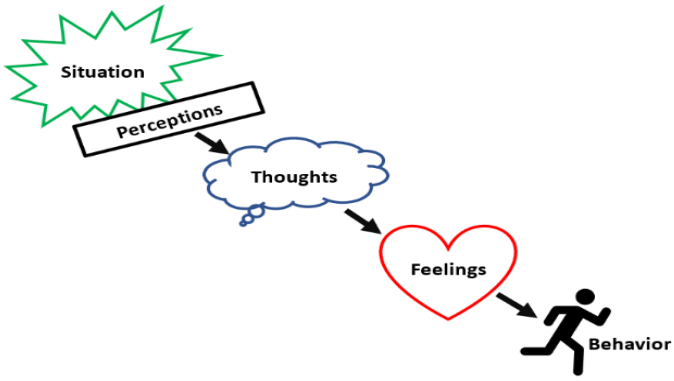
- Associated with stress and trauma
- Stored in the limbic system
- Sensory, not language-based

Explicit Memory

- Available to language
- We think about memories in words
- How we think about memories influences how we feel

We Have Choices in How Feelings Are Expressed

- Perceptions drive thoughts
- Thoughts drive feelings
- Feelings drive behaviors



Three Choices in Managing Personal Feelings

Act them out

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Deny and defend

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Accept and own

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Defense Mechanisms

Defense mechanisms are behaviors that are unconsciously used to protect a person from overwhelming stress and anxiety.

Seven Defense Mechanisms

- **Denial**
  - Denial
  - Rationalization
  - Projection
- **Substitution**
  - Displacement
  - Sublimation
- **Escape**
  - Conversion
  - Regression

Seven Defense Mechanisms to Know

Defense mechanism are also called mental mechanisms which are unconscious defensive behavior adjustments. We use mental mechanisms to compensate for an environmental lack, overcome insecurity, defend our pride, shift the blame from ourselves, provide a self-alibi, retreat from a problem "with honor" and to "save face." Despite nagging conscience, we justify our actions in some way or other. In all cases, we are defending against the inner self. The object is prevention of inner conflict and establishment of inner peace. Everyone uses defense mechanisms from time to time. They become a problem, however, when their repeated use shields us from eventually coming to terms with the true source of stress.

Denial	The ability to defend against painful feelings by not recognizing their sources.
Rationalization	A conscious effort to defend an action which has produced a feeling of guilt by coming up with a "good reason" for the behavior instead of facing the real reason.
Projection	Another form of alibi; attributing motive or blame to someone else or something; attributing one's own feelings to another. Often, a person can feel threatened by their own feelings, so they accuse others of having those same feelings.
Displacement	Transferring an emotional reaction to a substitute when it cannot be directed toward the one who caused it.
Sublimation	Changing the direction of one's drive toward a worthy and acceptable goal. An adolescent who wants to hurt someone when angry, takes it out on the basketball court. This mechanism lies behind many success stories.
Conversion	Transferring distress to a physical manifestation such as illness or "pain" (psychosomatic).
Regression	Retreating from one's responsibilities and problems by an attempt to return to the comfort of earlier years by engaging in behaviors reminiscent of those times (rocking, thumb sucking).

Summary:

1. **Implicit memory** is stored in the limbic system. It is the kind of memory associated with stress and trauma. Implicit memory is sensory, and not language-based.
2. **Explicit memories** are language-based. We can think about these memories in words and how we think about these memories leads to how we feel about them.
3. One of the goals of LSCI is to move "raw" memories and thoughts from the part of the brain that doesn't have language to the part of the brain that does, so that young people come to realize they have choices in the way they express their feelings.
4. We have three choices when it comes to expressing our feelings: We can act them out, deny and defend them, or accept and own them. Youths may use defense mechanisms as protection against stress and anxiety.

11. LANGUAGE & THINKING

COGNITIVE THEORY

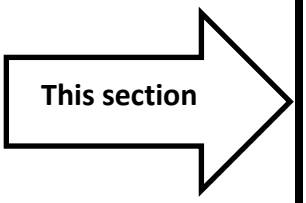
LIFE SPACE CRISIS INTERVENTION
Turning Problem Situations into Learning Opportunities

11. LANGUAGE & THINKING

Types of Memory

Implicit Memory

- Associated with stress and trauma
- Stored in the limbic system
- Sensory, not language-based



Explicit Memory

- Available to language
- We think about them in words
- How we think about them influences how we feel

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Cognitive Theory

- **Stream of Consciousness:** Continuous flow of observation and thought in the present.
- **Perceptual Set:** Tendency to perceive things in a certain way. Personal history shapes perceptions.
- **Active Self-Talk:** Conscious internal dialogue filtered by the Perceptual Set.

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Stream of Consciousness

- People may be wordless, but they are never thoughtless.
- They are flooded with "consciousness."
- People may become confused or silent as they sort through their many thoughts in search of an acceptable response.

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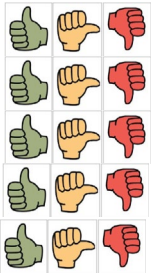
Perceptual Set

- Pre-disposed mindsets (beliefs based on personal experience) influence the stream of consciousness.
- All experiences are filtered through our Perceptual Set and shape our feelings about events:

Event	**Your feelings?**
Reading aloud	
Running a mile	
Doing a math problem	
Socializing during lunch	
Any everyday event	

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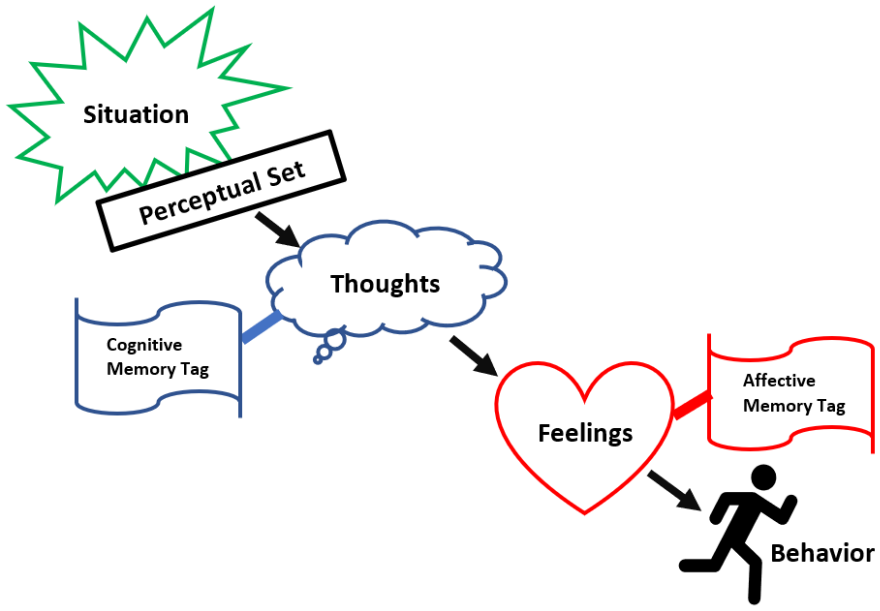

Each of us has a private Memory Bank. We create Personal Meaning with every experience.
Perceptual Set:

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Cognitive Memory Tags:

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Affective Memory Tags:

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Active Self-Talk

- Our Perceptual Set triggers an interpretation of an event and influences what we say to ourselves; our internal dialogue.
- Self-talk generates associated feelings; it's not the event which causes the feeling, it's how we think about it.
- Some self-talk is irrational.

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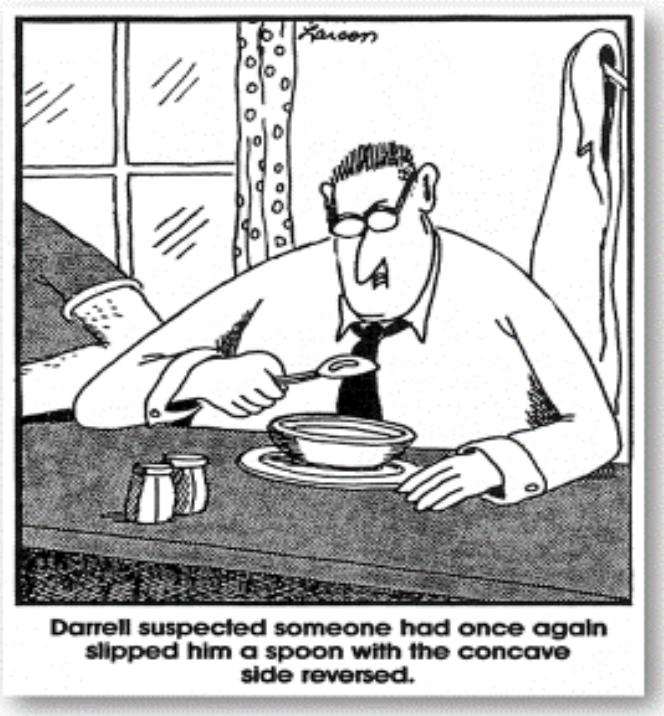


It's not the event which causes the feeling...

It's HOW you think about it.

Common Irrational Beliefs

1. I must be good at everything I do (otherwise, I am a failure).
2. Everyone must like me (otherwise, I am a loser).
3. If people do things I don't like, they are bad people (and they must be punished)!
4. Everything must go my way all the time (otherwise, I am unimportant).
5. I never have any control over what happens to me in my life (and therefore I am not responsible for my problems).
6. When something bad happens to me, I can never forget it (and I must think about it all the time).

Activity: Common Irrational Beliefs

Directions: Transform the following irrational beliefs to rational, realistic beliefs. Note the terms "must" and "should," or "always" and "never," which usually lead to irrational thinking.

1. I must be good at everything I do (otherwise, I am a failure). *Rational belief: I don't have to be good at everything I do. It's ok to make mistakes. (I am not a failure if I make mistakes).*
2. Everyone must like me (otherwise, I am a loser).
3. If people do things I don't like, they are bad people (and they must be punished)!
4. Everything must go my way all the time (otherwise, I am unimportant).
5. I never have any control over what happens to me in my life (and, therefore, I am not responsible for my problems).
6. When something bad happens to me, I can never forget it (and I must think about it all the time).

Cognitive Traps

Adapted from *The Good Feeling Handbook*

1. **MENTAL FILTER:** You pick out a single negative detail and dwell on it exclusively. One word of criticism erases all the praise you've received.

2. **DISCOUNTING THE POSITIVE:** You reject positive experiences by insisting they "don't count." If you do a good job, you tell yourself that anyone could have done as well.

3. **JUMPING TO CONCLUSIONS:** You interpret things negatively when there are no facts to support your conclusion. Two common variations are FORTUNE-TELLING (you infer that someone is reacting negatively to you) and MIND-READING (you assume and predict that things will turn out badly).

4. **EMOTIONAL REASONING:** You assume that your negative emotions reflect the way things really are: "I feel guilty so I must be a rotten person."

5. **"SHOULD" STATEMENTS:** You tell yourself that things should be the way you hoped or expected them to be. Many people try to motivate themselves with SHOULDS and SHOULDN'TS, as if they had to be punished before they could be expected to do anything.

Activity: Match the Cognitive Traps with the Following Statements

A. "I feel like a loser because I forgot to buy tickets to the game and now it's sold out. I am such a loser and an idiot."

_____

B. "So I got an 'A' on my project—big deal! Everyone is going to get an 'A'."

_____

C. "If I had told staff that I was feeling upset this morning, they just would have told me to sit down in my seat, anyway. They wouldn't have tried to help me."

_____

D. "Mr. Gallagher should give me a break here. I shouldn't be expected to complete all of my work when he knows I have a big soccer tournament this week."

_____

E. A child is having a good school day but loses one point for wearing a hat inside the school building after recess. When the child find outs they will not have a "perfect" school day, the child explodes, feeling their goal is shattered.

_____

Most people with challenging behaviors are not motivated to seek self-improvement programs, but to seek ways of justifying their faulty thinking.

Cognitive Restructuring

How to change irrational beliefs to more rational beliefs:

1st - Gain awareness of negative thought habits

2nd - Learn to challenge or *dispute* the negative thought habits

3rd - Substitute positive, life-enhancing thoughts and beliefs

LSCI Institute

People are disturbed not by things, but by the view which they take of them.

--- Epictetus,
1st Century A.D.

Cognitive Restructuring

The process of helping a person change a self-defeating mind-set to a more positive one is called **cognitive restructuring.**

In order to change perceptions and feelings we must tap into the person's self-talk. This requires excellent **listening skills** including:

Attending, Reassuring, Affirming, Decoding, Validating

You can change the person's self-talk!

Summary:

1. **Stream of consciousness** refers to the continuous flow of thoughts going through our minds. It is our awareness of what is happening in the moment and is always ongoing.
2. Our **perceptual set** is the tendency to perceive things in a certain way. Personal history shapes perceptions.
3. **Active self-talk** is the constant internal dialogue we have with ourselves. It is heavily influenced by our perceptual set. What we say to ourselves generates how we think.
4. It's not the event that causes the feeling; it's how we think about it.
5. LSCI uses this understanding of the link between perceptions, thoughts, and feelings to help the person in distress create lasting changes in behavior.
6. Under stress, people often experience irrational self-talk that drives self-defeating behavior. LSCI helps people examine and change their irrational self-talk, in order to bring about real changes in behavior.
7. People engage in five rigid patterns of perceiving and thinking known as **Cognitive Traps**. Each of these thinking errors contributes to a negative operating mind-set and distances the person from taking responsibility to improve their behavior.
8. **Cognitive Restructuring** uses good listening: attending, reassuring, affirming, decoding and validating skills to change a person's operating mindset and self-talk. This requires an awareness of irrational beliefs, knowing how to challenge or *dispute* them, and replace them with a rational, life-enhancing beliefs.

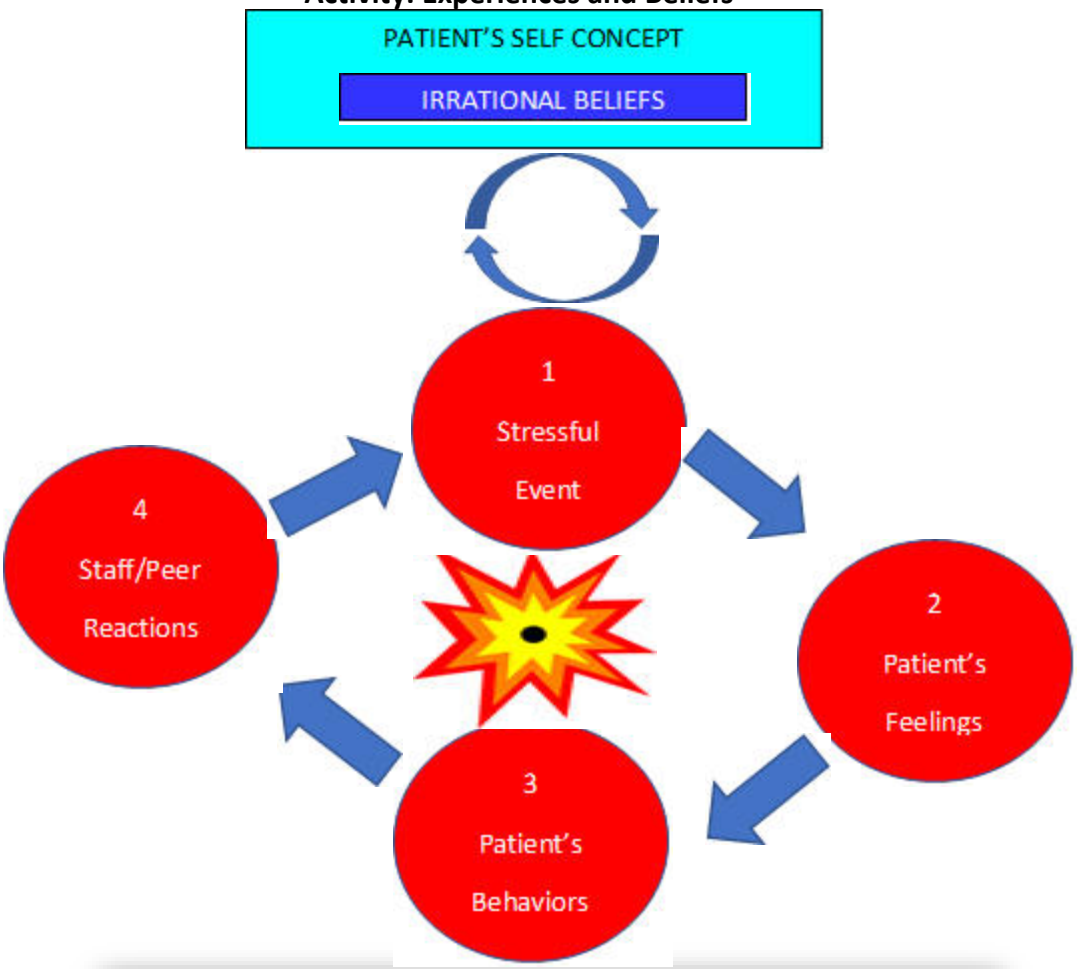
12. THE CONFLICT CYCLE

HOW STRESS CAN DRIVE BEHAVIOR

LIFE SPACE CRISIS INTERVENTION
Turning Problem Situations into Learning Opportunities

12. THE CONFLICT CYCLE

Activity: Experiences and Beliefs



Focus Questions:

How do early negative childhood experiences develop into irrational beliefs?

How do irrational beliefs develop into self-fulfilling prophecies?

(A) First, each group will brainstorm possible early negative or traumatic experiences which may have occurred during the first five years, which are critical years of child development.

_____
_____
_____
_____
_____
_____

(B) Next, choose one negative experience from the list and discuss irrational beliefs which may have resulted. Irrational beliefs are formed by age 6 or 7.

Negative Experience:	
Irrational Beliefs about Self	"I am …"
Irrational Beliefs about Others	"Other people are …"
Irrational Beliefs about Life	"Life…"

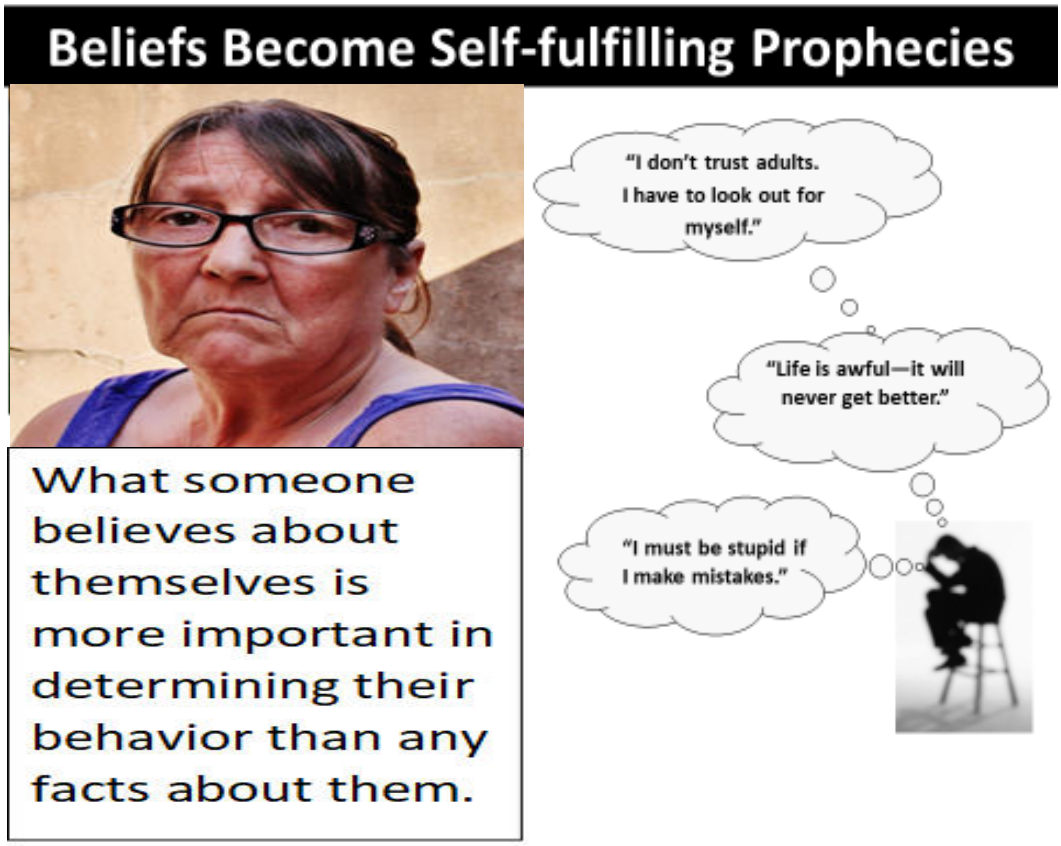
_____
_____
_____
_____
_____

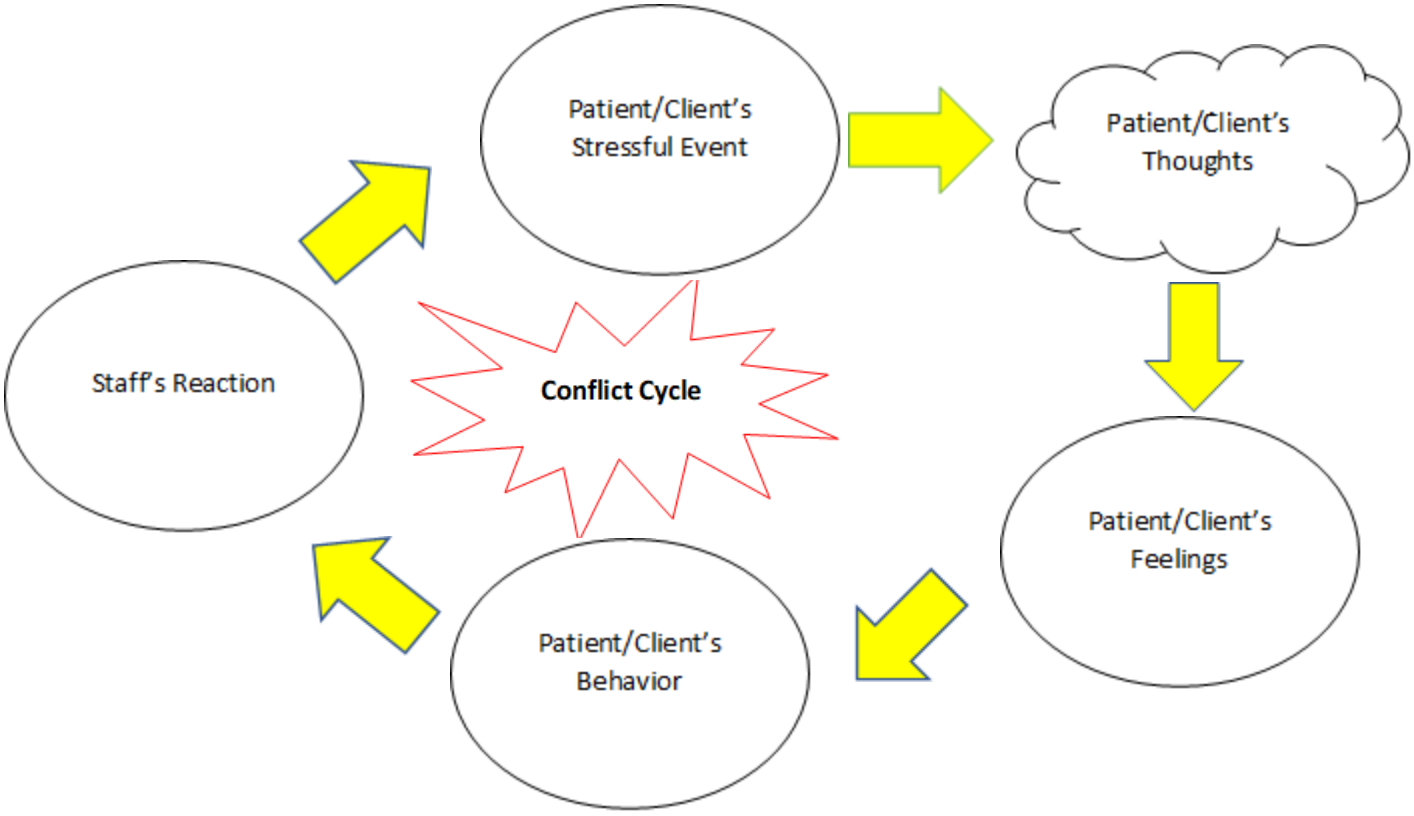
How do Rational Beliefs Become Irrational?

People thinks…

- "…my caregiver neglected/abused me."
  (Fact, True. This is a Rational Belief.)
- "…my caregiver can't be counted on to meet my needs."
  (Fact, True. This is a Rational Belief.)
- "…THEREFORE, ALL ADULTS in the future will neglect my needs."
  (Not a fact, False. This is an Irrational Belief.)

Overgeneralization is the process of taking single events and broadly generalizing them to all circumstances. You use the words ALWAYS or NEVER when you think about it.





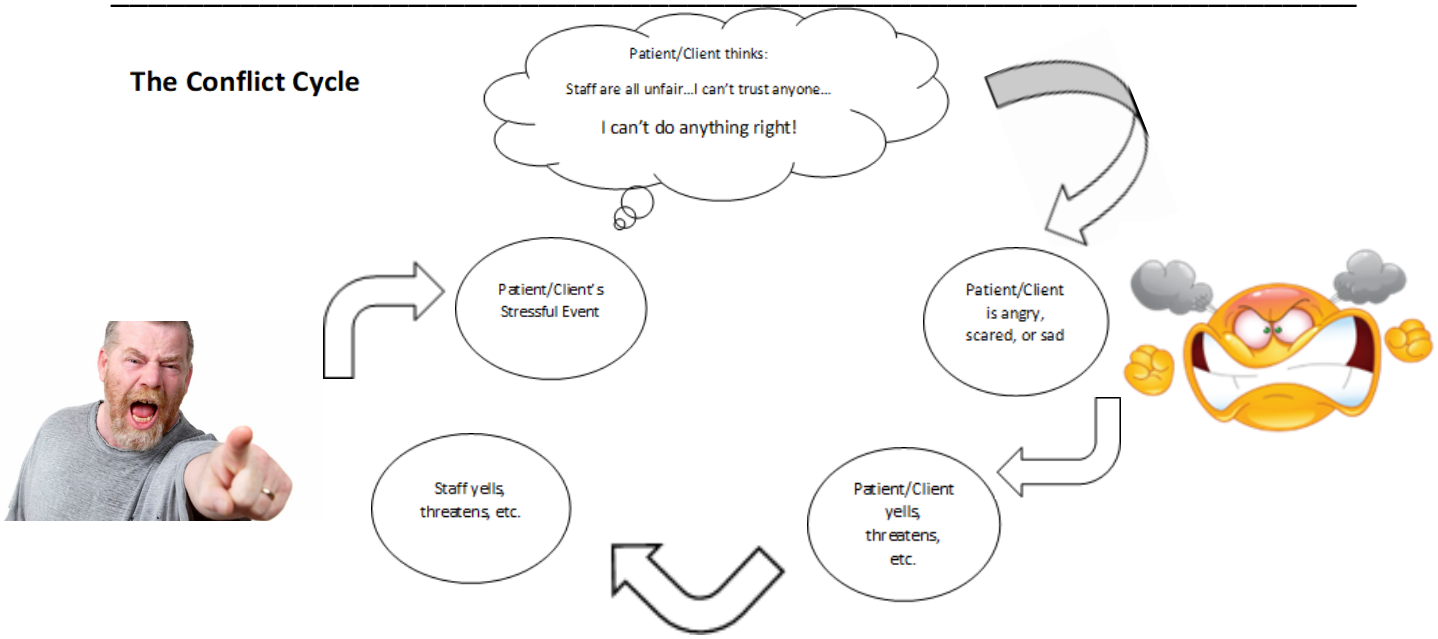
_____

_____

_____

_____

The Conflict Cycle

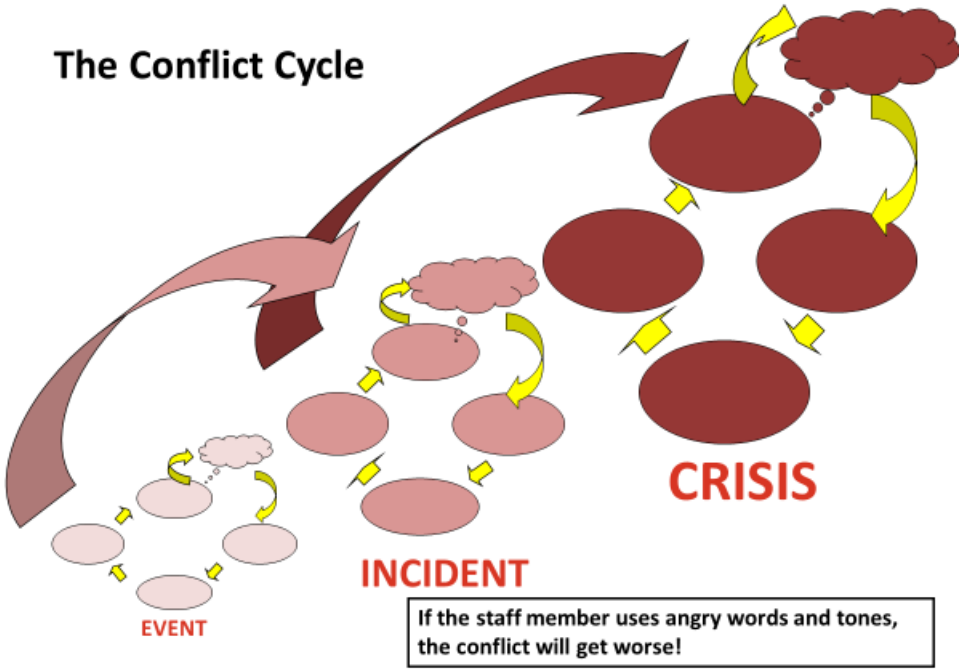


In what ways is the staff mirroring the person in distress?

_____

_____

_____



_____
_____
_____

Mirror Neurons

Video Viewing Guide: *Mirror Neurons*

What are the important take-aways? How does this information relate to the Conflict Cycle?

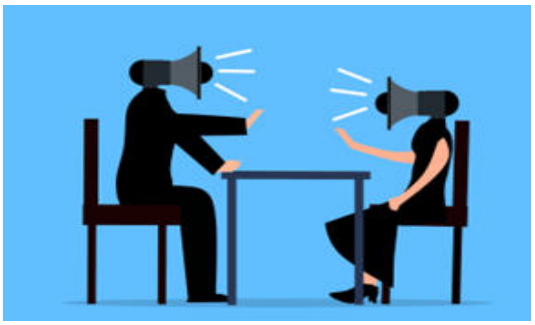
_____
_____
_____
_____
_____

People in stress create the same feelings in others.

If staff are not aware of the "Conflict Cycle", STAFF COPY THE PATIENT's/CLIENT's BEHAVIOR as well as the FEELINGS!

In other words,

THE STAFF ACTS LIKE THE PATIENT/CLIENT!

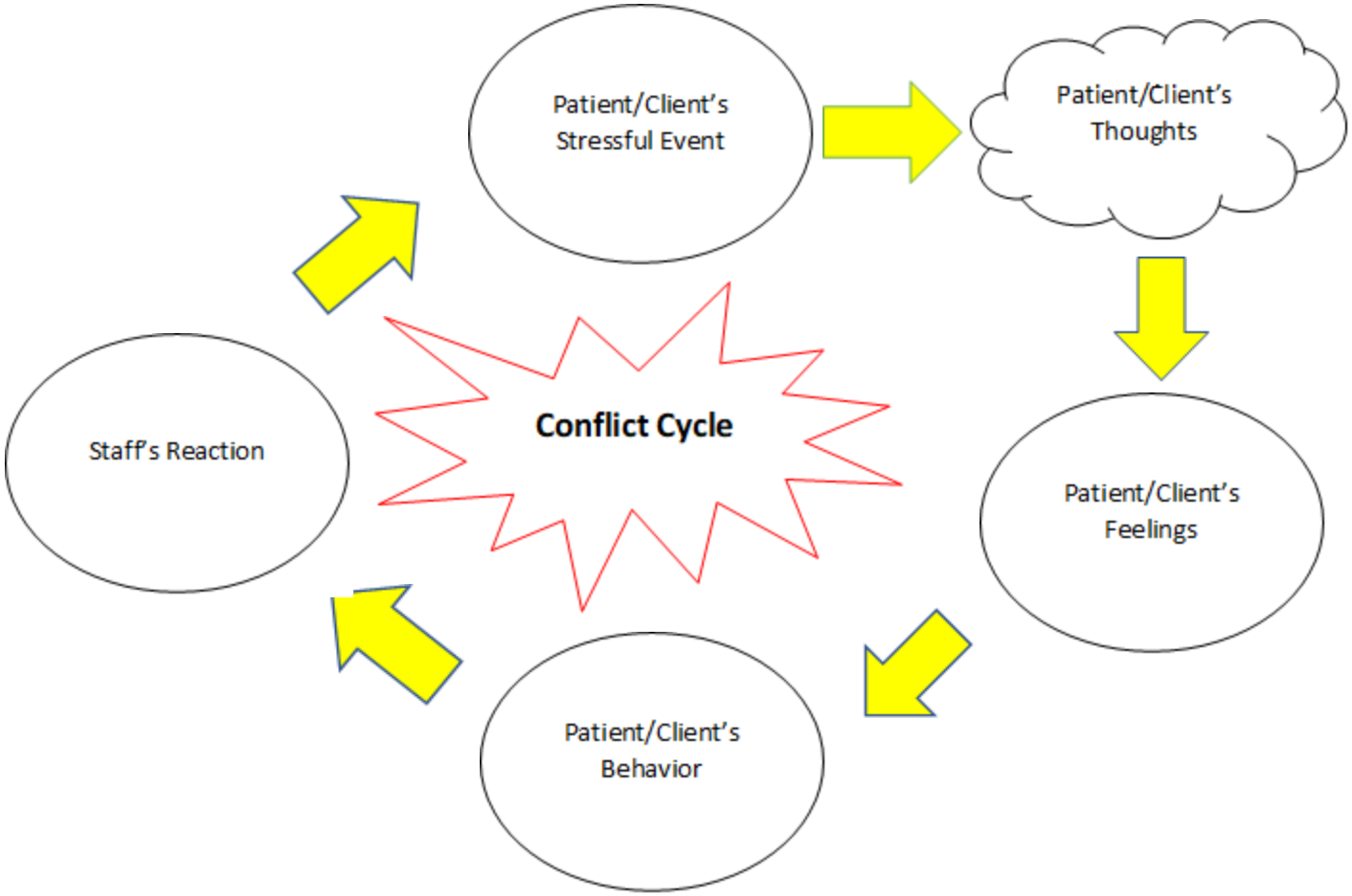


The Conflict Cycle Paradigm

- A ***STRESSFUL EVENT*** occurs which activates the irrational beliefs of the person in distress.
- These ***NEGATIVE THOUGHTS*** determine and trigger feelings.
- ***FEELINGS***, not rational forces, drive inappropriate behaviors.
- Inappropriate ***BEHAVIORS*** incite staff.
- Staff take on the person's feelings and may ***MIRROR*** their behaviors.
- This negative staff ***REACTION*** increases the person's stress, escalating the conflict into a self-defeating power struggle.
- The person's ***SELF-FULFILLING PROPHECY*** (irrational beliefs) is ***REINFORCED;*** the person has no motivation to change thinking or behavior.

Conflict Cycle Role-Play

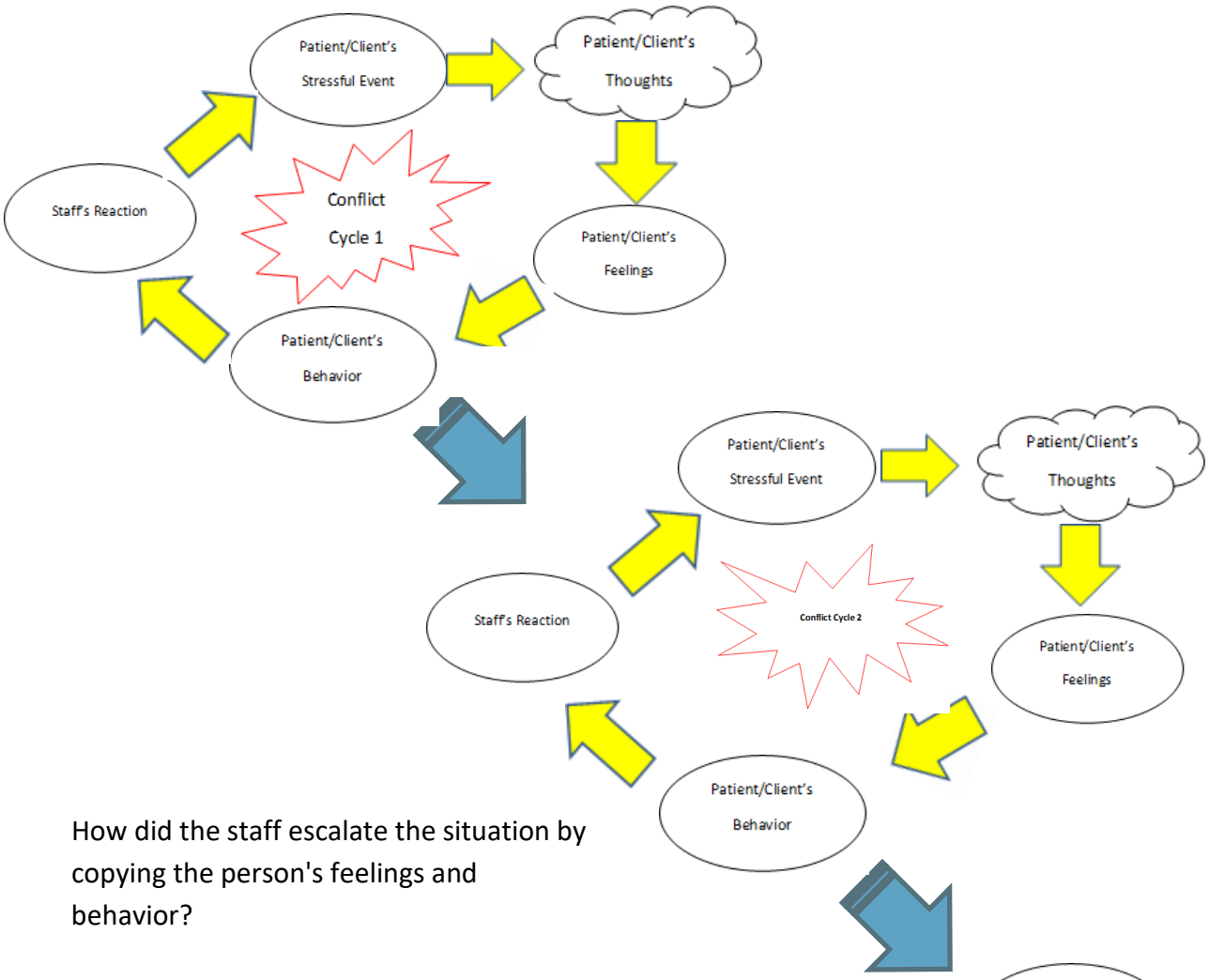
Use the Conflict Cycle below to record your noticings, wonderings, and take-aways about the role-play:



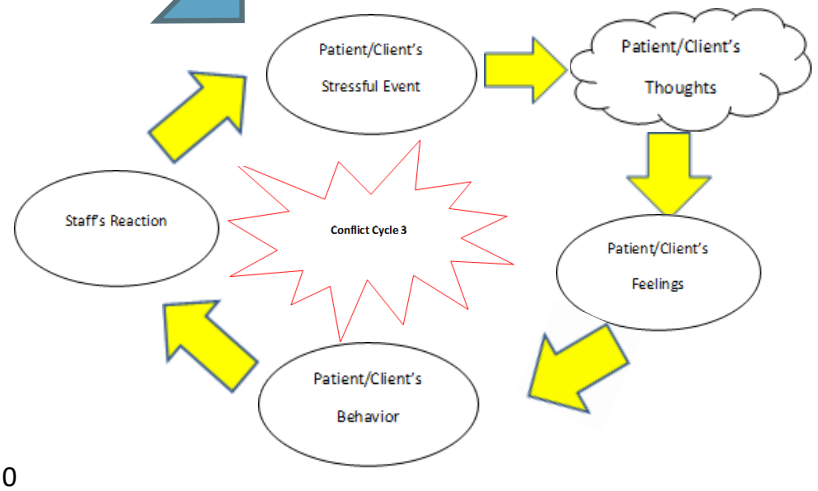
Activity: Personal Conflict Cycle

Describe a Conflict Cycle that you have observed in your setting. Change names for confidentiality. Use the circular or chart template. Trace three cycles of stressful event, thoughts, feelings, behavior and staff reaction. Show how the staff copied the person's feelings and behaviors, thus escalating the conflict.

Personal Conflict Cycle: Circular Template



How did the staff escalate the situation by copying the person's feelings and behavior?



Personal Conflict Cycle: Chart Template

Directions: Fill in your own example of a Conflict Cycle that you have observed. Change names for confidentiality.

Cycle 1 Person's Stressful Event:

Person's Thoughts (Hypothetical):

Person's Feelings (Hypothetical):

Person's Observable Behavior:

Staff's Reaction:

Cycle 2 Staff's reaction (above) becomes New Stressful Event:

Person's Thoughts (Hypothetical):

Person's Feelings (Hypothetical):

Person's Observable Behavior:

Staff's Reaction:

Cycle 3 Staff's Reaction (above) becomes New Stressful Event:

Person's Thoughts (Hypothetical):

Person's Feelings (Hypothetical):

Person's Observable Behavior:

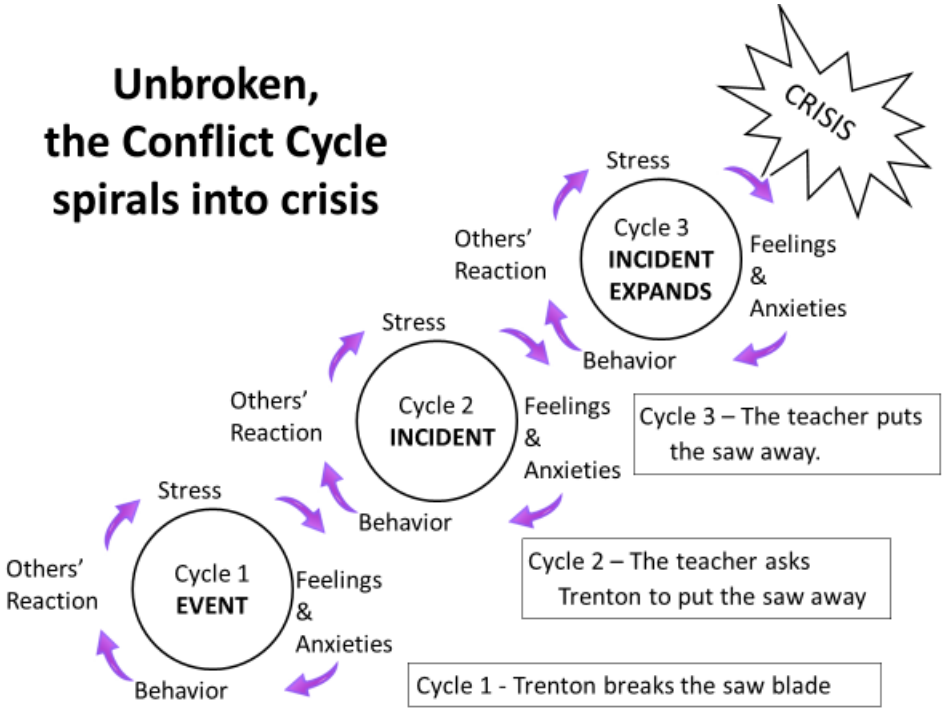
Staff's Reaction:

How did the staff escalate the situation by copying the person's feelings and behavior?

_____
_____
_____

What supports need to be in place for people who are emotionally upset and their negative behaviors are escalating?

_____
_____
_____
_____



Summary:

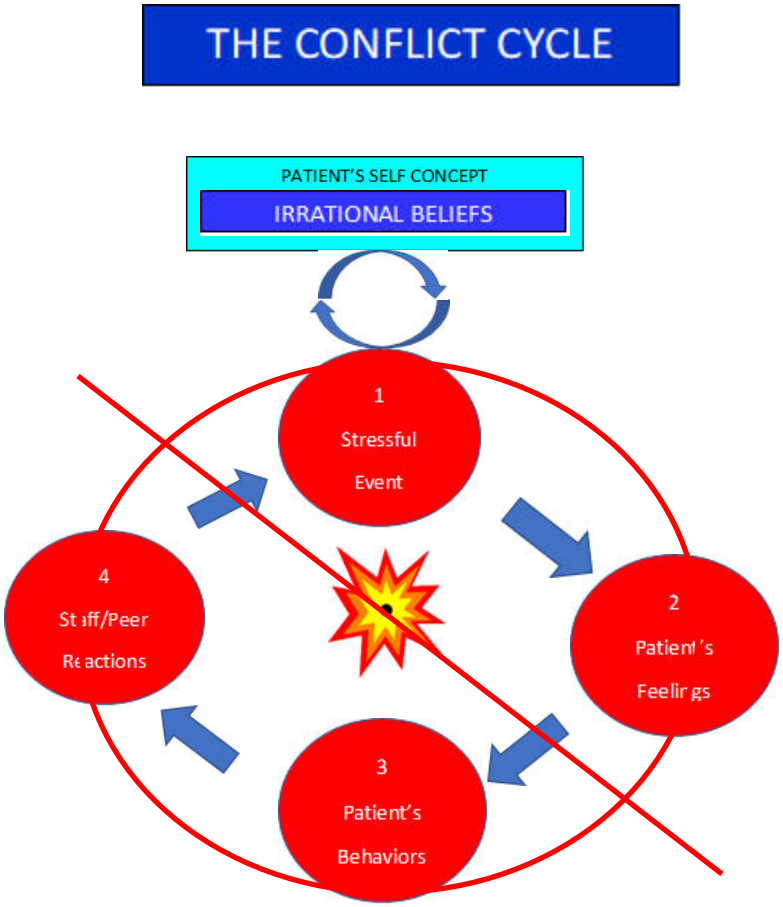
1. The **Conflict Cycle™** is LSCI's major paradigm for understanding the dynamics of the interactions between people in stress and staff who work with them.
2. People in stress create the same feelings in others. If staff are not aware of the Conflict Cycle, staff copy the person's behavior as well as the feelings. In other words, the staff acts like the person in distress!
3. The discovery of the brain's **mirror neurons** helps explain the copying effect of feelings and behavior.
4. Understanding the Conflict Cycle is the first line of defense against reinforcing the person's irrational beliefs and self-fulfilling prophecies.

13. BREAKING THE CONFLICT CYCLE

TURNING CONFLICT CYCLES INTO COPING CYCLES

LIFE SPACE CRISIS INTERVENTION
Turning Problem Situations into Learning Opportunities

13. BREAKING THE CONFLICT CYCLE



Management begins with US!

When people are
overwhelmed by big emotions,
it's our job to share our calm,
not to join their chaos.
L.R. Knost

_____
_____
_____

Staff must ***remember*** to
take the "high road"
when faced with stressful situations,
BUT,
People have to ***learn*** to
take the "high road"
when faced with stressful situations

It is our job to teach them how…..

_____
_____
_____
_____
_____
_____

The Conflict Cycle occurs
when both the staff and
the person in distress react at
the "low road" level.

_____
_____
_____
_____
_____
_____

Activity: Quick Write

What does every person need in order to develop a positive self-concept?

_____
_____
_____
_____
_____
_____
_____
_____

The Impact of YOU Messages:

- Can't you do anything right?
- With your attitude you'll never amount to anything.
- You are a disappointment to me, your friends, and your family.
- You apologize immediately!
- Don't you dare use that language with me!
- Why do you have to be so disgusting?
- You better start acting your age!
- You have no respect for anyone or anything!
- You don't listen to anyone, do you?
- You never use your head.
- You're more trouble than you're worth.

_____
_____
_____

"I" Messages are:

- Helpful in interrupting a power struggle
- Helpful in releasing staff stress in a healthy way
- Less likely to provoke more aggression
- Less threatening to others

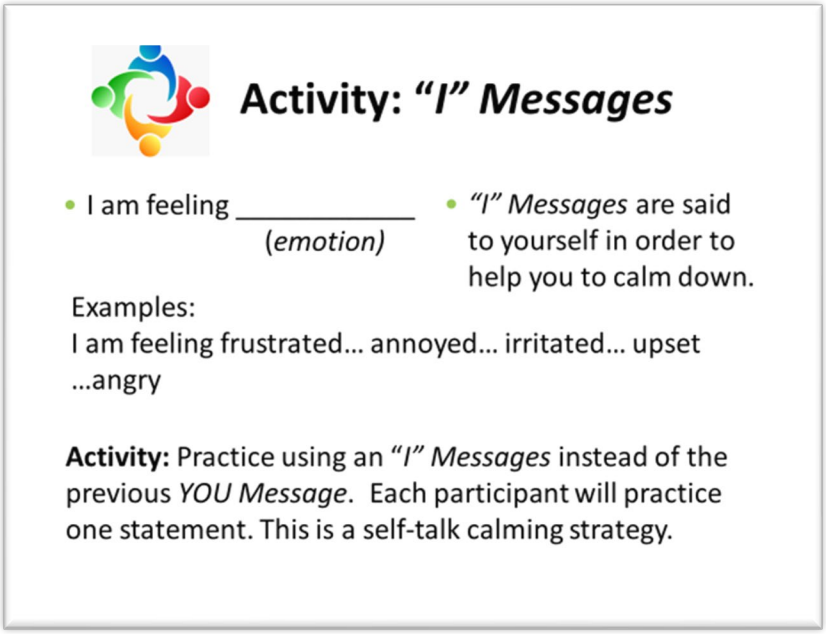
_____
_____
_____

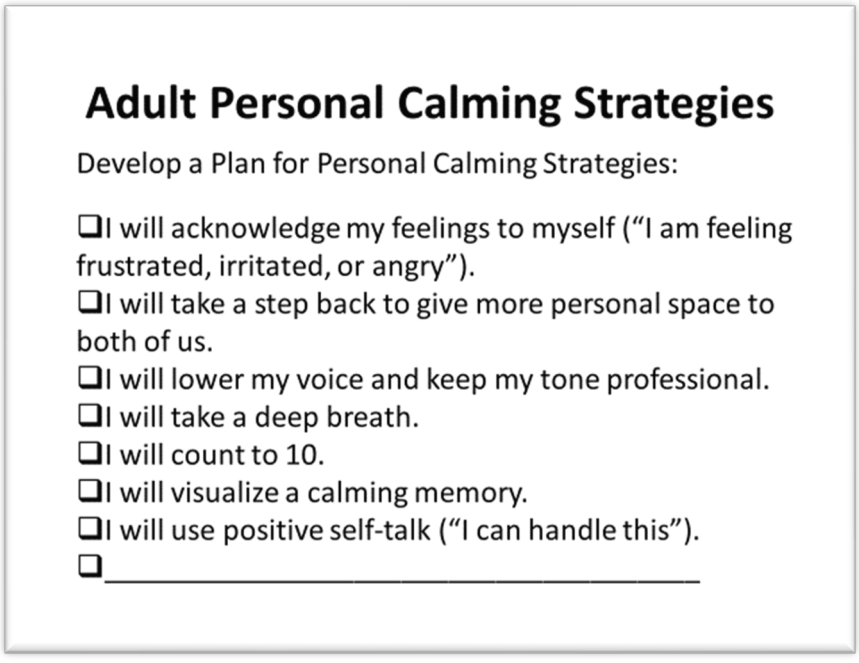
You Messages rob the patient/client of their dignity.

Anger, resentment, and disrespect are the result.

I messages help the staff to calm down.

_____
_____
_____


Activity: "I" Messages
• I am feeling _____ (emotion)
• "I" Messages are said to yourself in order to help you to calm down.
Examples:
I am feeling frustrated… annoyed… irritated… upset …angry
Activity: Practice using an "I" Messages instead of the previous YOU Message. Each participant will practice one statement. This is a self-talk calming strategy.

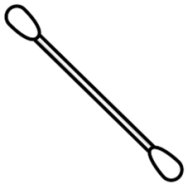

Adult Personal Calming Strategies
Develop a Plan for Personal Calming Strategies:
❑I will acknowledge my feelings to myself ("I am feeling frustrated, irritated, or angry").
❑I will take a step back to give more personal space to both of us.
❑I will lower my voice and keep my tone professional.
❑I will take a deep breath.
❑I will count to 10.
❑I will visualize a calming memory.
❑I will use positive self-talk ("I can handle this").
❑_____

What's the difference?

Thermostat **Thermometer**

Remember, during a crisis act like a thermostat, not like a thermometer!

Remember Q-TIP!



- Quit
- Taking
- It
- Personally

_____ _____
_____ _____
_____ _____
_____ _____

Personal Plan for Button Pushing

What am I sensitive about?	What do I THINK & FEEL when someone tries to push my buttons?	What is my typical response?	How can I change my typical response?

Four Staff Choices to Behavior:

1. **Permit it** _____
   _____
   _____
2. **Tolerate it** _____
   _____
   _____
3. **Stop it** _____
   _____
   _____
4. **Prevent it** _____
   _____
   _____

Staff Intervention as a Form of Value Teaching
1. Protect the Ongoing Program
2. Protect people from Physical Harm
3. Protect people from Psychological Harm
4. Protect people's Property
5. Protect people's Psychological Space
6. Protect Building and Equipment

What word is common in this chart?

_____

Why is it important to teach these values?

_____
_____
_____

Structure in the setting is like guard rails on a high bridge…

What structures are in place in your setting?

_____
_____
_____
_____

Behavior Support Strategies

- Ways to effectively manage difficult situations
- Helpful in avoiding power struggles
- Can break the Conflict Cycle
- Most will help a person in need without taking away from the rest of the people.

Behavior Support Strategies include:

1. Planned Ignoring / Positive Attention
2. Signal Interference
3. Proximity Control
4. Interest Boosting
5. Support from Humor
6. Hurdle Help
7. Support from Routines
8. Diversion and Re-direction
9. Antiseptic Bouncing
10. Encouragement Rather than Criticism
11. Prompting / Anticipation Planning
12. Rewards / Reinforcement
13. Consequences / Not Threats

Behavior Support Strategies

Surface Management Strategies

Adapted from Fritz Redl and Other Sources

1. **Planned Ignoring / Positive Attention**
   Many people engage in negative behavior to receive attention from the staff or peers. For some people, negative attention is better than no attention. It is better to ignore the inappropriate attention-getting misbehavior and ***give specific, descriptive praise to the people who are acting appropriately*** (e.g., "Joe, thank you for sitting quietly. Chris, I appreciate that you raised your hand.") When the ***target person stops making noise or raises their hand, the appropriate behavior should immediately be acknowledged and attended*** (e.g., "Thank you for sitting quietly" or "Thank you for remembering to raise your hand"). Be aware that older people may prefer praise to be private rather than public.

2. **Signal Interference**
   There are a number of non-verbal signals that staff may use to show awareness and disapproval of what is happening. These strategies include eye contact, hand gestures, snapping fingers, clearing throat, facial frowns and body postures. These non-verbal techniques are most effective at the beginning stages of misbehavior, especially when there is a relationship with the person.

3. **Proximity Control**
   Staff need to be highly aware of the early stages of misbehavior by constantly scanning the room and looking and listening for any signs of behavior which is out of the ordinary. At the first signs of a person having a problem, it is sometimes helpful to move near the person. The physical proximity of the staff is often enough to reduce unacceptable behavior.

4. **Interest Boosting**
   Sometimes the purpose or content of the lesson appears meaningless to the lives of the people. This can be alleviated by getting to know the people and what is important to them. Incorporating their interests into the lessons will improve motivation.

5. **Support from Humor**
   Laughter can serve several useful functions. It can reassure the person that they have little reason for anxiety. By handling an incident with humor, the staff retains the leadership of the group, while wiping out the anxiety. Humor should be genial and kind. There is no place for sarcasm or ridicule.

6. **Hurdle Help**
   Some people misbehave in the treatment facility when they do not understand some aspect of the work. If this occurs, provide some assistance and help the person over the hurdle of what seems difficult. The staff's strategy is to help the person with the task at hand in order to prevent the misconduct.

7. **Support from Routines**
   In some groups problems arise because people do not know what is expected of them. The establishment of clear rules and routines meets this need. Consistent daily management and organization are the best tools to support positive behavior.

8. Diversion and Re-direction

Sometimes a growing restlessness becomes evident with a person or the group as a whole. Rather than concentrate on the over-excitement, it may be wise to change the nature of the activity or re-direct the participants to a new focus of interest/activity.

9. Antiseptic Bouncing

There are times when a person is extremely upset, on the verge of an emotional meltdown, and the staff may decide that the person needs to be away from the group temporarily to calm down and for the group to calm down as well. The person is removed from the situation, non-punitively, by doing a task out of the room.This is way of preventing a frustration from accelerating to a crisis.

10. Encouragement Rather Than Criticism

"Catching the person doing something good" is a more effective way to shape behavior than criticism. Praise people by giving specific, descriptive examples of their behavior that highlight positive gains. People are better able to "own" concrete examples of their accomplishments rather than general praise.

11. Prompting /Anticipation Planning

Some new situations are hard for people to manage. Often a brief description of what the situation may be like or what limitations may be anticipated will enable the group to feel more relaxed in the face of the challenging event.

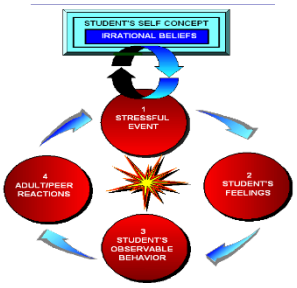
12. Rewards/Reinforcement

Receiving a reward or reinforcement is one way to acknowledge and promote behavior that is appropriate. Reinforcement should always be paired with verbal praise so the person understands the direct connection between their behavior and the reward. Initially, the person may need instant gratification to encourage personal growth. Start where the person is at and gradually delay the reinforcement or require more to get it so that the person can progress. Success breeds success.

13. Consequences/Not Threats

People choose their own behavior. It is often helpful to clearly state the consequences of the choices that people may make, acknowledging that they have the power to choose their own behavior. Encourage them to choose wisely. Threats undermine relationships, put the locus of control on the staff, and create anxiety. Consequences encourage responsible decision-making.

I've come to the frightening conclusion
that I am the decisive element in this setting.
It's my personal approach that creates the climate;
it's my daily mood that makes the weather.
As staff, I possess a tremendous power
to make a person's life miserable or joyous.
I can be a tool of torture, or an instrument of inspiration.
I can humiliate or humor, hurt or heal.
In all situations, it is my response that decides whether a
crisis will be escalated or de-escalated
or a person humanized or de-humanized.
-Haim Ginott



Summary:

1. To **"Break the Conflict Cycle"** we must do what's best for the person, not act on our feelings. In effect, we must act like a thermostat, not a thermometer.
2. ***YOU Messages*** fuel Conflict Cycles.
3. ***"I" Messages***, in contrast, model a healthy way to cope with stress and help the staff to stay calm.
4. We have **choices** when responding to a person's behavior: we can permit, tolerate, stop or prevent behavior.
5. When we stop behavior, it is the opportunity to teach **values of protection**. We protect the ongoing program; protect people from physical and psychological harm; protect people's property, psychological space, and the building and equipment.
6. Each setting provides **structure and support** to keep people safe and secure.
7. There are many **positive behavior strategies** or surface management strategies that staff may use in the moment.
8. Staff have the ability to **"hurt or heal"** in every encounter with a person. Staff response to a crisis will either escalate or de-escalate the situation.

14. LISTENING SKILLS

ATTENDING, REASSURING, AFFIRMING, DECODING AND VALIDATING

LIFE SPACE CRISIS INTERVENTION
Turning Problem Situations into Learning Opportunities

14. LISTENING SKILLS

Chinese Symbol for Listening

What does this mean to you? Why is this important?

_____

_____

_____

When ~~young~~ people learn how to communicate positively about their needs and emotional experiences, they are able to develop empathy and compassion.

Effective Listening involves Five Skills
Attending
Reassuring
Affirming
Decoding
Validating

Attending Skills:

- Being fully present with the person
- Attending to verbal and non-verbal communication
- Managing counter-aggression
- Being aware of one's own verbal and non-verbal messages
- Establishing "resonance" with the person, so that they sense at a subconscious level that you "feel their feelings"

_____

_____

_____

Effective and Ineffective Attending Skills

Ineffective Use *Doing any of these things will probably close off or slow down the conversation*	***Nonverbal Mode of Communication***	**Effective Use** *These behaviors encourage talk because they show acceptance and respect for the other person*
Distant or very close	***Space***	Approximately arm's length
Away	***Movement***	Toward
Slouching; rigid; seated, leaning away	***Posture***	Relaxed but attentive; seated leaning slightly toward
Absent, defiant, jittery	***Eye Contact***	Regular
You continue with what you are doing before responding; in a hurry	***Time***	Respond at first opportunity; share time with the youth
Used to keep distance between the persons	***Feet and Legs (when sitting)***	Comfortable and natural
Used as a barrier	***Furniture***	Used to draw persons together
Does not match feelings; scowl; blank look	***Facial Expressions***	Matches your feelings
Compete for attention with your words	***Gestures***	Unobtrusive
Obvious, distracting	***Mannerisms***	Highlight your words; other's feelings; smile
Very loud or very soft	***Voice; Volume***	Clearly audible
Impatient or staccato; very slow or hesitant	***Voice; Rate***	Average or a bit slower
Apathetic; sleepy, jumpy, pushy	***Energy Level***	Alert; stays alert throughout a long conversation

_____

_____

_____

Verbal and Non-verbal Communication

The meaning transmitted from
any interaction is the result of:

Facial Expression 55%

Tone of Voice 38%

\+ Words 7%

100% Communication

_____
_____
_____
_____

Video Viewing Guide: *Davon*

- As you observe the Davon video, what clue did they miss?

_____
_____

- What type of stress was Davon experiencing? Consider his body language.

_____
_____

- Did Davon repeat the clue? Why or why not?

_____
_____

- How did Davon show his frustration?

_____
_____

- What advice would you give to the interviewer(s)?

_____
_____

Reassuring Skills

Helpful Reassuring Statements:

- "I am here to help."
- "I'm sure we can figure this out together."
- "We're going to work this out."
- "The more I hear things from your point of view, the better I'll be able to help."
- "When we talk about this, perhaps you'll feel better."

Activity: Reassuring Skills

What are your thoughts and feelings related to this activity?

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Affirming Skills

Affirming statements communicate a positive view of the person by recognizing strengths they possess or constructive behaviors they exhibit.

Helpful Affirming Statements:

- "I like the way you're using words."
- "You're doing a great job calming down and getting ready to talk about this."
- "Thank you for telling me that."
- "Thank you for being patient."
- "You are handling a difficult situation really well."
- "I can see that was hard for you to say."
- "You are really trying to get yourself together."

How do you like to be affirmed?

_____
_____
_____

What affirming statements have you used?

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Decoding

If you connect a feeling to a person's behavior, and if the person accepts it, the person is less likely to act out this feeling in destructive behavior.

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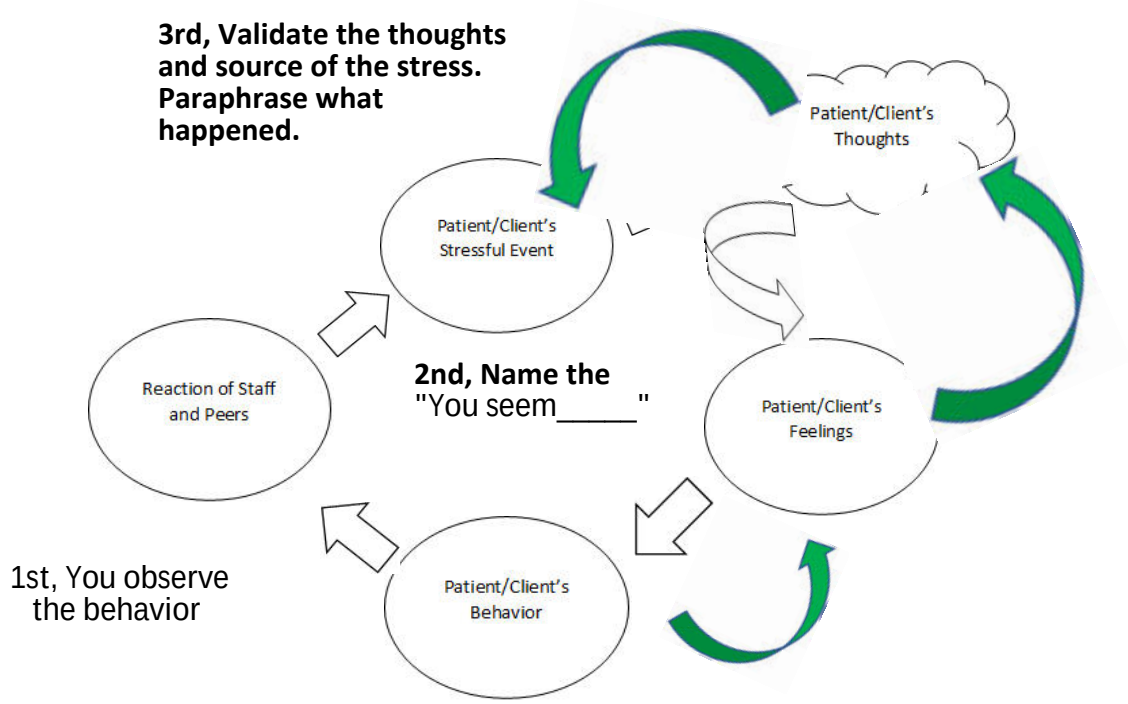

When we look at the Conflict Cycle, we see decoding as starting with observing the behavior and taking it back to feelings and saying "You seem _____" and name the feeling. For example, "You seem frustrated… or you seem sad… or angry…etc." Then we take it back to what was stressful for the person. We validate the thoughts and source of the stress by paraphrasing what the person said or what happened to the person.
"Things didn't turn out the way you planned…or…I hear you saying that the work is too hard..."

_____
_____
_____

Levels of Decoding Feelings

Emotion	High Intensity	Moderate Intensity	Low Intensity
Happiness	Excited Thrilled Overjoyed Ecstatic Elated Jubilant	Up Happy Optimistic Cheerful Enthusiastic Joyful	Pleased Glad Content Relaxed Satisfied Calm
Sadness	Despairing Hopeless Depressed Crushed Miserable Abandoned Defeated Desolate	Dejected Dismayed Disillusioned Lonely Bad Unhappy Pessimistic Sad Hurt Lost	Down Discouraged Blue Alone Left Out
Fear	Panicked Terrified Afraid Frightened Scared Overwhelmed	Worried Shaky Tense Anxious Threatened Agitated Jittery Jumpy Defensive	Concerned Preoccupied Nervous Uncomfortable Uptight Uneasy Apprehensive Hesitant Edgy
Uncertainty	Bewildered Disoriented Mistrustful Confused	Doubtful Mixed Up Insecure Skeptical Puzzled	Unsure Surprised Uncertain Undecided Bothered Something on your mind

Levels of Decoding Feelings (Continued)

Emotion	High Intensity	Moderate Intensity	Low Intensity
Anger	Outraged Hostile Furious Angry Harsh Hateful Mean Vindictive Stirred Up Steamed	Aggravated Irritated Offended Mad Frustrated Resentful Sore Upset Impatient Obstinate	Perturbed Annoyed Grouchy Hassled Bothered Disagreeable
Strength, Potency	Powerful Authoritative Forceful Potent Fearless	Tough Important Confident Energetic Brave Courageous Daring Assured Self-Confident Skillful Strong	Determined Firm Able Adequate
Weakness, Inadequacy	Ashamed Powerless Cowardly Exhausted Unimportant	Embarrassed Demoralized Inadequate Helpless Useless Inept Incapable Incompetent	Frail Meek Unable Weak Vulnerable Worn Out Shaken

Decoding statements acknowledge the person's feelings.
Validating statements convey to the person that you non-judgmentally accept their thoughts and feelings as important, real and understandable. You really hear them.

Activity: Decode! Validate!

Using the art of *decoding and validating* to diffuse anger and invite the youth to talk. Please remember that we validate by paraphrasing what was said or what happened.

Decode the feeling and paraphrase the person's perception. Put yourself in their psychological shoes.

Person's Statement	Common *Untrained* Adult Response	*Decoding and Validating* Response
1. I can't do anything right!	That's not true! You do many things right!	*You sound frustrated* that things didn't turn out the way you expected.
2. My boss going to KILL me!		
3. They deserved it! They were looking at me!		
4. You don't care about me. Nobody cares about me.		
5. The staff never does anything about it!		
6. I don't have any friends!		
7. The staff is out to get me— They hate me and that's why I get in trouble.		
8. I was just borrowing it. I don't understand why everyone's making a big deal out of it!		
9. Why don't you just drop me off in prison! That's where I'm headed anyway!		

The most important listening skill
Is to listen to
What is not being said!

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The Art of Decoding

Taylor, a 23-year-old college student, asks their mother to drive them to the hospital because they are getting admitted to get help with their eating disorder. While in admissions, Taylor asks, "Am I allowed to wear sweat pants here?" Their mother was annoyed and stated "You could at least look presentable everyday." The staff member who understood the meaning of the question, smiled and said, "In here, as long as the clothing does not contain strings, you can wear whatever makes you feel comfortable." Taylor smiled for now they had the answer to their hidden question, "Will I be accepted here no matter what I look like?" Next, the staff began explaining to Taylor the meal/snack schedule and showed Taylor the cart of trays from breakfast. Taylor, seeing a plate of half-eaten food asks, "Who's tray is that?" Mother answered, "What difference does it make who's tray it is? You don't know anyone here." Taylor was not really interested in names. They wanted to find out what happened to patients who do not finish their meals. Understanding the question, the staff gave an appropriate response. Patients are here because they are struggling with eating. Sometimes meals don't get finished. We will work to help those who cannot finish to get the nutrients they need. Taylor seemed satisfied. Their interviewing skills had netted them the necessary information: "The staff here are nice. They accept you for who you are, even when you do not feel pretty or you can't complete a goal. It is safe to stay here. Taylor said good-bye to they mother and headed to group for their first day on the unit.

Example created by Heather Billings, MSN, RN Sheppard Pratt

What is the developmental anxiety that Taylor is experiencing?

_____

How did the staff decode what they said to the underlying meaning behind the words?

_____
_____
_____

Listening Skills

Entering the Dialogue

Attending
- Being fully present with the person
- Attending to verbal and non-verbal communication

Responding—Reassuring and Affirming
- Keeping the dialogue going
- Reducing stress by reassuring and affirming statements
- Remaining non-judgmental
- Building trust

Decoding and Validating
- Searching for the meaning behind the message
- Listening to what is not being said

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Deepening the Dialogue

Attending
- Remaining fully present
- Being aware of one's own verbal and non-verbal messages

Responding—Reassuring and Affirming
- Summarizing and checking for understanding
- Creating a sense of mutual problem-solving

Decoding and Validating
- Connecting feelings and behavior
- Adding more meaning
- Leading person to insight

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Summary

1. When we are listening to people, we are always trying to **link emotions with words**.
2. It's difficult for many people to sit down and dialogue with staff. It's up to the staff to create the right conditions for making a person feel heard and understood.
3. **Attending, reassuring, affirming, decoding and validating skills** are critical to effectively listening to a person and encouraging the person to link emotions and language.
4. **Non-verbal communication** is an essential component of good listening; studies show that the majority of meaning in communication comes from facial expression and tone of voice, not the actual words.

15. THE STRUCTURE OF LSCI

SIX PATTERNS
&
SIX STAGES

LIFE SPACE CRISIS INTERVENTION
Turning Problem Situations into Learning Opportunities

15. THE STRUCTURE OF LSCI

Cognitive Map of the Six Stages of LSCI

Stage 1: Drain Off Staff *de-escalating skills* to drain off the person's intense feelings while controlling one's counter-aggressive reactions	Diagnostic Stages
Stage 2: Timeline Staff *relationship skills* to obtain and validate the person's perception of the crisis	
Stage 3: Central Issue Staff *diagnostic skills* to determine if the crisis represents one of the six LSCI patterns of self-defeating behavior	
Stage 4: Insight Staff *clinical skills* to pursue the person's specific pattern of self-defeating behavior for personal insight and accountability	Reclaiming Stages
Stage 5: New Skills Staff *empowering skills* to teach the new social skills to overcome the person's pattern of self-defeating behavior	
Stage 6: Transfer of Learning Staff *consultation and contracting skills* to help the person re-enter the activity and to reinforce and generalize new social skills	

Stage 1 – Drain Off

Person in distress Stage	Staff Stage	Staff Skills
Crisis Stage	*De-Escalation Stage*	*De-Escalation Skills*
I'm upset and out of control!	I need to drain off the intense feelings and help them regain control of their emotions, put words to their feelings, and calm their bodies.	• Understanding the dynamics of the Conflict Cycle • Listening • Attending • Reassuring • Affirming • Validating • Decoding

Examine the ***Drain off or De-escalation Stage*** from the ***Life Space Crisis Intervention Interviewing Skills Quality of Intervention Rating Tool (Skill Checklist).*** Record your noticings, wonderings, and take-aways.

1. DRAIN OFF or DE-ESCALATION	Rating
Reassurance: "I am here to help. We're going to work this out."	0 1
Decoding: "I can see that you're upset...(name the feeling and validate)	0 1
Validation: ...and not for nothing. Something important must have happened."	0 1
Affirmation: "I like the way you're using your words. You used to use your fists. That shows progress."	0 1
Support: Show by your words, voice tones, and posture that you care and want to help.	0 1
Remember: Do not begin the Timeline until the person has begun to calm down.	

Stage 2 – Timeline

Person in distress Stage	Staff Stage	Staff Skills
Timeline Stage	*Relationship Stage*	*Interviewing Skills*
This is what happened to me as I remember it.	*I need to encourage the person to tell their story; to feel heard and understood.* *I need to validate the person's perceptions, thoughts and feelings about the crisis.*	• Asking questions based on the Conflict Cycle • Listening • Attending • Reassuring • Affirming • Decoding • Validating

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Essential Questions to Find Out *What Happened*

Who? What? Where? When? Duration? Frequency? Intensity? Contagion?

The Timeline

- *WHAT HAPPENED?*
  Who? What? Where? When? Duration? Frequency? Intensity? Contagion?

- *WHAT THOUGHTS WENT THROUGH YOUR MIND?*
  What were you saying to yourself?

- *HOW DID YOU FEEL?*
  How strong were your feelings on a scale of 1 – 10?

- *WHAT DID YOU DO?*
  How did you show your feelings?

- *HOW DID OTHERS REACT?*
  What did the staff do? What did the peers do?

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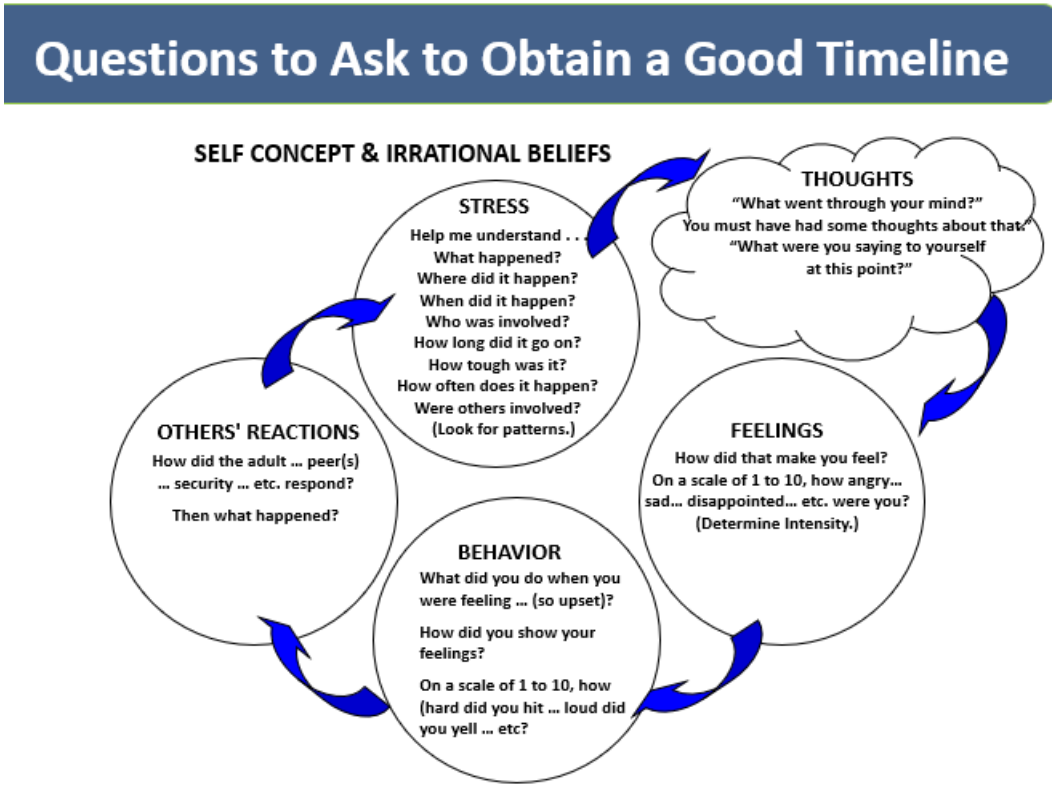

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Timeline Demonstration and Participant Practice

Trainer will demonstrate how to ask the questions during the Timeline.
Then participants will practice with a partner. Ask questions to fill in one cycle.

- Open-ended questions only.
- No WHY questions.
- Do not offer solutions, just find out what happened.

Afterwards, give feedback. How did it feel to be asked the questions? Share out.

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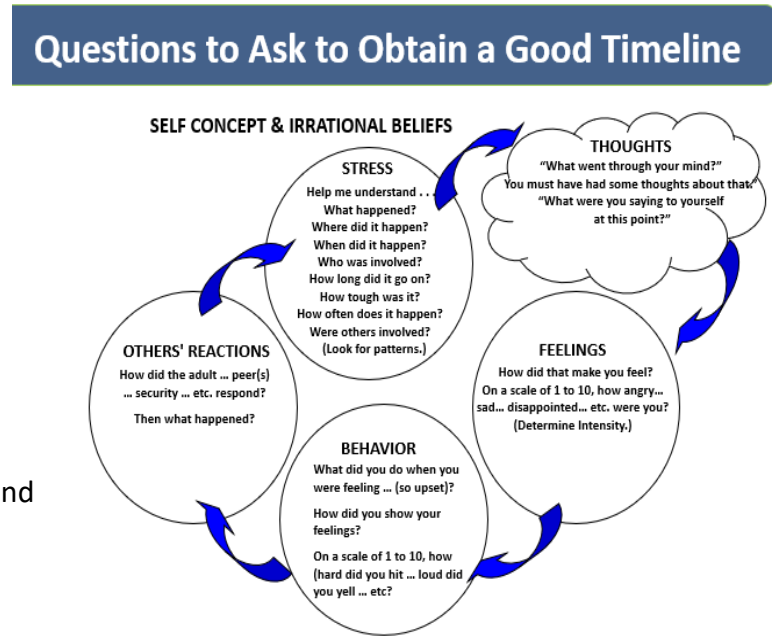
Activity: Timeline Practice – *Using the Conflict Cycle Questions*

In this activity, the person's statement provides some information that we can use as an entry point to find out the five parts of the Conflict Cycle. Ask questions to find out the other parts of the Conflict Cycle: Stressful event, thoughts, feelings, behavior and staff/peer reaction. Ask questions for one cycle only.

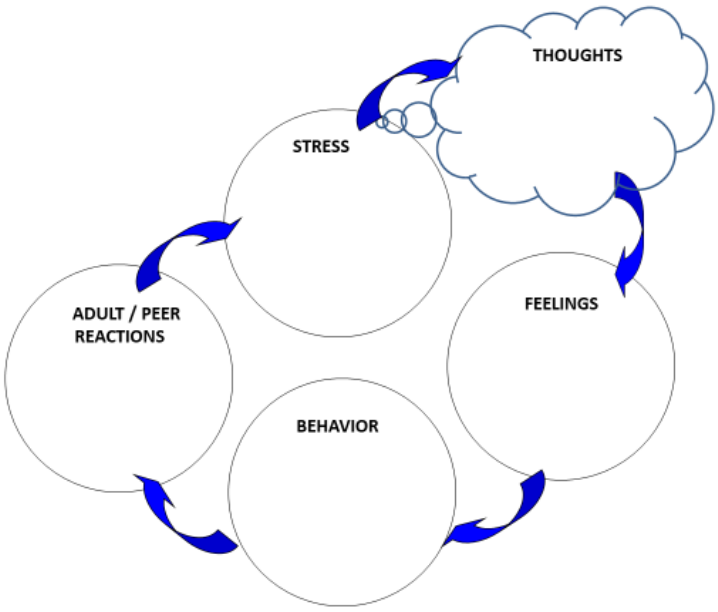
For each statement:
a)Identify which of the five parts of the Conflict Cycle (stress, thoughts, feelings, behavior, reaction) that the statement provides some information.

b) Ask questions to find out the other parts. Another person ad libs the answers. Each participant will practice one statement with a partner.



1. I'm always being left out.
2. They keep messing with me and I'm sick and tired of it.
3. I didn't mean to break it.
4. They're always getting on my back.
5. I was just trying to have lunch with them.
6. I was sitting on the bus and that's when it happened.

Use the graphic organizer to record responses:



Most people in crisis want to tell their story but lack the necessary skills and trust.

LSCI helps people in crisis and staff build
a relationship based on trust which
leads to changes in perceptions,
thoughts,
feelings, and behavior

Examine the ***Timeline Stage*** of the ***Life Space Crisis Intervention Interviewing Skills Quality of Intervention Rating Tool (Skill Checklist).***

2. TIMELINE	**Rating**	
Ask Questions: Use the Conflict Cycle to find out the sequence of events.		
* "Help me understand what happened...Where? When? Who else? ...etc."	0	1
* "What were you saying to yourself at the time?"	0	1
* How did you feel...? (Scaling 1-10)	0	1
* What did you do?"	0	1
* What did others (staff/peers) do?"	0	1
* What happened next?"	0	1
* "How were you feeling this morning (Check for Red Flags)?"	0	1
* "Has this happened before?" (Look for a pattern)	0	1
Active Listening:	0	1
* **Elaboration:** "Tell me more about ..."	0	1
* **Neutral phrases to encourage talking:** "Uh-huh...I see...Oh?"	0	1
* **Paraphrase:** Repeat what was said in your own words.	0	1
* **Clarification:** "What do you mean by 'messing' with you?"	0	1
* Summarizing: "Let me see if I have it straight...(then repeat what you heard)"	0	1
* Affirming: Frequently give positive statements. "Thank you for speaking with me." "You are doing a good job of remembering what happened."	0	1
Pursuit of Clues: Listen for unusual comments. "You had to get up at 2am?"	0	1
Drain-Off Skills: If teh youth becomes emotional, use drain-off skills.	0	1
Remember: Really listen. Ask questions to discover the youth's point of view. Don't ask " Why?" Avoid trying to solve the problem. Learn about the issue from their point of view.		

Stage 3 – Central Issue

Person in distress Stage	Staff Stage	Staff Skills
Central Issue Stage	*Diagnostic Stage*	*Diagnostic Skills*
So this is the central issue of my crisis!	*I need to determine:* 1. *Is this crisis characteristic of how this person perceives, thinks, feels, and behaves during a crisis?* 2. *Is this crisis best managed by a short-term intervention, in order to get the person back into the program?* 3. *Is this crisis best managed by using one of the six LSCI's?*	• *Understanding the person's history and current stressors* • *Knowing the six LSCI's and selecting the right one* • *Stating the central issue in developmentally appropriate language*

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Examine the ***Central Issue Stage*** from the ***Life Space Crisis Intervention Interviewing Skills Quality of Intervention Rating Tool (Skill Checklist)*** and the Central Issues of each Reclaiming Intervention. Record your noticings, wonderings, and take-aways.

3. Central Issue	Rating
Determine if this is one of the LSCI patterns of behavior and whether or not to move forward into a full LSCI. If appropriate to continue, identify which of the Reclaiming Interventions (patterns) seems to be occurring for this youth. Central Issue is your "A-Ha" moment-your realization of the pattern. During the Insight Stage, you will begin to help the person see the pattern.	0 1
State the Central Issue. Use the information from the Timeline to make it concrete for the person. This is the beginning of the shift from your understanding of the self-defeating pattern to helping them realize the self-defeating pattern.	0 1

Six Interventions and *Central Issues of Each One*	
Red Flag – *Displacement*	Benign Confrontation – *Displays no guilt, assumes role of victim, no desire to change*
Reality Check – *Errors in perception*	Regulate & Restore – G*uilt and punishment*
New Tools – *Right attitude, wrong behavior*	Peer Manipulation – *Peer exploitation*

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Stage 4 – Insight

Person in distress Stage	**Staff Stage**	**Staff Skills**
Insight Stage	*Clinical Stage*	*Counseling Skills*
Now I understand how I contribute to my crisis and make it worse.	*I need to facilitate the person's insight into their pattern of self-defeating behavior.*	Carry out the most appropriate LSCI

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Examine the ***Insight Stage*** from the ***Life Space Crisis Intervention Interviewing Skills Quality of Intervention Rating Tool (Skill Checklist)*** and the Central Issues of each Reclaiming Intervention. Record your noticings, wonderings, and take-aways.

4. INSIGHT	Rating
Selected LSCI is carried out.	
Review the Timeline using Socratic method of questioning and examples from the person's experience to help them gain insight: * Ask questions that will lead the person to understanding * Ask questions so that the person will gain a new perspective * Ask questions about other similar incidents, helping the person to see the pattern, "Could it be possible?" * Ask questions that will lead the person to an understanding of how this behavior is affecting their life	0 1
If the person is <u>not able to accept the insight,</u> plant the seed for future interventions ("It is just something to think about..."), move to New Skills. If the person accepts the Insight (i.e., sees or considers the self-defeating pattern), move to the New Skills.	0 1
Remember: Do NOT lecture. LEAD the person to insight by asking questions (except in New Tools Intervention) and using concrete examples.	

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Stage 5 – New Skills

Person in distress Stage	Staff Stage	Staff Skills
New Skills Stage	*Empowering Stage*	*Cognitive & Behavior Support Skills*
These are the social skills I need to improve my interpersonal relationships.	*I need to teach specific skills that will help the person improve their self-concept and interpersonal relationships.*	• Pro-social skills • Self-monitoring skills • Self-control skills • Role-playing skills

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Examine the ***New Skills Stage*** from the ***Life Space Crisis Intervention Interviewing Skills Quality of Intervention Rating Tool (Skill Checklist)*** and the Central Issues of each Reclaiming Intervention. Record your noticings, wonderings, and take-aways.

NEW SKILLS	Rating
Develop a personal plan with new social skills or new practical strategies based on insight. * Brainstorm potential solutions. * Discuss pros and cons of each solution. * Ask the person which solution they want to use. Which option is most likely to help.	0 1
Teach the social skill or strategies in a developmentally appropriate manner.	0 1
Role-play/reheard the new social skill in a few contexts. If the person suggests something that you think will not be successful, one strategy might be to say, "Ok, if you do that, let's follow that through-what would happen next?"	0 1
Discuss consequences to behavior.	
Remember to rehearse so that the person will be successful with the new skill.	

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Stage 6 – Transfer of Learning

Person in distress Stage	Staff Stage	Staff Skills
Transfer of Learning Stage	*Transfer & Follow-up Stage*	*Transfer & Follow-up Skills*
This is how I need to behave to get more of my needs met when I return to group.	*I need to prepare the person to return to their group. I need to reinforce their new insights and social skills.*	• Understanding group dynamics of the program • Collaboration with significant staff • Assisting co-workers in developing positive reinforcement programs

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Examine the ***Transfer of Learning Stage*** from the ***Life Space Crisis Intervention Interviewing Skills Quality of Intervention Rating Tool (Skill Checklist).*** Record your noticings, wonderings, and take-aways.

6. TRANSFER OF TRAINING	Rating
Discuss current activity and how peers/staff may react to person's return	0 1
Role-play the person's return to current activity	0 1
Share the plan with staff, discuss ways to help the person with the plan.	0 1
Remember: Rehearse so the person will be successful returning to the activity.	

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Life Space Crisis Intervention Interviewing Skills (Checklist)
Quality of Intervention Rating Tool

Rating Scale:
0 = Skill was not evident/ used 1 = Skill was observed during intervention

1. DRAIN 0FF or DE-ESCALATION	Rating
Reassurance: *"I am here to help. We're going to work this out."*	**0 1**
Decoding: *"I can see that you're upset…(name the feeling and validate)*	**0 1**
Validation: *...and not for nothing. Something important must have happened."*	**0 1**
Affirmation: *"I like the way you're using words. You used to use your fists. That shows progress."*	**0 1**
Support: *Show by your words, voice tones, and posture that you care and want to help.*	**0 1**
Remember: Do not begin the Timeline until the ~~youth~~ A has begun to calm down.	

2. TIMELINE	Rating
Ask Questions: *Use the Conflict Cycle to find out the sequence of events.*	
• *"Help me understand what happened... Where? When? Who else?...etc."*	**0 1**
• *"What were you saying to yourself at the time?*	**0 1**
• *"How did you feel...?" (Scaling 1-10)*	**0 1**
• *"What did you do?"*	**0 1**
• *"What did others (staff/peers) do?*	**0 1**
• *"What happened next?"*	**0 1**
• *"How were you feeling this morning (Check for Red Flags)?"*	**0 1**
• *"Has this happened before?" (Look for a pattern)*	**0 1**
Active Listening:	**0 1**
• **Elaboration:** *"Tell me more about..."*	**0 1**
• **Neutral phrases to encourage talking:** *"Uh-huh...I see...Oh?"*	**0 1**
• **Paraphrase:** *Repeat what was said in your own words.*	**0 1**
• **Clarification:** *"What do you mean by 'messing' with you?"*	**0 1**
• **Summarizing:** *"Let me see if I have it straight...(then repeat what you heard)"*	**0 1**
• **Affirming:** *Frequently give positive statements. "Thank you for speaking with me." "You are doing a good job of remembering what happened."*	**0 1**
Pursuit of Clues: *Listen for unusual comments. "You had to get up at 2 am?"*	**0 1**
Drain-Off Skills: *If the youth becomes emotional, use drain-off skills.*	**0 1**
Remember: Really listen. Ask questions to discover the person's point of view. Don't ask "Why?" Avoid trying to solve the problem. Learn about the issue from their point of view.	

3. CENTRAL ISSUE	Rating
Determine if this is one of the 6 LSCI self-defeating patterns of behavior and whether or not to move forward into a full LSCI. If appropriate to continue, identify which of the Reclaiming Interventions (patterns) seems to be occurring for this person. Central Issue is your "A-Ha" moment—your realization of the pattern. During the Insight Stage, you will begin to help the person to see the pattern.	**0 1**
State the Central Issue in age-appropriate language. Use the information from the Timeline to make it concrete for the person. This is the beginning of the shift from your understanding of the self-defeating pattern to helping them realize the self-defeating pattern.	**0 1**

4. INSIGHT	Rating
Selected LSCI is carried out.	
Review the Timeline using Socratic method of questioning and examples from the ~~youth's~~ experience to help them gain insight: • Ask questions that will lead the person to understanding • Ask questions so that the person will gain a new perspective • Ask questions about other similar incidents, helping the person to see the pattern, "Could it be possible?" • Ask questions that will lead the person to an understanding of how this behavior is affecting their life	**0 1**
If the person is not able to accept the Insight, plant the seed for future interventions ("It is just something to think about…"), **move to New Skills. If the person accepts the Insight (i.e., sees or considers the self-defeating pattern), move to New Skills.**	**0 1**
Remember: Do NOT lecture or moralize. LEAD the person to insight by asking questions (except in New Tools Intervention) and using concrete examples.	

5. NEW SKILLS	Rating
Develop a personal plan with new social skills or new practical strategies based on insight. • Brainstorm potential solutions. • Discuss pros and cons of each solution. • Ask the person which solution they want to use. Which option is most likely to help?	**0 1**
Teach the social skill or strategies in a developmentally appropriate manner.	**0 1**
Role-play/rehearse the new social skill in a few contexts. If the person suggests something that you think will not be successful, one strategy might be to say, "Ok, if you do that, let's follow that through—what would happen next?"	**0 1**
Discuss consequences of behavior (loss of privileges, restitution etc.)	**0 1**
Remember: Rehearse so that the person will be successful with the new skill.	

6. TRANSFER OF LEARNING	Rating
Discuss current activity and how peers/staff may react to person's return.	**0 1**
Role-play the person's re-entry to current activity.	**0 1**
Share the plan with key staff, discuss ways to help the person with the plan.	**0 1**
Remember: Rehearse so the person will be successful returning to the ongoing activity.	

Revised from Muscott, Mann & Muscott (2014) and Dawson (2008)

Six Patterns of Life Space Crisis Interventions & Six Stages for Each Pattern

6 Stages							
1. Drain-Off	De-escalate the intense feelings. *"I hear you… I see you're upset…something important must have happened…I am here for you…We're going to work it out…"*						
2. Timeline	What happened from the youth's perspective: *"Help me understand…what happened, when, where, how… What did you say to yourself? How did you feel? What did you do or think of doing? What did the adult do?... peers? What happened next? Has this ever happened before (look for a pattern)?"*						
3. Central Issue	**Red Flag** *Displacement:* *carry-in, carry-over, tap-in*	**Reality Check** *Errors in Perception:* *intense feelings, personal sensitivities, tunnel vision, faulty conclusions, testing limits*	**New Tools** *Right Attitude, Wrong Behavior*	**Benign Confrontation** *Displays no guilt, assumes role of victim, no desire to change.*	**Regulate & Restore** *Guilt and punishment* 1. *Impulsive act and self-punishment* 2. *Deep seated guilt and seeks adults' punishment*	**Peer Manipulation** 1. *False Friendship* 2. *"The Set-up"*	
4. Insight	Identify the *real problem.* Affirm the person for coming in. *Ask: "Who were you mad at?" "Who received your anger?' "Did they deserve it?" "Is this a pattern?"*	Organize reality. Use Conflict Cycle to organize thoughts and review timeline several times. Help the person perceive events from others' point of view.	Identify the person's "right intentions, but wrong behavior." *Say, "You have the right attitude, let's teach you the necessary skills to be successful."*	1. Join the person by finding positives. 2. Identify basic justification. 3. Use benign confrontation…bringing cruelty into the environment…part of person is "cruel" and justifying behavior. (see strategies)	For #1. Review Timeline and affirm feelings and behaviors that were appropriate. Affirm acts of self-control. Use analogies to show mistakes do not mean you are a terrible person. For #2. Help the person to see pattern of "pushing buttons" to get punished. Discuss emotional reasoning: "feeling bad" is not same as "being bad."	For #1. See both people together to expose the false friend by reviewing the timeline. Does a friend help you or hurt you? For #2. See people separately. Show how they are a "puppet" being controlled by others.	
5. New Skills	*"Who can you talk to when you have problems? Name 2 people."* Role-play.	Role-play new skills the youth needs to be successful (depending on the type of distortion).	Use prosocial skills training to teach the appropriate skills. Role-play.	Rarely teach new skills initially. Goal is to change thinking about behavior from justifying it to realizing its cruel nature and feeling guilt.	For #1. Develop plan for self-control in difficult situations (relaxation routines & cognitive strategies). For #2. Arrange a regular "check-in" with trusted staff when feeling guilt-ridden.	For #1. Follow up with a New Tools and explore other friendship options. For #2. Practice ways of ignoring set-ups and not falling into the other person's traps.	
6. Transfer of Learning	Prepare the person to join ongoing activity. Share plan with staff and reinforce the person when plan is used.	Prepare the person to join ongoing activity. Share plan with staff and reinforce reinforce the person when plan is used .	Prepare the person to join ongoing activity. Share plan with staff and reinforce the person when plan is used .	Share plan with staff so all are on same page. Have same discussion when behavior occurs again.	Prepare the person to join ongoing activity. Share plan with staff and reinforce the person when plan is used.	Prepare the person to join ongoing activity. Share plan with staff and reinforce the person when plan is used.	

Summarized by Dr. Carol Dawson, Master Trainer LSCI

Cognitive Map of the Six Stages of LSCI

Stage 1: Drain Off Staff *de-escalating skills* to drain off the intense feelings while controlling one's counter-aggressive reactions	Diagnostic Stages
Stage 2: Timeline Staff *relationship skills* to obtain and validate the person's perception of the crisis	
Stage 3: Central Issue Staff *diagnostic skills* to determine if the crisis represents one of the six LSCI patterns of self-defeating behavior	
Stage 4: Insight Staff *clinical skills* to pursue the person's specific pattern of self-defeating behavior for personal insight and accountability	Reclaiming Stages
Stage 5: New Skills Staff *empowering skills* to teach the new social skills to overcome the person's pattern of self-defeating behavior	
Stage 6: Transfer of Learning Staff *consultation and contracting skills* to help the person re-enter the activity and to reinforce and generalize new social skills	

Summary

1. LSCI includes six interventions; Each of the interventions follows the same basic six-stage structure.
2. **Drain Off, Timeline, and Central Issue** are considered **Diagnostic Stages**. The helping staff carries out the stages and then makes a decision about whether or not to complete a full Reclaiming Intervention. **Insight, New Skills, and Transfer of Learning** are considered **Reclaiming Stages.**
3. The **six-stage LSCI process** is used when the conflict is characteristic of the person's pattern of perceiving, thinking, feeling, and behaving and can help the person gain insight into their self-destructive pattern of behavior.
4. Stage 1 is used to help drain off some of the person's hyper-arousal and get to a place where the person can connect language with emotion.
5. The **Drain Off** stage requires good de-escalation skills, abundant affirmations, and a good understanding of the Conflict Cycle so that the staff avoids getting drawn into a conflict.
6. In the **Timeline** stage, we encourage the person to tell the story from their point of view and gain an understanding of the person's perception of the events.
7. In the **Insight** stage, we use the information from the Timeline to re-frame the person's perception of the issue.
8. **Role-playing and rehearsal** are important in Stage 5 New Skills, so that person can try out new skills.
9. The stages of LSCI do not usually progress "neatly" from one stage to the next, but rather flow together and **allow flexibility** in moving back and forth between stages, as necessary.

PART 2: THE LSCI INTERVENTIONS

Red Flag:
Identifying the Real Source of Stress

Reality Check:
Learning New Ways to Understand

New Tools:
Teaching Social-Emotional Skills

Benign Confrontation:
Challenging Unacceptable Behaviors

Regulate & Restore:
Nurturing Self-Regulation

Peer Manipulation:
Exposing Peer Exploitation

THE RED FLAG INTERVENTION:

IDENTIFYING

THE REAL SOURCE OF STRESS

THE RED FLAG INTERVENTION

Identifying the Real Source of the Stress

A Red Flag Crisis is explosive and difficult to manage because the person is actively resistant to help and is their own worst enemy. Like a person drowning emotionally, they use their last breath to push their head underwater.

When you jump in the water to rescue a drowning person, frequently you end up struggling with them.

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Nothing comes from nothing.
Nothing is so small that it can't be blown out of proportion.

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The Need for Drain Off

Drain Off Techniques:

- Attend to the person
- Maintain reassuring communication
- Use plenty of affirmation
- Validate the feeling
- Decode the meaning behind the message

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Use the Red Flag Intervention with people who:

- Over-react to normal rules and procedures with emotional outbursts
- Attempt to create a no-win situation by engaging staff in a power struggle which ultimately results in more rejection and feelings of alienation.

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Person's Perception:

"Everybody is against me. No one understands what's going on with me and no one cares. I can't take it!"

Process & Diagnostic Stages

1. Recognize that the person's behavior is different today.
2. De-escalate self-defeating behaviors and determine the source of the intense feelings and behaviors.
3. The staff controls personal counter-aggressive feelings toward the person while working through multiple layers of resistance.

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The Role of Trauma in a Red Flag Crisis

- People who withhold emotional expression until they reach a safe setting demonstrate a degree of emotional control not available to seriously traumatized people.
- Their fight or flight reaction is under some level of modulation, though it is likely not conscious.
- Yet, people who wait to express their anger, resentment, or fear have a paradoxical problem; the real-life struggles that are the source of their stress require support systems, but their unleashing of threatening or harmful behavior upon "safe" individuals alienates the would-be supporters. In that way, their underlying belief that they are unworthy is validated.
- The LSCI process helps staff avoid furthering the person's self-fulfilling prophecy and helps people gain self-awareness and insight into their self-destructive pattern.

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The Sequence of a Red Flag Intervention

- The person experiences a stressful situation at home (e.g. is beaten, over stimulated)
- The experience triggers intense feelings of helplessness, anger, guilt, etc.
- These feelings are not expressed to the abusive person for fear of retaliation.
- They contain the feelings until they reach the facility.
- Rather than ask for help, they act out their feelings in the safer environment by creating intense conflict with staff.
- They over-react to normal requests.
- They actually want to fight with staff.
- They interpretation of interactions is illogical.
- They quickly create massive counter-aggressive feelings in staff.
- THIS IS THE DYNAMIC OF DISPLACEMENT!

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Outcome Goals

1. To identify the source of the Red Flag problem:
    - Carry-In: Problem occurs early in the day. The real problem happened before work in other setting: The home, the community, or during the commute.
    - Carry-Over: Frustration occurs in one setting (e.g., group) and is carried over and acted out in the next group.
    - Tap-In: Problem occurs during a discussion or task which triggers a personal issue.The person is overwhelmed and acts out.

2. To identify the dynamics of displacement and to acknowledge that the problems people cause are not the causes of their problems.

3. To practice new ways of managing the thoughts which arouse intense feelings and drive problem behavior.

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Person's New Insight

- Someone does understand my personal pain and can read beyond my behavior.
- I need to talk to staff about my real problems and not create new ones.
- I need to stop this self-defeating pattern of behavior.

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The problems people cause are not the causes of their problems.

The Six Stages of a Red Flag Intervention

1. Drain Off	**Person overreacts to normal, reasonable request. The person is furious!** *"I see you're upset…Something important must have happened for you to be this angry. I am here to help. I hear you."*
2. Timeline	**Start with the present. Take the timeline back to earlier in time to discover the REAL PROBLEM… Work backward in time to a point when everything was okay. Then slowly move forward, listening for *clues.* Find out how they perceived, thought, felt, and acted. Discover their "video" of the event.** *"I know you're angry now, but how did you feel the period before this?...or…How did you feel coming in today?"* *"Help me to understand…what happened, who, who else, when, where, how…"* *"What thoughts did you have when that happened?" "How did you feel?" What did you do or think of doing? What did the staff do…peers? And then what happened?"*
3. Central Issue	**Red Flag:** ***Displacement*** **Carry-in** (real problem happened at home, in the community, or during commute) **Carry-over** (real problem happened the period before) **Tap-in** (real problem happened in past—trauma was revisited by a discussion, video, activity which brought up a personal sensitivity)
4. Insight	**Identify the source of the problem. Affirm the person:** *"You had to go through a difficult time, but still were able to come to group. That took courage."* **Then teach displacement by asking the following questions:** *"Who were you mad at?"* *"Who received your anger?"* *"Did they deserve it?"* *"Has this happened before?" (If "Yes" then say, "I'm glad we are talking about this.")*
5. New Skills	**Plan: I need to recognize misplaced anger. I need to ask for help about the real problem.** **If safety and well-being of the person is a concern, follow your agency's policy to take appropriate safeguards.** **Help the person understand that a similar problem may occur again.** *Say, "Whom do you trust here? Whom can you talk to when you are having a tough time at home or with a difficult memory that reoccurs?* *"Tell me the names of two staff here that you are comfortable talking to. Check in with one of them when you have had a problem. I'll let them know. Let's rehearse."* **Provide opportunity for restitution, as appropriate.**
6. Transfer of Learning	"We need to get you ready for your return to your group now. Let's review your plan… Do you want me to talk to the staff member or do you want to? What will the other people say when you return? How will you handle it? Let's practice." **Talk to the two staff that the person identified and ask them to be on the alert the person is in distress and needs to talk. Share plan with key staff.**

Activity: Observe the Six Stages of a Red Flag Intervention

Directions: As you observe the role-play of a Red Flag Intervention, note the evidence of the Red Flag strategies for each of the six stages. Record your noticings, wonderings and take-aways for each stage. Discuss with small group. Share out.

Drain Off
Timeline
Central Issue
Insight
New Skills
Transfer of Learning

Guidelines for Role-Plays:

- There are three roles: **PERSON IN DISTRESS, INTERVIEWER** and **OBSERVER**
- The **PERSON IN DISTRESS** needs to play the role accurately, so that the **INTERVIEWER** can hone their skills. **PERSON IN DISTRESS** and **INTERVIEWER** should interact as if the situation is real, with no comments or "talk overs" from other members of the group. Keep in mind that we are all in a learning situation. **PERSON IN DISTRESS** should be realistic but not too tough.

Materials:

- **Page 1** provides general information: People involved, background information, details of the incident and the interviewer's task. Page 1 is given to everyone.
- **Page 2** provides the **PERSON IN DISTRESS'** role—what to say in the Drain-off Stage, Timeline Stage and Insight Stage.
- **Page 2**, **PERSON IN DISTRESS'** Role, is given to **PERSON IN DISTRESS** and **OBSERVER ONLY**.
- **LSCI Interviewing Skills Rating Tool**, known as the **LSCI Checklist** (previously discussed). It has a generic checklist of skills needed for each stage. LSCI Checklist is given to **OBSERVER**, who checks off the skills that the **INTERVIEWER** is using.

Trainer will provide further instructions. Feedback is given after the role-play:

- The **PERSON IN DISTRESS** goes first:
  - What was helpful in the intervention?
  - What was not helpful? Give specific, descriptive feedback.
- The **OBSERVER (s**) should use the LSCI Skill Checklist and comment:
  - Which skills were used?
  - Which skills need more practice?
- The **INTERVIEWER (s)** should comment:
  - What did you do well in the interview?
  - What would you do differently next time?

Summary:

1. The Red Flag is the most frequently used LSCI Intervention.
2. In a Red Flag crisis, theperson in distress:
   - Over-reacts to a staff's request with a massive and uncharacteristic emotional outburst
   - Tries to engage staff in a no-win power struggle, resulting in more rejection and alienation
   - Displaces their anger onto an unsuspecting person
3. The Drain Off is extremely difficult in a Red Flag situation and is a clue that the person is bringing in a problem from elsewhere.
4. The helping staff must also:
   - Recognize that the person's behavior is different than usual
   - Identify the dynamics of displacement
   - Control counter-aggression and avoid getting caught in the Conflict Cycle
5. There are 3 types of Red Flag crises: Carry In, Carry Over & Tap In

18. THE REALITY CHECK INTERVENTION:

LEARNING NEW WAYS TO UNDERSTAND

THE REALITY CHECK INTERVENTION

Learning New Ways to Understand

How Personal Anxiety Distorts the Reality of Events

I see things, hear things, feel things and remember things in my life not as they are, but as I *believe them to be*.

Use with people who:

1. Have blocked perceptions of reality due to intense feelings
2. Misperceive reality due to triggering of personal emotional sensitivities
3. Have a restricted perception of reality due to perseveration on a single event leading to the crisis
4. Privately reconstruct their own reality as events are interpreted through rigid perceptual filters derived from personal history
5. Manipulate reality to test limits

Five Types of Reality Check Distortion:

Type of Distortion	Big Ideas	Examples
1. Blocked Perception due to Intense Feelings		
2. Personal Sensitivities		
3. Selective Attention or Tunnel Vision		
4. Accurate Perception, Faulty Conclusion		
5. Limit Testing		

Person's Perception:

"I have a right to be upset! No one can see it my way. You can't tell me I'm wrong."

Person's Perception—Variations:

1. "I'm so upset. I can't remember anything."
2. "I ran when the staff took the jacket off—the staff was going to hit me!!"
3. "You broke my belt!"
4. "I know why I failed. The professor doesn't like me."
5. "I just wanted to see what they'd do if I didn't follow the program!"

Process of the Diagnostic Stages:

1. Drain Off is likely to be difficult and requires patience.
2. The Timeline is likely to be complicated and difficult to understand. Patiently and persistently use this time to help the person organize perceptions into an accurate, logical sequence of events.
3. Help the person reorganize the information about the event to broaden perspective about what may have happened.
4. Help the person gain an awareness of the cause-effect relationship of the events leading to the crisis.

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The Role of Trauma in a Reality Check Crisis

- People who are hyper-aroused often misinterpret the behavior of others (amygdala).
- When people are stuck in this pattern, their brains (hippocampus) search for memory evidence that supports their irrational beliefs and faulty perceptions. The pattern is reinforced over time because of repetition in primary relationships or the absence of effective models. This is a reactive, externalizing pattern.
- These people filter experiences through the lens of needing to believe that they are right. Because their instinct is to maintain their rigid belief, it is very hard for them to give in. For people in this pattern, it is win or lose.
- The goal of the Reality Check Intervention is to help people re-frame a crisis event so they develop a new perspective of the players in the event (including themselves) and can recognize that their choice to respond defensively actually created a real risk whereas none existed before.

Person's New Insight

"Maybe there is another way to look at this situation. I can see how I might have made it worse and what to do about it."

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Outcome Goals

- Help people organize thinking so that a more accurate perception of reality emerges
- Bring people to the realization that "there is more than meets the eye"
- Help people begin to understand their contributions to the problem

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To the corkscrew, the knife looks crooked!

Most people in crisis are not motivated to seek self-improvement programs, but to seek ways of justifying their faulty thinking.

The Timeline Stage is critical to a successful Reality Check Intervention

Guidelines for the Timeline

1. When strong emotions are drained off and the person shows a willingness to talk, begin by developing the Timeline. There are two objectives: (1) continue to decrease emotion and increase use of rational words and ideas, and (2) clarify details about the person's perception of the incident. We are exploring aspects of the incident in order to get a "feeling" for what the Central Issue might be.

2. Assist the person in a detailed step-by-step recounting of the entire incident beginning at a point in time when the problem did not exist. Repeat the order of events aloud frequently to organize them for the person in distress. Use the Conflict Cycle paradigm as a guide.

3. Frequently validate or affirm and acknowledge feelings and behaviors which were natural under the circumstances. It is essential to communicate to the person during the Timeline that you are allies working together on the same problem.

4. Request clarification of "questionable" points. "What you are saying is very important and I want to be sure I have it right."

5. Watch for "signal flares" – seemingly insignificant comments or asides that may signal an issue. If one appears, try repeating the key word or phrase or try a follow-up question. Don't push it if the person doesn't want to continue but remember the comment and return to it at another time.

6. Observe the person's body language very carefully. Denial, agitation, interest, or silence is sometimes indicative that you are on a meaningful track.

7. Use reflecting often to clarify, signal support, and keep the conversation going.

8. Decode or interpret the person's comments. Help the person to connect private thoughts and feelings with behavior. Attempt to answer the question, "What's the real issue here?"

9. Affirm frequently!

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When someone Refuses to Talk

At times, people in distress will refuse to talk. The following are helpful ideas and comments to get the Timeline started and keep it going:

1. If the situation involves an object, "fall in love" with it. Ask, "Where/when did you get it?" "Did someone give it to you?" This tends to build a relationship – you are valuing what the person values.

2. "Your angry words tell me you are upset, but those kinds of words do not help me understand why you are angry."

3. "Thank you for…staying in the time-out area…coming with me..."

4. "When you say, 'I don't want to talk about it', are you saying it is too difficult, or painful to talk about?"

5. Tap into the stream of consciousness, the fountain of inner life. You can become lost for words, but not for thoughts. You can become speechless, but you can never become thoughtless. When you have nothing to say, it is because you are struggling to sort out and select the thoughts you want.

For the silent person in distress, try saying aloud, "Right about now you're probably thinking…" This might elicit a comment such as, "You don't know what I'm thinking!" The Interviewer might respond, "You're right, I can't read your mind, but I can see that something is bothering you. Can you tell me about it?"

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The Six Stages of Reality Check Intervention

1. Drain-Off	**Youth may be angry but is also confused and anxious.** *"I see you're upset…Something important must have happened for you to be this angry… I am here to help…I hear you…"*
2. Timeline	The person is confused about what happened and the Timeline will contain distortions, inaccuracies, faulty thinking, and misperceptions. The Timeline will be difficult.Develop the sequence of events very carefully and review for accuracy. Check with reliable witnesses to verify accuracy. Use the Conflict Cycle as a graphic organizer to record stressful events, thoughts, feelings, behavior, and reactions.
3. Central Issue	**Reality Check:** ***Errors in perception*** Intense feelings, personal sensitivities, tunnel vision, faulty conclusions, or limit testing
4. Insight	**Go over the Timeline using the Conflict Cycle as a guide. Review the Timeline repeatedly to organize reality. *"Where is the evidence that this happened*?"** For example, in cases of distortion of <u>what was said</u> due to personal sensitivities, refer to: *1) History with person—"Have they ever done this before?"* *2) Reports from witnesses who gave a different account, and* *3) Similarity of words.* Help the person to see cause and effect. Help the person see how they contributed to the problem. *"Sometimes when you're upset, you don't always see or hear accurately."*For "limit-testing" distortions, ask the rules in other settings of the school/agency which the person will readily know. Say, *"You know what is expected. You are too smart for me to believe that you don't know what was required in this situation."*
5. New Skills	**Plan: I need to check out the facts of what happened to make sure I understood it correctly. I need to realize how I made the situation worse.** For a Misunderstanding: Check it out with the other person. Say, *"Would you say that again?"* To help the person develop a different perspective, *"How do you think ___ felt about that?"* For Testing of Limits: Say, "*What will you do next time?"* If the person is resistant to change, say, "*Seems that you would be making more progress here if you accepted responsibility for your behavior and followed the rules. Consequences are_____."*
6. Transfer of Learning	*"We need to get you ready for your return to your group/activity now. Let's review your plan… Do you want me to talk to staff or do you want to? What will the other people say when you return? How will you handle it? Let's practice."* Share plan with key staff so the person has support.

Video Viewing Guide: Mike & Dr. Fecser OR Liz & Mark Freado

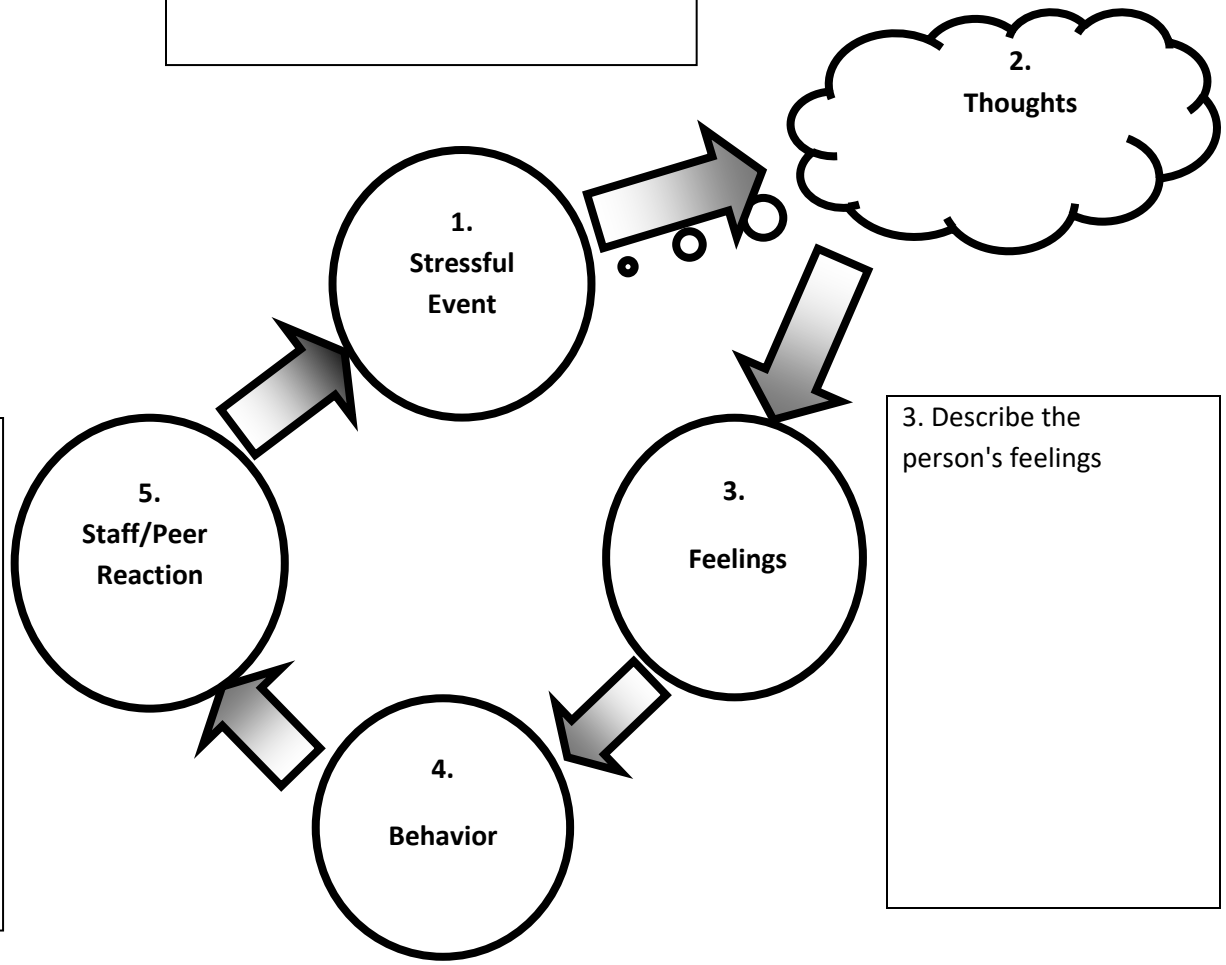
Directions: As you watch the video of *Mike and Dr. Fecser **OR** Liz & Mark Freado*, document the evidence of the use of the strategies for each stage. What does the adult say and do? Record your noticings, wonderings and take-aways for each stage of this intervention. Share with small group.

Stage 1. Drain-Off (*Not recorded)*
Stage 2. Timeline
Stage 3: Central Issue
Stage 4: Insight
Stage 5: New Skills
Stage 6: Transfer of Learning

Corey's Conflict Cycle Worksheet

Describe the person's thoughts

Describe the person's stressful event



5. Describe the staff/peer reaction

3. Describe the person's feelings

Describe the person's behavior

Notes from role-play experience:

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Today was the absolute worst day ever
And don't try to convince me that
There's something good in every day
Because, when you take a closer look,
This world is a pretty evil place.
Even if
Some goodness does shine through once in a while
Satisfaction and happiness don't last.
And it's not true that
It's all in the mind and heart
Because
True happiness can be obtained
Only if one's surroundings are good.
It's not true that good exists
I'm sure you can agree that
The reality
Creates
My attitude
It's all beyond my control
And you'll never in a million years hear me say that
Today was a good day.

Chanie Gorkin

(now read from the bottom up)

SUMMARY:

1. In a Reality Check crisis, people's intense feelings cause them to misperceive the facts about an event or come to faulty conclusions about it.
2. Their perceptions are actually belief statements. These people often have tunnel vision. They are not good at perspective-taking or seeing things from other points of view.
3. Our process is to help people re-organize perceptions and come to an understanding of how they contributed to the crisis due to poor choices.
4. The key to managing a Reality Check situation is to work through a carefully detailed Timeline.
5. Placing the events into the Conflict Cycle construct is helpful in organizing thoughts and gaining insight.

19. THE NEW TOOLS INTERVENTION:

BUILDING SOCIAL-EMOTIONAL SKILLS

NEW TOOLS INTERVENTION

Building Social-Emotional Skills

Use with people who:

1. Have the correct attitude and intentions but lack the appropriate social skills to be successful
2. Experience confusion, frustration or shame by the failures experienced

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Person's Perception:

"I want to do the right thing, and I don't understand why it doesn't work."

The Process of the Diagnostic Stages:

- After de-escalation, obtain an accurate Timeline.
- Review the Timeline with the person and make the connection or interpretation between the person's intentions and behavior.
- When people can focus on their good intentions instead of their wrong behavior, affirm their good intentions.
- Reinforce the fact that the staff and the people in distress are "on the same side." They want to make friends (connect with others, succeed academically, etc.) and the staff wants them to do the same.
- Once this positive relationship is established, move to outcome goals.

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The Role of Trauma in the New Tools Intervention

- New Tools people tend to be internalizers. Their inept social behavior invites rejection and punishment.
- In a New Tools crisis, a person's behavior can be seen as evidence of deprivation with respect to social learning.
- Staff help people make the connection between their good thoughts and intentions and their wrong behavior.
- Staff provide abundant affirmation of the person's intentions while assuring them that learning and practicing new social skills can help bring about more desirable outcomes.

New Tools situations often start with teasing. There are four kinds of teasing:

- Playful Teasing

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- Immature Social Skills

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- Expression of Anger or Envy

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  _____

- Self-Punishment—A Willing Victim

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Person's New Insight

- I want to do the right thing, but I need help to learn to do some things better.
- I know if I get help and practice, things can get better.
- I can learn to choose the right action and be successful in making friends, getting along with others, and achieving success in the things I try to do.

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Outcome Goals

- To teach the people in distress new ways of thinking things through, understanding emotions and practicing new, "age-appropriate" social skills
- While all LSCI's involve teaching a person new skills, the New Tools must pay specific attention to Stage 5 for role-modeling and practice.

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Notes on Carl Demonstration:

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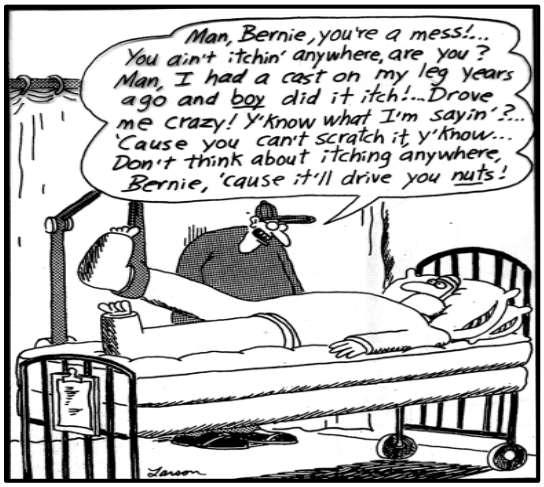
Skill, Performance & Fluency Deficits in Social Emotional Skills:

When people do not exhibit appropriate social skills, it is useful to determine if there is a skill, performance, or fluency deficit.

Type of Deficit	Instructional Approach
Skill: "Can't do" The person doesn't know how to perform the skill or doesn't know how to discriminate which skills to use in different situations. *Example 1: A person from another country wants to make friends but is not familiar with American customs and says and does things to alienate self.* *Example 2: A person with autism hears a fire alarm (for a drill)and doesn't know what it is or what to do.*	Break the skill into steps and directly teach and practice each step through role-playing.
Performance: "Won't do" The person knows what to do and how to perform the skill but doesn't perform the skill for a variety of reasons. *Example 1: A person wants to do well in college and impulsively calls out the answer instead of raising their hand. They can't always access the skill when they need it. Many times, calling out is an easier and quicker way to get the professor's attention than raising one's hand and waiting to be called on.* *Example 2: The person knows how to apologize when wrong but feels submissive and doesn't follow through.*	Depends on the reason for "won't do." Increase motivation through support and reinforcement. Decrease the "payoff" for problem behavior and increase the "payoff" for appropriate behavior.
Fluency: "Unpolished" The person knows how to perform the skill and performs the skill at acceptable levels, but performs in an awkward, robotic, overly formal manner. *Example: The person has learned the "steps" to greeting peers but goes about it in an overly proper way and actually makes peers uncomfortable.*	Provide plenty of opportunities to rehearse and practice. Immerse in appropriate models. Involve peers. Give high levels of reinforcement.



This is an example of Social-Emotional Learning

Overview of Specific Social Skills from The Prepare Curriculum (Goldstein, 1999)

Skillstreaming Skills

Group I: Beginning Social Skills

1. Listening
2. Starting a Conversation
3. Having a Conversation
4. Asking a Question
5. Saying Thank You
6. Introducing Yourself
7. Introducing Other People
8. Giving a Compliment

Group II: Advanced Social Skills

9. Asking for Help
10. Joining In
11. Giving Instructions
12. Following Instructions
13. Apologizing
14. Convincing Others

Group III: Skills for Dealing with Feelings

15. Knowing your Feelings
16. Expressing Your Feelings
17. Understanding the Feelings of Others
18. Dealing with Someone Else's Anger
19. Expressing Affection
20. Dealing with Fear
21. Rewarding Yourself

Group IV: Skill Alternatives to Aggression

22. Asking Permission
23. Sharing Something
24. Helping Others
25. Negotiating
26. Using Self-Control
27. Standing Up for your Rights
28. Responding to Teasing
29. Avoiding Trouble with Others
30. Keeping Out of Fights

Group V: Skills for Dealing with Stress

31. Making a Complaint
32. Answering a Complaint
33. Being a Good Sport
34. Dealing with Embarrassment
35. Dealing with Being Left Out
36. Standing Up for a Friend
37. Responding to Persuasion
38. Responding to Failure
39. Dealing with Contradictory Messages
40. Dealing with an Accusation
41. Getting Ready for a Difficult Conversation
42. Dealing with Group Pressure

Group VI: Planning Skills

43. Deciding on Something to Do
44. Deciding What Caused a Problem
45. Setting a Goal
46. Deciding on Your Abilities
47. Gathering Information
48. Arranging Problems by Importance
49. Making a Decision
50. Concentrating on a Task

Situational Perception Training

Anger Control Training

Moral Reasoning Training

Stress Management Training

Problem-Solving Training

Recruiting Supportive Models

Empathy Training

Cooperation Training

Six Stages of the New Tools Intervention

1. Drain-Off	**Person in distress is confused and perplexed ("Why am I in trouble?")** *"I see you're upset…frustrated… I am here to help…I hear you…"*

2. Timeline	During the Timeline Stage, the Interviewer hears that the person's intentions were good. The person wanted to make friends, do well in college, or relate to others but the person did not have the correct social skills to be successful.
3. Central Issue	**New Tools:** ***Right idea but wrong behavior***
4. Insight	Staff make the connection for the person in distress. Say it directly: *"You had the right idea! You were trying to be friendly (or do well in college or relate to others). Let's talk about where it went wrong."* *"How do you think the other person felt when you did ___?"*
5. New Skills	**Plan: I need to learn new skills to meet my needs** Say, *"What could you do instead?"* If the person doesn't know any other way, staff gives suggestions. *"Let's practice. I'll be you and you be ____.* (role-play) *Now let's reverse. You be yourself and I'll be ___."*
6. Transfer of Learning	*"We need to get you ready for your return to your group/activity. Let's review your plan… Do you want me to talk to the staff or do you want to? What will the other people say when you return? How will you handle it? Let's practice."* Share plan with key staff so the person in distress has support when they use targeted social skills.

Video Viewing Guide: *Danny and Dr. Fecser*

Directions: As you watch the video, record the evidence of the use of the strategies for each stage. What does Dr. Fecser say and do? Record your noticings, wonderings and take-aways. Share with small group.

Stage 1. Drain-Off (*Not recorded)*
Stage 2. Timeline
Stage 3: Central Issue
Stage 4: Insight
Stage 5: New Skills
Stage 6: Transfer of Learning

Summary:

1. In a New Tools crisis, the person in distress has the right attitude and intentions, but the wrong behavior.
2. The person is beyond “active resistance.” They want to do the right thing but lack the social skills to do so.
3. Our process is to help the person make the connection between their good intentions and their wrong behavior and to learn and apply new social skills to real life situations, to bring about more desirable outcomes.
4. New Tools situations often begin with teasing.

20. THE BENIGN CONFRONTATION INTERVENTION:

CHALLENGING UNACCEPTABLE BEHAVIOR

BENIGN CONFRONTATION INTERVENTION

Challenging Unacceptable Behavior

Use with people who:

1. Do not seem motivated to change
2. Justify their threatening or harmful behavior that hurts others physically or emotionally
3. Perceive themselves as victims and respond by threatening or harming others
4. Receive secondary pleasure from the pain they cause to others
5. Appear to be very comfortable in their approach

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What's in a name?

- Bully
- Oppositional-Defiant Disordered
- Emotionally-Behaviorally Disturbed
- Conduct Disordered
- Socially Maladjusted
- Delinquent
- Troubled and Troubling

Person's Perception:

"I do what I have to do, even if it hurts others. I have to take care of Number One. I have a reputation to maintain and I won't be disrespected. I have no need to change."

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Process of the Diagnostic Stages:

1. There is typically little need for Drain Off. Use this time to connect with the person.
2. During the Timeline:
    - Find underlying strengths in the person's narcissism
    - Highlight past vs. current responses if there is improvement
    - Accept their feelings but not their behaviors
3. Clarify the importance of following rules vs. rejecting rules to get what they want
4. "Benignly confront" their defenses and irrational beliefs in an effort to create some anxiety about their behavior.

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The Role of Trauma in a Benign Confrontation Intervention

Five Patterns of Externalizing Traumatic Stress

1. Self-Serving Thinking Patterns & Defenses
2. Lack of Empathy Toward Others
3. Extreme Narcissism
4. Active Impulses
5. Rejects Feedback from staff

1. *Self-Serving Thinking Patterns and Defenses*
    - Projection
    - Rationalization
    - Minimizing the Problem
    - Jumping to Conclusions
        - Mind Reading
        - Fortune Telling

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2. *Lack of Normal Empathy Towards Others*
    - Lack of compassion for non- violent crimes
    - Lack of trust
    - Lack of boundaries regarding ownership

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3. *Extreme Narcissism*
    - Unrealistic expectations
    - Self-centered
    - Rigid pride
    - Unrealistic beliefs about success and failure

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4. *Active Impulses*
    - Anger = Power
    - Fear = Weakness
    - Sensation Seeker

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5. *Rejects Feedback from Staff*

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Honest criticism is particularly hard to accept when it comes from a boss, a colleague, a family member, a friend, and acquaintance, or a stranger.

Benign Confrontation Externalizing Traumatic Stress
Modified Jigsaw Description

Adapted from the work of Spencer Kagan, Resources for Teachers, San Juan Capistrano, CA.

The purpose of Jigsaw is shared learning. Members of a group become "experts" in a particular area of a mutual pursuit and share their learning with the other group members. It is also used when a lot of learning needs to happen in a short time.

Jigsaw Directions

Each member of a team/group works independently to master a portion of a topic or skill. When each team member has completed the work as planned, they gather at an agreed upon time to share the new knowledge. Often there is synthesis of the shared knowledge.

There are five topics characterizing Benign Confrontation Externalizing Traumatic Stress with 15 subtopics. The topics and subtopics can be evenly distributed among members/groups who become the "experts" in that area. An "expert" graphic organizer is provided for the expert's notes. After a designated amount of time, each expert will report out. The rest of the groups will take notes on the jigsaw note catcher to record the big ideas and examples of each Benign Confrontation characteristic. The jigsaw provides shared learning of this topic.

Protocols are most powerful and effective when used within an ongoing professional learning community and facilitated by a skilled facilitator. To learn more about professional learning communities and seminars for facilitation, please visit the School Reform Initiative website at www.schoolreforminitiative.

Expert Group Graphic Organizer for Benign Confrontation Externalizing Traumatic Stress

Characteristic that you will study deeply to share with group:	
Big Ideas	**Examples**

Jigsaw Note Catcher for Benign Confrontation: Externalizing Traumatic Stress

Characteristic	Big Ideas	Examples
1. Self-Serving Thinking Patterns and Defenses a. Projection b. Rationalization c. Minimizing d. Jumping to Conclusions		
2. Lack of Normal Empathy Towards Others a. Lack of Compassion for Non-Violent Crime b. Lack of Trust for Staff c. Lack of Boundaries Regarding Ownership		
3. Extreme Narcissism a. Unrealistic Expectations b. Self-Centered c. Massive Denial, Based on Rigid Pride d. Unrealistic Beliefs about Success		
4. Active Impulses a. Anger is Power b. Sensation Seekers c. Fear is Weakness		
5. Rejects Feedback from Others		

Benign Confrontation: Externalizing Traumatic Stress Characteristics

1. Self-Serving Thinking Patterns & Defenses

1a. Projection

These people use defenses to justify their feelings and behaviors which result in little or no feelings of guilt and little or no motivation to change. For example, the person **assumes the role of the victim and not the victimizer** by using **Projection**.

Examples: "*They* started it, not me. *They are the ones messing with me*."

Instructions: *Discuss* ***Projection*** *at your table. Be prepared to explain* ***Projection*** *to the class and provide an example from a real-life experience.*

1b. Rationalization

These people **justify why they can hurt others** without feeling guilty.

Examples: *"I gave them a warning. They didn't listen to me." "I was only defending myself." "I remember that 2 weeks ago, they were picking on a smaller people—I decided to give them a taste of their own medicine."*

Instructions: *Discuss* ***Rationalization*** *at your table. Be prepared to explain* ***Rationalization*** *to the class and provide an example from a real-life experience.*

1c. Minimizing the Problem

These people justify their behavior by **making it sound less serious**.

Examples: *"We did Conflict Resolution…everything is OK." "We took care of it…we shook hands…you don't need to get involved." "Everybody does it—why are you picking on me?" "OK, so I made a mistake—you think I know everything?" "So I didn't understand it wasn't OK to take the fire extinguisher off the wall and spray the lobby."*

(Regarding stealing) *"Wait a second—I've got good news for you—I didn't use it. So everything's OK."* (Their thinking is that if you don't get any enjoyment out of it, you have no guilt.)

Instructions: *Discuss* ***Minimizing the Problem*** *at your table. Be prepared to explain* ***Minimizing the Problem*** *to the class and provide an example from a real-life experience.*

1d. Jumping to Conclusions: Mind Reading & Fortune Telling

These people justify their behavior by **Jumping to Conclusions**. This includes **Mind Reading** and **Fortune Telling**. Another cognitive trap, jumping to conclusions, is a way of justifying behavior. This category includes:

- **Mind Reading**: inferring a person's thoughts from their behavior or non-verbal communication. *"The reason I didn't tell staff about my problem is because I knew what they were thinking-that it was my fault."*
- **Fortune Telling**: predicting outcomes. *"I knew what would happen if I told staff. They wouldn't do anything about it."*

These people are egocentric--the world revolves around them. They can't imagine another's interpretation of reality.

Instructions: *Discuss* ***Jumping to Conclusions*** *including* ***Mind Reading*** *and* ***Fortune Telling*** *at your table. Be prepared to explain* ***Jumping to Conclusions*** *including* ***Mind Reading*** *and* ***Fortune Telling*** *to the class and provide an example from a real-life experience.*

2. Lack of Normal Empathy Towards Others

2a. Lack of Compassion for Nonviolent Crimes

These ~~young people~~ have a **Lack of Compassion for Nonviolent Crimes**.

Examples: "*All I do is steal things. I don't hurt anyone."* A group of ~~young people~~ stole Social Security checks from an elderly person's mailbox. Since they didn't cash them, they believed that there was no crime committed.

Instructions: *Discuss* ***Lack of Compassion for Nonviolent Crimes*** *at your table. Be prepared to explain* ***Lack of Compassion for Nonviolent Crimes*** *to the class and provide an example from a real-life experience.*

2b. Lack of Trust for Staff

These people have a **Lack of Trust for Staff.** They have no sense that trust must be earned, nor do they distinguish between people who exploit them , those who care, and those who are simply disinterested. They generalize their hostile feelings to all staff .

Example: *"No one ever trusted me, why should I trust others?"*

Instructions: *Discuss* ***Lack of Trust for*** *Staff at your table. Be prepared to explain* ***Lack of Trust for*** *Staff to the class and provide an example from a real-life experience.*

2c. Lack of Boundaries Regarding Ownership

These people have a **Lack of Boundaries Regarding Ownership.** They have little sense of the meaning of "ownership" and consider it OK to take something if its owner is unaware that it is being taken. If you're bigger, smarter, or stronger, you deserve it and are entitled to other people's stuff. For many of these people, there is often an underlying depression—it's easier to act out sadness, and despair, than to talk about it.

Examples: *"If people don't put locks on their doors, they are inviting intruders." "If people are stupid enough to leave their keys in their car, they are inviting someone to take it." "After all, people have stolen things from me, so I'm just making up for it."*

Instructions: *Discuss* ***Lack of Boundaries Regarding Ownership*** *at your table. Be prepared to explain* ***Lack of Boundaries Regarding Ownership*** *to the class and provide an example from a real-life experience.*

3. Extreme Narcissism

3a. Unrealistic Expectations

These people have **Unrealistic Expectations**. Their appetites, drives, and instincts are powerful. They believe that because they wish it, it should be. **Life is a matter of luck or opportunity, and not of hard work, studying, planning or skills.** There's a feeling that you have these drives for excitement and pleasure, it takes too long to earn it.

They work on the assumption of instant gratification. If you have an itch, you scratch it—if you have an impulse, you act it out. Drives and instincts should be met quickly and immediately.

Example: "Work and study are too boring! I want it now!"

Instructions: *Discuss* ***Unrealistic Expectations*** *at your table. Be prepared to explain* ***Unrealistic Expectations*** *to the class and provide an example from a real-life experience.*

3b. Self-Centered

These people are **Self-Centered** and **consider their own needs first and foremost.**

Example: When you try to set a limit, they respond by saying, "I don't want to hear about how you feel, or how other people feel. I don't want to hear about what I did. What about my needs? If I can't go outside, or have that privilege, my needs are frustrated, so I don't want to hear about anyone else's needs, problems, or concerns!"

Instructions: *Discuss* ***Self-Centered*** *at your table. Be prepared to explain* ***Self-Centered*** *to the class and provide an example from a real-life experience.*

3c. Massive Denial, Based on Rigid Pride

These people exhibit **Massive Denial, Based on Rigid Pride**. Even when caught red-handed, **they will refuse to admit mistakes.**

Examples: "You can show all the proof that you want—I'm telling you I didn't do it."

"You can go ahead and punish me, it doesn't make a bit of difference, because afterwards I'm going to kick their ass."

Instructions: *Discuss* ***Massive Denial, Based on Rigid Pride*** *at your table. Be prepared to explain* ***Massive Denial, Based on Rigid Pride*** *to the class and provide an example from a real-life experience.*

3d. Unrealistic Beliefs About Success

These people have **Unrealistic Beliefs About Success.** They believe in **magic**. If they have money they **play the numbers** or the **lottery**. Life is decided by a **good roll**—by being hot, sweet, and/or lucky. If you don't have luck, you should have **powerful friends**. They can bring you instant gratification—can make life easy for you without hard work or study or skills. Rich friends also cause you to feel important. There is an external desire for status—cars, clothes, jewelry all based on the idea of immediacy. They have no concept that hard work leads to reward. Their success will come from winning the lottery.

Examples: "You have to have luck—play the lottery. If you don't have luck, there's nothing you can do about it." "You have to have powerful friends—they can get you stuff."

Instructions: *Discuss* ***Unrealistic Beliefs About Success*** *at your table. Be prepared to explain* ***Unrealistic Beliefs About Success*** *to the class and provide an example from a real-life experience.*

4. Active Impulses

4a. Anger is Power

These people take many risk—playing chicken, walking on high ledges, mixing drugs, because they have no sense or mortality. They will do anything to uphold a reputation and then justify it. **Anger is Power**: Power is the ability to have influence over others. It's the ability to get others to do what you want when you ask them to do it. People do things for bullies. These people know how to sword-rattle;how to intimidate without resorting to violence. People will give in, give up, be subservient, and enhance the person's status. Bully behavior has its rewards.

Example: Bullying behavior

Instructions: *Discuss **Anger is Power** at your table. Be prepared to explain **Anger is Power** to the class and provide an example from a real-life experience.*

4b. Sensation Seekers

These people are **Sensation Seekers.** They are always seeking sensory input and have difficulty with silence. If you want to create anxiety leave them alone so they have to listen to their own thoughts. They surround themselves with stimulation and activity. There is so much external stimulation that they don't have to listen to their own thoughts.

Example: Often, these people wear headphones to listen to music in an attempt to block their own internal dialogue or stream of consciousness. If you take away the music, the friends, the glamour, suddenly they have to listen to their thoughts—not often comforting or happy.

Instructions: *Discuss **Sensation Seekers** at your table. Be prepared to explain **Sensation Seekers** to the class and provide an example from a real-life experience.*

4c. Fear is Weakness

Fear is Weakness: Fear is a biological response to (life) threatening situations. It prepared us to act in self-preserving ways. Many people have a reaction formation such that tempting fate, taking risks, Russian Roulette, are ways of challenging fear; and, therefore, reinforcing the idea that others will have bad luck, but they will have good luck. Look at the movies and video games which glamorize violence and destruction. There is no self-protective fear or sense of self-preservation. Consider the role models of today and what they stand for.

Examples: These people believe in *"Live fast—die young and leave a good-looking corpse."*

Instructions: *Discuss **Fear is Weakness** at your table. Be prepared to explain **Fear is Weakness** to the class and provide an example from a real-life experience.*

5. Rejects Feedback from Staff

Rejects Feedback from Staff: These people are hostile toward staff and see them as very removed—from another culture. This is why the Boot Camp concept doesn't work; it is based on the assumption that the staff is more aggressive, punitive, authoritarian, and dominant, and makes everyone else subservient. Boot camp is a great model for a gang leader. The most powerful learning is through unconscious modeling.

Example: When you say to these people, *"This is unacceptable,"* they say, *"I don't have to listen to you, a—hole! You've got nothing worthwhile to tell me. You can talk to me all day and it won't make a difference. When you get done, I'll laugh in your face."*

Instructions: *Discuss **Rejects Feedback from Staff** at your table. Be prepared to explain **Rejects Feedback from Staff** to the class and provide an example from a real-life experience.*

Basic Justification #1 - "They started it" Thinking

It would never have happened if they had left me alone.

Variations:

- They were laughing/staring at me.
- They were calling me names or teasing me.
- They gave me the finger.
- They touched/pushed/hit me first.

Cognitive Trap: Magnification

Exaggerating the impact of another's remark or behavior in order to justify extreme retaliation

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Basic Justification #2 – "It's no big deal" Thinking

You are over-reacting to this incident.

Variations:

- It was a friendly fight.
- We made up. We shook hands. We are friends.
- We were only having fun. We were playing around.
- I was only kidding. They misinterpreted me.
- I didn't use the (stolen object).
- It was an accident.

This leads to **JUSTIFIED REVENGE!**

Cognitive Trap: Minimization

Diminishing the importance of the self-serving behavior in order to avoid confronting its cruel or excessive nature

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Basic Justification #3 – "No one would have done anything about it" Thinking

I have to solve this problem even if I have to take the law into my own hands.

Variations:

- I don't have to tell staff because I know they wouldn't do anything.
- I'm not a baby. I don't run to my mother. I can solve my own problems.
- I have a right to take care of myself.

This leads to **JUSTIFIED REVENGE!**

Cognitive Trap: Mind Reading

Assuming another's inadequate interpretation and action in order to justify taking matters into one's own hands

Cognitive Trap: Fortune Telling

Assuming the outcome of an event in order to justify acting to avoid it

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Benign Confrontation Strategies to Respond to the Basic Justifications:

Consider the following types of responses to the Basic Justifications for Harmful Behavior:

Basic Justification #1 – "They started it" Thinking

It would never have happened if they had left me alone.

Examples: "They started it…touched me…pushed me…etc." (maximizing what the other ~~youth~~ did)

- *"How hard did they hit you, on a scale of 1-10? How hard (where) did you hit them?"*
- *"It's interesting that I have seen you let your buddies hit you harder than that."*
- *"If they were bothering you, why didn't you tell staff?"*

- ❖ *"I have a thought about why you acted on your own—part of you gets pleasure out of causing pain to others."*

Basic Justification #2 – "It's no big deal" Thinking

You are over-reacting to this incident.

Example 1: "We were kidding…It was a friendly fight" (Minimizing what they did)

- ❖ *"Are you saying that you both enjoyed it, or did one person enjoy it and the other person tolerate it?"*
- ❖ *"You were having fun; they were having pain. The word for that is not 'fun,' it's 'cruelty' and this is an unacceptable way of living."*

Example 2: "We made up." (Minimizing what they did)

- ❖ *"I'm glad you started to mediate the problem, but part of my job is to talk about painful things so we can have more information to prevent the problem in the future."* (The person's responses are designed to prevent you from exploring the situation.)

Example 3: "I didn't use it." (Minimizing what they did)

- ❖ *"I'm glad you didn't use it and that it got returned. When did you first have the idea that it was OK to take it?"*
- ❖ *"Here people have a right to their things without guarding them."*

Basic Justification #3 – "No one would have done anything about it" Thinking

I have to solve this problem even if I have to take the law into my own hands.

Example: "Nobody would have done anything" (mind reading and fortune telling)

- ❖ *"Did you ask the staff?" [You might have to ask this question more than once because the person may say, "I don't have to ask—the staff never does anything." Persist… "Did you ask this time?" (No)]*
- ❖ *"I have a thought about why you didn't ask the staff. If you asked the staff and the staff handled it, then you couldn't hurt that person, which is just what you wanted to do."*
- ❖ *"We have a word for that…cruelty. A part of you wanted to hurt that person. That's not what we believe in."*

Person's New Insight

- Maybe I am deceiving myself
- Maybe there are other ways to handle things and still maintain my pride
- Maybe I can take care of myself without hurting others
- Maybe I am paying too great a price for my self-deception

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Outcome Goals

- To create anxiety about the person's entrenched, self-serving value system

- To use "Benign Confrontation" to expose the person's self-deception slowly while maintaining a caring relationship
- To help the person accept the thought that they are smart and strong enough to try different approaches while still maintaining their pride

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Notes

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The Benign Confrontation Intervention is based on the skill of dropping a pebble of a new idea into their static pool of thought.

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Notes from role-play experience:

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Six Stages of the Benign Confrontation Intervention

1. Drain-Off	**The person is not anxious. You can probably begin at the Timeline.**
2. Timeline	**The person will be clear about what happened.** **Interviewer affirms positives:** "You gave them a warning? Six months ago, you would have just hit them. That shows progress." **Affirm feelings:** "I can understand that you felt uncomfortable if you thought they were staring at you." **Listen for basic justification: (a) They started it; (b) It's no big deal; (c) No one would have done anything.**

3. **Central Issue**	**Benign Confrontation:** ***Displays no guilt or empathy, assumes role of victim, no desire to change.***
4. **Insight**	**Intervention has two parts:** **1st Join with the person by finding positives (strengths, abilities).** **2nd Do a benign confrontation to create anxiety and guilt.** **During the 2nd part: Counter the basic justification: (a) They started it; (b) It's no big deal; or (c) No one would have done anything.** **"Have a thought"** about why they reject the rules. By rejecting rules, it allows them to be hurtful without feeling guilty. ❖ *"I have a thought about why you didn't tell the staff."* ❖ *"If you told the staff and the staff handled the problem, then you couldn't have hurt that person."* ❖ *"There is a part of you that WANTED to hurt that person."* ❖ *"A part of you gets some pleasure out of being hurtful."* ❖ *"This is a form of cruelty and an unacceptable way to live."* ❖ *"You are too smart to believe that is okay to hurt someone and say it was the other person's fault."* ❖ If you have a relationship, say, *"You know what it is like to be hurt and you know what it is like to be a victim. You didn't like it when it happened to you, but now you're doing it to others and saying 'it's ok.' It's not."*
5. **New Skills**	**Initially, the Benign Confrontation will not involve teaching new skills.** Say, *"Every time this happens we will talk to you. You are too smart to believe that it's ok to hurt others and believe that it is their fault… The consequences for your behavior, are _____."* **After several LSCIs,the person may gain insight into their self-defeating pattern of behavior. They may progress to the following goals:** **I need to discover my strengths and gain power in positive ways, not harmful ways. I need to acknowledge my responsibility in creating problems.**
6. **Transfer of Learning**	Share plan with staff so all are aware and consistent with the plan. Staff will: acknowledge the person's interests and strengths; create acceptable outlets for person's interests and strengths; benignly confront harmful behavior and rationalizations; and set limits on inappropriate behavior.

Video Viewing Guide:

Directions: As you watch the video of *Dr. Long and Ryan*, record the evidence of the use of the strategies for each stage. What does Dr. Long say and do? Record your noticings, wonderings and take-aways. Share with small group.

Stage 1. Drain-Off (*Not recorded)*
Stage 2. Timeline

Stage 3: Central Issue
Stage 4: Insight
Stage 5: New Skills
Stage 6: Transfer of Learning

Summary:

1. In Benign Confrontation crises, people justify their behaviors that harm others physically and/or emotionally. They cast themselves in the role of victims, even though they are the perpetrators. They get secondary pleasure out of hurting others.
2. Our process is to use Benign Confrontation to stir up some discomfort in people who are too comfortable causing others pain.
3. There is often very little Drain Off in this intervention and the Timeline is often straightforward. It is important to appeal to the person's narcissism during both stages.
4. This intervention attempts to awaken the sense of connection to others that has been walled off—or "estranged." Benign confrontation is used to create awareness of social responsibility and self-respect in the person.

21. THE REGULATE & RESTORE INTERVENTION:

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NURTURING SELF-REGULATION

THE REGULATE & RESTORE INTERVENTION

Nurturing Self-Regulation

Sadness and guilt are often a wordless cry for punishment and help.

Use with people who:

1. Act out impulsively, and then feel guilty about their behavior
2. Are burdened by intense feelings of remorse, shame, or inadequacy and seek additional punishment to cleanse their guilt
3. Internalize their anger and assume responsibility for all that goes wrong in their life
4. Make self-abusive statements and may engage in self-injurious behaviors

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The Role of Trauma in the Regulate & Restore Intervention

The Development of the Internalizer's Inner Working Model

- People who internalize their anger tend to take responsibility for all that is wrong with their lives and learn to punish themselves at an early age.
- Some internalizers will behave in ways that get staff to punish them. This is a way of making the world more orderly and predictable. Punishment will come, and at least this way the people have some control over it.
- Some internalizers provide their own pain by cutting or otherwise causing self-injury.

The Regulate & Restore Intervention helps people develop value for themselves (emotional brain) and increases the likelihood that they will respond *thoughtfully*, rather than react *impulsively,* when coping with intense feelings.

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Person's Perception:
"I'm a terrible person. I can never do anything right. I can't control myself so I need to be punished."

The Process of the Diagnostic Stages

1. Because this is an internalizing pattern, Drain Off often requires a great amount of support, reassurance, decoding and validation.
2. Give abundant affirmation and reflections about existing desirable attributes, traits, and behaviors such as kindness, fairness, and friendship.
3. Avoid any guilt-inducing statements.
4. Challenge irrational beliefs including magnification ("*I did the worst thing"*) and emotional reasoning, ("*I am a terrible person"*).
5. Focus on the control side of the issue, not the impulsive side.

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Guilt and Punishment
People in distress are overwhelmed with guilt and seek punishment to cleanse guilt:

- Punishes self
    - Hair pulling, destroying work, stabbing self with pencil, suicide
- Gets others to punish self
    - Power struggles, pushing staff buttons
    - May be disguised as harmful behaviors and opposition
    - Conduct Disorder or Oppositional Defiant Disorder often masks depression

People feel responsibility and guilt for events in their lives over which they have no control

People need to change how they think about themselves to stop the cycle of self-punishment

Self-Abusing and Degrading Statements

1. I'm no good.

Cognitive Traps

1. All or Nothing Thinking
2. Magnification
3. Emotional Reasoning

2. It must have been my fault.
3. I wish I was never born.
4. I'm a born loser.
5. I never do anything right.

Sample Helping Statements

1. I can see you felt bad when you behaved the way you did. Looking back, you wish you would have made a better choice. That is what we are here to learn.
2. I am wondering what you did that is so bad that you are pushing staff to punish you.
3. So, you believe that you either have to be perfect or you are awful. I see it differently; mistakes are for fixing, not for turning into guilty feelings and wrong behaviors.
4. You felt like belting them when they made those comments about your mother. Instead, you called them some names. I know name calling doesn't work, but when someone wants to hit and only uses words instead, that's what I call "control." You should be congratulated for using that control.

Guilt
Helpful or Protective vs. Hurtful or Punishing

"My conscience never kept me from doing what I shouldn't…"
"It just kept me from enjoying it afterwards." Mark Twain

Person's New Insight

- Even under tempting circumstances and group pressures, I have the choice and capacity to control myself.
- Because I made a mistake this time, it doesn't mean I am a terrible person.
- There is a part of me that can learn the skills to say, "I have control. I can stop myself."

Outcome Goals

- To massage the person's awareness that they have more self-control than they realize.
- To help them accept the belief that accidents happen and that they can make mistakes and poor decisions without concluding that they are worthless.
- To help the person listen to and improve their self-control system.

Strategies

- Strengthen self-concept, show how the person in distress is using irrational beliefs to justify guilt, help them realize they have more self-control than they realized
- Use lots of affirmation
- Use analogies
- Encourage self-talk: "Control myself, Stop!"
- Summary: Drain Off, Timeline, Support and Affirm, Show Irrational Thinking, Affirm Positive Qualities, Urge to Take Responsibility, Explore Solutions, Practice, Prepare for Return

Six Stages of the Regulate & Restore Intervention

1.	The person is very anxious and shows signs of guilt, shame, inadequacy, and/or

Drain-Off	self-loathing. They may show signs of pushing staffs' buttons to seek punishment.
2. Timeline	During the Timeline, the person may say self-depreciating statements, such as "I'm no good...It must have been my fault… I wish I was never born…I'm a born loser…I never do anything right." The person may be involved in self-injurious behavior (cutting self, destroying own work, pulling hair out). The Timeline may reveal their actions to manipulate staff to punish them.
3. Central Issue	**Regulate & Restore Intervention** ***Guilt and punishment*** 1. Impulsive act and self-punishment 2. Deep-seated feelings of guilt and acts out to seek punishment to relieve anxiety
4. Insight	**Staff focuses on feelings of guilt, not the incident itself.** **1. For the impulsive person, affirm all acts of their ability for self-control.** **Discuss intent.** Ask, "*Did you do it on purpose?" (No) "Accidents happen."* **Highlight the person's ability for self-control because it could have been worse.** *"If you really had NO control, why didn't you rip off all the buttons? You stopped because you controlled yourself."* **Use analogies to show that making mistakes does not mean that you are a terrible person.** "*A .300 batting average means the batter struck out 7 out of 10 times at bat. They are still excellent players.*" **2. For the guilty person, help them to see pattern of seeking punishment by pushing staff's "buttons." Help them link behavior to feelings—to see how they use emotional reasoning. Feeling bad is not the same as being bad.**
5. New Skills	**Plan: 1. (Impulsive person) I need to recognize my positive qualities and acknowledge the times when I did control myself. I need to stop putting myself down and hurting myself.** For the impulsive person, develop a plan of strategies for self-control in difficult situations, e.g., cognitive strategies and relaxation routines. **Plan: 2. (Overly guilty people) I need to share feelings with a trusted staff as a better way of alleviating anxiety.** For the guilty person, determine which adult in the setting they feel comfortable talking with and arrange a regular "check-in" routine.
6. Transfer of Learning	***Prepare the person to return to their activity.*** Inform staff members of the plan and ask them to reinforce the person when they use the new skill.

Video Viewing Guide: *Dr. Long and Joey*

Introduction: This video takes place at the Positive Education Program (PEP) in Cleveland, Ohio. This LSCI involves Joey, an adolescent new to PEP, whose attitude has been disturbing to many staff. He has just seen his probation officer (PO) who was so frustrated by his remarks that the PO suggested the student talk to Dr. Long. Dr. Long resides in another state

and is at PEP as a consultant. He does not know this young man or his history, so Dr. Long asks more questions and gives more affirmations because he doesn't have a relationship with Joey. Joey's teacher is in the room and will cue Dr. Long is she thinks that anything that Joey is saying is untrue or not their policy at the school.

Instructions: This video is 31 minutes and has the longest timeline of any of our LSCI videos. During the Timeline, Joey tells many stories and it is important to discover the thread of meaning, or central issue, in all that he is saying. The video will be paused several times for discussions. Jot down answers to the questions and discuss with your small group. Trainers will lead discussions with large group.

#1. [5:34] What did this part of the Timeline reveal? What did we learn?

How did Dr. Long respond to Joey's comment that he swore at the matron on the bus? Compare and contrast with a typical staff member's response to a similar situation.

What active listening strategies did Dr. Long use? Give examples.

#2. [9:29] How did Dr. Long provide affirmation to Joey in this segment of the Timeline? Give specific examples.

"Students may be 'wordless' but they are never 'thoughtless.'" What information did we find out when Dr. Long asked Joey what he was thinking about while he was sitting alone with his head down? Why is this important?

#3. [13:00] What did we learn in this segment of the Timeline?

Where is Joey in relation to his probation sentence?" (beginning, middle, end?)

What happens because of his comments to the probation officer? Why is this important?

#4. [17:12] What did we learn in this segment of the Timeline?

Why did Dr. Long ask if Joey was alone or if somebody encouraged him? In other words, whose idea was it to skate indoors?

How does Dr. Long respond to Joey's remarks about being "high at the time?" Why did he respond in this way?

What happens to Joey because of his actions in the store and in the parking lot?

What were the reasons that Joey gave for skateboarding in the store and for hitting the lady's car with his skateboard?

What is the pattern, or thread of meaning, to all the stories that Joey is telling?

#5. [22:42] Reflect upon Joey's statement that he would rather take his father's pain. How can he accomplish this?

Why is this a Regulate & Restore Intervention?

#6 [31:05 end of video]

How did Dr. Long help Joey to gain understanding of his self-defeating behavior?

During Joey's Timeline, we heard comments that were "signal flares," which will need to be explored. What comments will require follow-up?

Summary:

1. The Regulate & Restore intervention is used with people who are burdened by anxiety, guilt, and feelings of inadequacy.
2. They often seek punishment to purge themselves of these feelings, including creating power struggles with staff.
3. These people may also act out in self-abusive ways, such as through self-defeating behavior, self-mutilation, and suicide. This is a defense against the pain of guilt.
4. The objective of the Regulate & Restore Intervention is two-fold:
    - To help the person realize that they have emotions, but they do not have to be "had" by their emotions. To affirm that they are already exercising some level of control over impulsive behaviors.
    - To understand that they are not worthless, but rather have many positive qualities.

Consider This…

1. Bill Gates' first business failed miserably. When he tried to sell it, no one would buy it.
2. When he was 15, Jim Carrey had to drop out of school to support his family. He became homeless, living in a van, before becoming a movie star.
3. Stephen King's first novel was rejected 30 times by publishing houses. He threw his first novel in the trash and his wife pulled it out, making him finish it.
4. Oprah Winfrey was molested by family members, ran away from home, and when she was 14 had a baby who died.
5. Record labels wouldn't sign Jay-Z in the beginning of his career.

6. In his twenties, Simon Cowell made and lost millions of dollars and had a failed record company.
7. When she was 15 Charlize Theron saw her mother shoot her father, an alcoholic, in self-defense.
8. Steven Spielberg was rejected twice from USC his film school of choice. They awarded him an honorary degree in 1994.
9. Michael Jordan was cut from the varsity basketball team in his sophomore year because he was told that he was too short.
10. Harrison Ford made his first film and was told by movie executives that he “didn’t have what it takes to be a star.” He got his first break in Star Wars but was hired to read lines for actors auditioning for roles.
11. When Curtis Jackson, A.K.A. 50-Cent, was eight years old, his mother died in a “mysterious” fire. He was arrested numerous times at age 19, got his GED in bootcamp, and in 2000 was shot nine times.
12. When she was 15-years old, Katy Perry dropped out of high school and got her GED. Her first record only sold 200 copies.
13. Keanu Reeves moved around a lot when he was young. His father left his mother when he was three and his mother married and divorced 4 times. He was married in 1998, and his wife had a stillborn baby. His wife passed away 18 months later.
14. During World War II, George Takei and his family had their rights and homes taken away when they were placed in Japanese internment camps.
15. Vera Wang didn’t make the 1968 US Olympic figure-skating team. She was an editor at Vogue Magazine but didn’t get the editor-in-chief position.
16. After being signed on Def Jam for three months, Lady Gaga was dropped and she said that she "cried so hard she couldn't talk."
17. When she was 18 years old, Frida Kahlo was in a terrible car accident that left her disabled. She needed to have over 30 operations and wasn’t able to have children.
18. Marilyn Monroe was told that she wasn’t pretty or talented enough to be an actress.

22. THE PEER MANIPULATION INTERVENTION:

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EXPOSING PEER EXPLOITATION

THE PEER MANIPULATION INTERVENTION

Exposing Peer Exploitation

There are two types. Type 1 is False Friendship. Type 2 is the "Set-up." We will look at each separately.

TYPE 1: HAVE A FALSE FRIENDSHIP

Use with people who:

- Are neglected, isolated or loners and who develop a self-defeating friendship with an exploitive peer.

We **also** use this intervention with people who:

- Are the **manipulative or exploiting peers**. These are the people on the other side of the manipulation who may find enjoyment in taking advantage of the vulnerabilities of peers.

Person's Perception

- "It's important to have friends even if I get into trouble."

The ***manipulative or exploitive peer's perception*** may be, "I can make this person do anything I want" or "Watch me have some fun with this person."

Intervention Process

- If the issue is ***False Friendship,*** it is essential for both people to be involved in the interview. The strategy is to get the exploitive friend to act out their manipulation in front of the victim and staff.

With the ***manipulative or exploiting peer:***

- We try to expose the manipulation, determine their motivation and intent, then choose an appropriate intervention.

Person's New Insight

- "I want a friend who will help me solve problems and feel good; not someone who is fake and uses me."

For the manipulative or exploiting peer:

- "I know that I can't take advantage of peers like that because…"
- Ideally, we want them to know it is wrong to hurt others and that that is reason enough to change that behavior. Initially, we may accept that they know that we're watching and will not tolerate that kind of exploitation of others.

Outcome Goals

- To demonstrate that a friend is someone who helps you and makes your life better, not worse. A friend doesn't exploit you willingly.

With the manipulative or exploiting peer:

- To ensure that the manipulative or exploitive peer understands that we are aware of their actions and that we will not accept that kind of behavior in our settings. Almost always this will be Symptom Estrangement.

TYPE 2: ARE "SET-UP"

Use with people who:

- Are "set-up" and "controlled" by a clever passive aggressive instigator. In this relationship the exploited individual has difficulty with self-control, regulating emotions and behavior, and is not very "socially aware."

We **also** use this intervention with people who:
Are the ***manipulative or exploitive peers***. These are the people on the other side of the manipulation who may find enjoyment in taking advantage of the vulnerabilities of peers.

Person's Perception

- "I'm not going to let that jerk tease me. I'll go over there and teach them a lesson."

The ***manipulative or exploitive peer's perception*** may be, "I can make this person do anything I want" or "Watch me have some fun with them."

Intervention Process

If the issue is being ***Set Up by Others,*** the victim can be seen alone. Here, we use analogies to help make the point.
With the **manipulative or exploitive peer:**

- We try to expose the manipulation, determine their motivation and intent, then choose an appropriate intervention.

Person's New Insight

- "I will not react to their manipulation since they want me to act out and get into trouble. I will ignore their tricks, not fall into their traps, and feel good about myself."

For the **manipulative or exploitive peer:**

- Ideally, we want them to know it is wrong to hurt others and that that is reason enough to change that behavior. Initially, we may accept that they know that we're watching and will not tolerate that kind of exploitation of others.

Outcome Goals

- To demonstrate that the individual being manipulated is giving their controls and their freedom to the manipulative passive aggressive person when they react to their provocation.

With the **manipulative or exploiting peer**:

- To ensure that the manipulative or exploitive peer understands that we are aware of their actions and that we will not accept that kind of behavior in our settings. Almost always this will be Symptom Estrangement.

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Activity: Type 1 *False Friendship* and Type 2 *The Set-Up*

Directions: Read the Peer Manipulation *False Friendship* Life Space Crisis Intervention and record your noticings, wonderings and take-aways. Do the same for *The Set-Up* LSCI. Compare and contrast the two types. Discuss in small group. Share out.

False Friendship	The Set-Up
1.Drain-Off	1.Drain-Off
2.Timeline	2.Timeline
3.Central Issue	3.Central Issue
4.Insight	4.Insight
5.New Skills	5.New Skills
6.Transfer of Learning	6.Transfer of Learning

What was similar?

What was different?

Peer Manipulation Type 1: *False Friendship*

Background Information

Anthony is a 35-year-old male being admitted to a mood disorders day program after finding that he was struggling to manage his depression and anxiety. Anthony recently moved to Baltimore from Idaho for work and was struggling to adjust to big city life. He doesn't have many friends other than a few co-workers he has spoken with on occasion.
Note: This day program is located on a smoke free hospital campus.

Incident

Anthony walked into his first group after completing the admissions process and appeared hesitant to find a seat. A more outgoing person, Dan, saw Anthony walk into the room and offered for Anthony to sit down next to him. Dan immediately struck up a conversation with Anthony.

Dan: Hey man, first day?
Anthony: Yeah, I'm kinda nervous.
Dan: Nah, don't be nervous, the people here are pretty cool. They give us breaks between the groups to walk around outside and smoke to take the edge off. You smoke?Anthony: Yes. I wasn't sure if they would allow that.
Dan: Oh, yeah. During the next break I will show you where you can go.

During the break, Dan showed Anthony the courtyard where many of the patients went on breaks. Dan then asked Anthony for some cigarettes. They both returned to the day program. On the second break, Dan told Anthony that he was going to go to the bathroom and would meet him outside for a smoke. Anthony went outside and lit a cigarette. The staff from the day program quickly approached Dan and told him he could not smoke. They warned him that if he were found smoking again, he would be kicked out of the program.

Drain-Off

Anthony: It's not fair! I didn't know!
Dean (trained in LSCI): You're really upset! Something didn't go the way you expected.
Anthony: I'm new here! You're picking on me!
Dean: I'm here to help you. We will work it out…Help me understand what happened?

Timeline

Anthony: Dan told me that during breaks we can smoke out in the courtyard to take the edge off.
Dean: When was this?
Anthony: He told me during the first group that we are allowed to smoke and then he showed me where I can smoke and asked me for some cigarettes. He told me that he needed to use the bathroom and then he would meet me out in the courtyard. The staff approached me before he came outside.
Dean: What were you saying to yourself at the time?

Anthony: Well, honestly, it was great to make a friend. It's been difficult to make friends since I moved here, and I was nervous about the program.
Dean: How did you feel?
Anthony: I felt really good that Dan and I were able to connect so quickly and become friends.
Dean: Did you know that the hospital has a smoke free campus?
Anthony: No, I'm new here. I didn't know you couldn't smoke outside.
Dean: Is Dan your friend?
Anthony: Yes.
At this point, Dan is brought into the interview, it is important to have both patients together. Interviewer talks to Dan in front of Anthony.

Dan's Interview

Drain-off

Dan: Why do you want to talk to me? I didn't do anything wrong. (Dan is very calm and sure of himself.)

Timeline

Dean: Help me understand what happened here. What did you say to Anthony?
Dan: We were just talking in the courtyard.
Dean: Did you tell him he could smoke?
Dan: Oh, that…Sure. We were just having fun.
Dean: What do you mean by "having fun".
Dan: I was just trying to get him to loosen up a little. I didn't think he'd be stupid enough to light the cigarette.

Central Issue

Dean to Anthony: So it sounds like your new friend asked you to do something which got you in trouble.

Insight Stage

Dean to Dan: Did you know the hospital policy that you cannot smoke on hospital grounds?
Dan: Sure, we all know the rule.
Dean: How come you didn't smoke the cigarettes that Anthony gave you?
Dan: I would have gotten in trouble. I didn't think he'd be stupid enough to do it.
Dean: I have a thought about why you asked him to do it. You knew you could score some cigarettes from Anthony and get him in trouble. I believe a part of you wanted to get him in trouble. Part of you gets pleasure out of Anthony's pain. We call that "cruelty", not "fun". As long as you keep playing this "joke" on newcomers, we're going to have this discussion. If anything happens to Anthony, we're going to be talking to you. This behavior is unacceptable and you can't believe what you are saying to yourself…that you are "just having fun".

(Dan leaves)
Dean to Anthony: What are your thoughts now?
Anthony: (shocked) I feel so stupid.
Dean: It's difficult to listen to what Dan just said.
Anthony: I thought he was my friend.
Dean: Is a friend someone who wants to get you in trouble?

Anthony: No.
Dean: Are friends people you can trust, who don't take advantage of you?
Anthony: I think so
Dean: Then is Dan a true friend?
Anthony: No
Dean: A friend is someone who helps you, not hurts you. If you were in a rowboat with your friend and you fell overboard, would he use the oar to help you get back in the boat or use the oar to push you under? Let's work on discussing the qualities that you want to look for in your friends rather than a false friendship. Is that okay with you?
Anthony: Yes. I want to make some new friends here but it has been tough. Baltimore is so different than Idaho.
Dean: We're going to work on that together while you are here.

New Skills and Transfer of Learning

The Peer Manipulation Intervention False Friendship is the only time that we need to have both people present for the intervention. It is followed by two more interventions: A New Tools Intervention for Anthony and a Benign Confrontation Intervention for Dan.

Peer Manipulation Type 2: *The Set Up* Scenario

Background Information

Jesse is a 42-year-old female diagnosed with psychosis and has significant anger issues. She is easily provoked and once angered, it is difficult for her to regain control.
The other patients/clients in the program find her outbursts fairly entertaining. Because of the intensity of Jesse's outbursts, all the staff have to drop whatever they are doing to respond. The schedule and routine are often disrupted.

Incident

Today during the leisure group, the patients/clients were participating in a yoga activity. During the activity, the instructor was assisting another patient/client who was struggling with a particular pose. Antwon, another patient/client who was standing next to Jesse, whispered to Jesse, "Aren't you too fat to do yoga?" Jesse, who was bent over at the time, stands straight up and begins yelling and threatening Antwon. The yoga instructor immediately sends Jesse out of the room and tells her that threatsto another patient/client will not be tolerated. A staff member who was standing outside the room, follows Jesse down the hall to a group of chairs where they talk about what just happened.

Drain-off

Jesse: I'm not taking that (expletive) from anyone! Leave me alone!
Staff: You are really angry. You wouldn't be this upset if something wasn't right.
Jesse: Nobody listens to me. I hate it here!
Staff: You are really frustrated and think no one listens. Talk to me, I want to help. Help me understand what happened.

Timeline

Jesse: I was participating in yoga when Antwon started with me…
Staff: What happened?
Jesse: When the yoga instructor's back was turned, he starts up with me…I'm going to kick his ass. I don't take that from anyone!
Staff: What did he do?
Jesse: He whispers "Aren't you too fat to do yoga?"
Staff: When did he do this?
Jesse: As soon as the yoga instructor began working with another patient/client. He's always starting with me when no one is looking.
Staff: And what were you saying to yourself?
Jesse: No one is going to call me fat and get away with it!
Staff: And how did you feel? Give me a number from 1-10 (1=a little angry; 10=boiling point)
Jesse: 10!
Staff: What did you do?
Jesse: I yelled at him "Shut your mouth you (expletive)!"-He didn't stop, so I tried to kick his ass. Then you stopped me.
Staff: And what did Antwon do?
Jesse: He stood there all innocent, like he didn't do nothing.

Central Issue

Staff:So it seems that Antwon knows what to say and do to “get you going.”

Insight

Staff: Do you think Antwon knew what you would do when he said that?
Jesse: Sure, he knows that I don’t take no (expletive) from no one.
Staff: So he knew that you would be upset and go after him.
Jesse: But you stopped me.
Staff: Do you think he knew that would happen?
Jesse: Probably. You staff always stop me.
Staff: It seems that he knows what to say to get you “going.” He knew what you would do…get angry, jump up…try to get him. Is that right?
Jesse: Yep, I do that.
Staff: And who’s in trouble?
Jesse: I am.
Staff: So he knows how to get you to react to get in trouble. He knows how to control you. Do you want anyone to control you?
Jesse: What do you mean?
Staff: He knows how to get you angry. He’s still in class and you are in trouble. Do you want him to control you?
Jesse: No.
Staff: Think of it this way. Look at the light switch and the light bulb. One is you and the other is Antwon. Turn the switch on, the light goes on. Turn it off, it goes off. Which one is you?
Jesse: I’m the light bulb. He’s the switch.
Staff: How about this… A remote control and a TV. The remote turns the TV on and off. Which is you? Which is he?
Jesse: I’m the TV. He’s the remote.
Staff: You don’t want anyone to control you. We have to come up with a plan to cut the power.

New Skills

Rehearse ignoring attempts to “push buttons.”

Transfer of Learning

Prepare the person to return to the group. Share plan with staff.

This example was written by Heather Billings, MSN, RN, Sheppard Pratt

The Role of Trauma in the Peer Manipulation Intervention

- In the Peer Manipulation crisis, you see the troubling interactions between an internalizer and an externalizer.
- The manipulator is externalizing their anger; they believe their wants and needs are primary and create a victim out of a vulnerable peer who desires their acceptance and friendship.
- The victim internalizes their feelings, believing they are barely even worthy of friendship or acceptance and willing to do anything to obtain it—even if it means being punished (which they believe they deserve anyway).
- Without staff intervention, the two may continue indefinitely in this mutually-destructive dynamic.
- The staff plays an important role in helping both the manipulator and the victim develop insight and awareness about their role in the conflict and how by continuing to play these roles, they are contributing to their own defeat.

Six Stages of the Peer Manipulation Intervention

1. Drain-Off	There will be more than one person involved in this intervention. The exploited person will be very agitated. The exploiter will be calm and comfortable.
2. Timeline	Carefully find out all the details of what happened. One or more peers will be involved who exploited the person. Either the person was asked by a "friend" to do something which got them in trouble (false friendship) or they were "set up" by a peer who pushed their buttons to get a negative reaction which got them in trouble (set-up). The specific details of the sequence of what took place need to be very clear, so the exploitation can be revealed in the Insight Stage.
3. Central Issue	**Peer Manipulation:** ***Peer Exploitation*** Type 1. "False friendship." A person is in a "false friendship" with a peer. The person is unaware that the peer is exploiting them. Type 2. "The Set-up." A person is "set-up" by a peer instigator and acts out, not realizing how they were controlled.
4. Insight	**For #1. See both people together to expose the false friend by reviewing the Timeline.** The goal is to get the manipulator to demonstrate how they took advantage of the person. To the manipulator, say, *"How come you asked ____ to do it instead of doing it yourself? You didn't do it yourself because you knew there was a good chance you would get caught."* To the exploited person, say, *"Does a friend help you or hurt you? Do you really want to spend time with people who get you in trouble?* **For #2. See the person (victim with poor impulse control) separately.** Review Timeline to expose details of the set-up. *"Do you think ___ knew what you would do? Who's in trouble? It seems ___ knows what to say and do to CONTROL you and get you in trouble. Do you want anyone to control you?" (No) "Of course not, you want to be in control of yourself."* Use analogies like light switch and light bulb, match and firecracker, puppeteer and puppet, etc. *"Let's talk about ways that you can resist their attempts to get you in trouble."*
5. New Skills	**Plan: 1. (False Friendship) I need to recognize destructive peer relationships and look for real friends.** Follow-up with a New Tools Intervention and explore other friendship options. For the manipulator, their exploitation has been revealed; let them know that you will hold them responsible for any problems the exploited person may have. Follow up with a Symptom Estrangement intervention. **Plan: 2. (The Set-Up) I need to recognize when others are trying to get me in trouble. I need to be in control of myself and not let others control me.** Practice ways of ignoring set-ups and not falling into the instigator's traps. Consider developing a prompt which could be used by the staff to signal the person when a set-up is coming. *("There are sharks in the water…")* For the manipulator, follow-up with a Symptom Estrangement Intervention.
6. Transfer of Learning	Prepare the person to join the ongoing activity/group. Inform staff members of the plan and ask them to reinforce the person when they use the new skill.

Video Viewing Guide: *Mr. Siemen, Dr. Long and Devon*

Directions: As you watch the video of *Devon and Mr. Siemen* record the evidence of the use of the strategies for each stage. What does Mr. Siemen and Dr. Long say and do? Record your noticings, wonderings and take-aways. Share with small group.

Stage 1. Drain-Off (*Not recorded)*
Stage 2. Timeline
Stage 3: Central Issue
Stage 4: Insight
Stage 5: New Skills
Stage 6: Transfer of Learning

Summary:

The Peer Manipulation intervention may be used with:

1. A person who develops a self-defeating friendship with an exploitive peer (False Friendship)
2. A person who is controlled by a clever passive aggressive instigator (Set-Up)
3. The exploitive peer who finds enjoyment in taking advantage of the vulnerabilities of others

The Peer Manipulation interview is a "gateway" to other follow-up LSCI's: New Tools with the exploited person (False Friendship) and a Benign Confrontation with the passive aggressive manipulators (both False Friendship and Set-Up).

SUMMARY AND REVIEW

REVIEW OF THE SIX LSCI INTERVENTIONS

Diagnostic Review of the LSCI Patterns

Read the following six crisis situations and decide which LSCI Intervention you would use to help the youth:

Red Flag Intervention
Reality Check Intervention
New Tools Intervention
Benign Confrontation Intervention
Regulate & Restore Intervention
Peer Manipulation Intervention

1. Tina is a 30-year-old patient who has been inpatient for 2 weeks after assaulting her roommate. She decided to befriend Carly who is usually ignored by her peers. Carly is excited to have Tina as a friend and looks up to her with admiration for her ability to stand up for herself. One morning, Tina convinces Carly that she needs to practice standing up for herself and that one way to do that is to take control of her medications. Tina shows Carly how to cheek her meds and tells her that if she cheeks her meds and then takes them when she wants to, then she is standing up for her own rights. Carly then goes up to the nurse and gets her morning medications, choosing to cheek two of the medications. The nurse notices Carly slip something into her pocket as she walks away. The nurse goes up to Carly and asks her to empty her pockets and finds the two pills. The nurse instructs Carly to take the meds, informs her that she will now be on mouth checks and lets her know that she and the psychiatrist will talk with her about it during her scheduled appointment.

2. Nathan, a 42-year-old man with autism, struggles to make connections with others. He began attending a day program three weeks ago which has been helping him to focus on learning social skills. This program feels like the first program where Nathan feels accepted and he wants to express his gratitude to Jody, an occupational therapist who has been working with him since day one of the program. On Tuesday morning, Nathan brings Jody a bouquet of a dozen red roses with a card that says “Thank you, I love you.” Jody’s face immediately turns bright red and she begins to politely explain to Nathan that she is appreciative but she cannot accept the flowers. Nathan, feeling like he failed again, immediately throws the flowers to the ground and runs out of the program.

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3. Lisa is a 54-year-old with a history of abuse and neglect. She was recently admitted for multiple events of self-harm involving cutting. Today, she was eating lunch with a group of peers when a male peer at another table began screaming. Lisa immediately got up, ran to her room, and sat on the floor in the corner. Staff went to go check on her and found her crying and rocking back and forth. When staff attempted to talk with her about what happened, she immediately starting wailing “Please don’t hurt me. Please don’t hurt me.”

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4. Frankie, a 22-year-old, walks into the clinic late because of an incident at home. Frankie's parents had disrespected their pronoun preference and argued that they gave birth to a baby girl and Frankie would always be their baby girl. Susan, a nurse in the clinic who Frankie often talks to about her struggles with her parents is working with another patient/client at the time of their arrival. Frankie hurries over to Susan ad tells her they really need to talk. Susan, excuses herself for one moment and asks Frankie to please have a seat and she will be over to talk in a after she is done with the other patient/client. Frankie, misperceiving this interaction, and convinced that Susan is rejecting them, kicks a chair across the room and punches the wall. In a few minutes, Susan comes over to Frankie and asks if Frankie would like to talk. Frankie blows up, and screams, "Why do you want to talk to me? All you do is reject me like everyone else in my life. I hate you!"

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5. Nick, a 20-year-old male, walks into the group room and as he is passing Sam, he stomps on his foot. Sam lets out a giant scream and then begins to grab his foot and tear up. Staff, who saw what happened, pulls Nick aside and asks him why he stomped on Sam's foot. Nick gave a smirk and said "I barely stepped on it. He looked at me the wrong way, so basically he deserved what he got." Nick appears comfortable with his behavior. He has no intention of accepting any responsibility for his harmful behavior.

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6. Tanya, a 44-year-old female began attending a day program for drug and alcohol abuse. She appears committed to attending the program and expresses that she wants to get help so that she does not get kicked out of the group home where she lives currently. Three days later, the staff at the day program receive a call from the group home stating that Tanya was found drinking again. The social worker walks down to the group room and asks to speak with Tanya. When she begins to question Tanya about the drinking, Tanya begins to sob uncontrollably and says "I am a failure and a disappointment. They should just kick me out and send me to jail. "

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Summary and Review

RED FLAG: Identifying the Real Source of the Stress

Stress in a person's life space is carried to another setting where it sparks conflict

1. Over-react to normal rules and procedures with emotional outbursts
2. Attempt to create a no-win situation by engaging staff in a power struggle which ultimately results in more rejection and feelings of alienation

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REALITY CHECK: Learning New Ways to Understand

Distorted perceptions and thinking errors lead to chronic emotional and behavioral problems

1. Have blocked perceptions of reality due to intense feelings
2. Misperceive reality due to triggering of personal emotional sensitivities
3. Have a restricted perception of reality due to perseveration on a single event leading to the crisis
4. Privately reconstruct their own reality as events are interpreted through rigid perceptual filters derived from personal history
5. Manipulate reality to test limits

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NEW TOOLS: Building Social-Emotional Skills

Problems are caused by an inadequacy in social skills and self-management competencies

1. Has the correct attitude and behaviors but lacks the appropriate social skills to be successful
2. Experiences confusion, frustration or shame by the failures experienced

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BENIGN CONFRONTATION: Challenging Unacceptable Behavior

Person may be comfortable with bullying or delinquent behavior and show little conscience

1. Do not seem motivated to change
2. Justify their verbally and physically harmful behavior
3. Perceive themselves as victims and respond in a way that harms others
4. Receive secondary pleasure from the pain they cause to others
5. Appear to be very comfortable in their approach

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REGULATE & RESTORE: Nurturing Self-Regulation

Feelings of worthlessness, guilt and lack of self-respect result in self-destructive acting-out

1. Act out impulsively, then feel guilty about their behavior
2. Are burdened by intense feelings of remorse, shame, or inadequacy and seek additional punishment to cleanse their guilt
3. Internalize their anger and assume responsibility for all that goes wrong in their life
4. Make self-abusive statements and may engage in self-injurious behaviors

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PEER MANIPULATION: Exposing Peer Exploitation

A person *entangled in destructive peer relationships are vulnerable to manipulation*

Type 1. A neglected, isolated, or loner who develops a self-defeating *false friendship* with an exploitive peer

Type 2. A naïve person has been *set up* by a manipulating peer and doesn't see it

A manipulative person takes pleasure in taking advantage of vulnerable peers

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PERSONAL AND PROFESSIONAL GROWTH

Management begins with US!

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> **Nothing ever goes away until it teaches us what we need to know.** Pema Chodron

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Why Staff Become Counter-Aggressive

1. Caught in the Conflict Cycle

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2. Personal irritability

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3. Embarrassed for not meeting our professional expectations

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4. Fury due to personal helplessness

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5. Person's behavior triggers our own unfinished business

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6. Pre-judging a person in crisis

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7. Person in distress violates our personal values

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Anger Management Skills

Basic Concepts about **Anger** and **How It Is Expressed**:

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***Preparing for Anticipated Angry Events*.** I will tell myself this will be a difficult situation, but I am prepared to handle it. I know it will not last long and I will remember to keep a sense of humor about this situation. I can manage any situation for 20 minutes so I will not blow it out of proportion. I will stop all *"You Messages"* and will use *"I Messages."* I will think about this anticipated stressful event as an opportunity to demonstrate my new self-talk skills.

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When I'm Confronted and I Feel My Anger Rising. I will remember the Conflict Cycle and behave like a thermostat and not a thermometer. I will choose not to react to any depreciating comments or escalate the conflict. I will count to 15 silently and remain calm. I will tell myself that this is difficult to hear all these depreciating comments, but it is not a life-threatening experience. I'm experiencing painful words and not painful actions. If this is the worst that I will ever be depreciated, I will be lucky. I will tell myself to take deep breaths and to acknowledge that I'm okay and in control of this situation.

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When I'm Already Angry. I will acknowledge and not deny my anger. I will lower the volume and tone of my voice and I will speak more slowly than usual. I will remind myself that I cannot expect others to act the way I want them to act when they are angry. When I have the urge to express a hurtful or mean message, I will replace it by saying, *"I'm too upset to discuss this at this time,"* and I will walk away. If I do say or do something inappropriately, I will apologize later and use this situation as an opportunity to learn more about anger management skills.

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29. THE "DOUBLE STRUGGLE" INTERVENTION: STAFF ESCALATION OF CONFLICT

THE "DOUBLE STRUGGLE" RECLAIMING INTERVENTION

STAFF ESCALATION OF CONFLICT

Use with staff who inadvertently fuel conflict for any of the following reasons:

1. They become caught in the person's Conflict Cycle
2. They hold rigid and unrealistic expectations
3. They are caught in a bad mood
4. They are caught in prejudging a person in a crisis

Staff's Perception:

1. "I'm not going to take their nonsense! If they want to challenge me, I'm ready!"
2. "They'll conform to my demands with a smile or they're out!"
3. "That's the last straw! I won't take any more of that person's behavior!"
4. "I knew it would be that person again!"

Process of the Diagnostic Stages:

To benignly confront the staff members by using the Conflict Cycle to help the staff gain insight into their role in the incident.

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Goals:

1. To acknowledge the staff's good intentions in dealing with the crisis
2. To share information about the person or the incident that the staff may not have had at the time of the crisis
3. To correct misperceptions about the person's role in the crisis
4. To use the Conflict Cycle as a way of understanding the person in distress and staff stress during a crisis
5. To support the staff with affirming statements rather than blame them
6. To help the staff accept a new and accurate perception of the incident
7. To help the person in distress understand the situation from the staff's point of view
8. To facilitate reconciliation and problem resolution

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Staff's New Insight:

"Now I understand the situation from the person's point of view, and I recognize how I contributed to the problem."

Closing Activities

Life Space Crisis Intervention Action Plan

	Current State	Next Steps	Desired State
What do you want to have happen as a result of the LSCI training? **Personal** **Professional**			

The Story of Chris:

Once there was a tree growing in a forest. It was a good and strong tree. But an evil spirit came by and put a curse on the tree, and the tree shriveled up and almost died. Then one day, a good spirit lifted the spell from the tree, and it grew strong and green again. But this time, it grew thorns all over itself so no one could get near it and hurt it again.

Notes:

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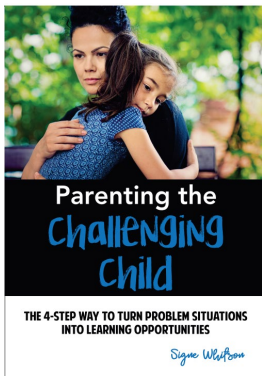
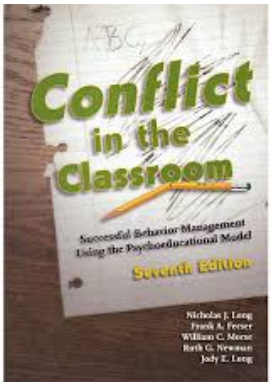
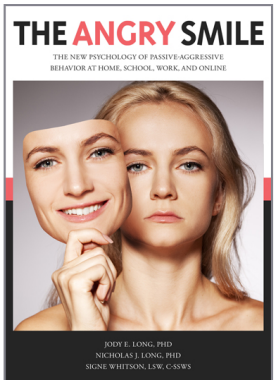
Also from the LSCI Institute:

- LSCI Online Refresher & Advanced Certification Program, Levels 2-3
- 8-Session LSCI Group Curriculum for Kids
- Turning Down the Heat: Preventing Conflict and Counter-Aggression in the Classroom
- The Angry Smile: Understanding & Changing Passive Aggressive Behavior
- Parenting the Challenging Child: The 4-Step Way to Turn Problem Situations Into Learning Opportunities

Learn more at www.lsci.org







THE APPENDIX

READINGS, RESOURCES, ASSESSMENTS AND REGISTRATION FORMS

APPENDIX: READINGS, RESOURCES, ASSESSMENTS AND REGISTRATION

READINGS

- THE CONFLICT CYCLE PARADIGM

RESOURCES

- LIFE SPACE CRISIS INTERVENTION INTERVIEWING SKILLS CHECKLIST
- CONFLICT CYCLE WORKSHEETS
- LSCI RECORDING LOG

ASSESSMENTS

- CHECKLIST FOR RATING COLLEAGUE'S LSCI SKILLS (FINAL TEST)
- PRE / POST COURSE SURVEY – LIFE SPACE CRISIS INTERVENTION
- QUICK WRITE ACTIVITY

REGISTRATION FORMS

- AUGUSTANA UNIVERSITY CREDIT
- AUGUSTANA COURSE SYLLABUS

THE CONFLICT CYCLE PARADIGM

How Troubled People Get Caring Staff Out of Control
Dr. Nicholas J. Long, Founder of the LSCI Institute

The Conflict Cycle describes the circular and escalating behavior of a person in distress-staff conflict.
Figure 3.1-1 presents the person's Conflict Cycle and its five interacting parts:

- Person's self-concept
- Stressful incident
- Person's feelings
- Person's observable behavior
- Staff/peer reactions

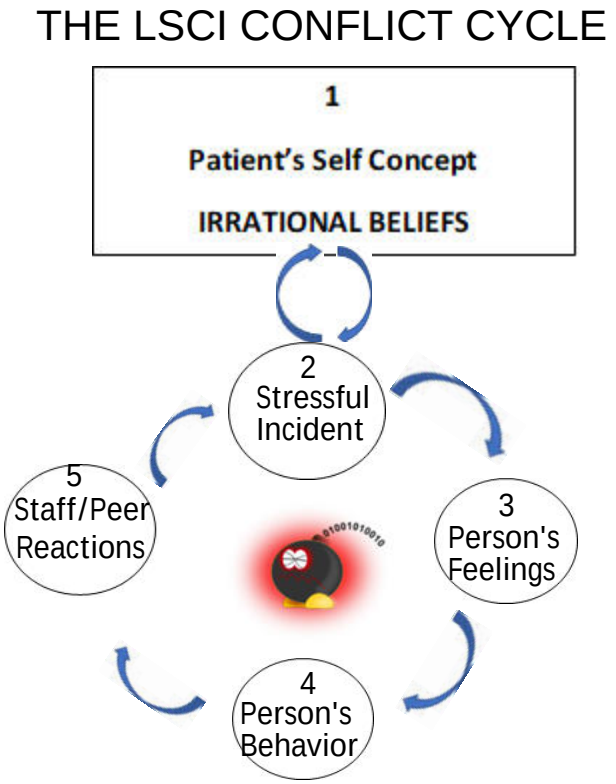


Figure 3.1-1. The Person's Conflict Cycle

Part 1: Person's Self-Concept

The person's self-concept plays a central role in determining how he/she/they thinks about themself, how he/she/they relates to others, and what he/she/they believes will happen to them in the future (i.e., this becomes his/her/their self-fulfilling prophecy).

THE SEQUENCE OF THE CONFLICT CYCLE

Or

How a troubled person creates counter-aggressive feelings in staff, which frequently leads to a mutual, self-defeating power struggle and reinforces the person's irrational beliefs (i.e., self-fulfilling prophecy).

1 A stressful incident occurs (i.e., frustration, failure), which ACTIVATES a troubled person's irrational beliefs (i.e., "Nothing good ever happens to me! Staff are hostile!" etc.).

2 These negative thoughts determine and TRIGGER the person's feelings.

3 The person's negative feelings and not his or her rational forces DRIVE the person's inappropriate behavior.

4 The person's inappropriate behaviors (yelling, threatening, being sarcastic, refusing to speak) INCITE staff.

5 Staff not only pick up on person's negative feelings but also frequently MIRROR the person's behavior (yelling, threatening, being sarcastic, refusing to talk to the person).

This adverse staff REACTION increases the person's stress, triggers more intense feelings,and drives more inappropriate behaviors, thus causing even more staff anger and denunciation. Around and around it goes until the Conflict Cycle becomes a self-defeating power struggle. Although the person may lose the initial battle (i.e., is punished or rejected), he/she/they wins the psychological war! The person's self-fulfilling prophecy (i.e., irrational belief) is REINFORCED, and therefore the person has no motivation to change or alter the irrational beliefs or inappropriate behaviors.

Figure 3.1-2. The Conflict Cycle Paradigm.

Developmentally, a person's self-concept is formed by the repetitive interactions with significant people in their life who give them ongoing feedback about their behavior and character. If a person receives clear and positive reinforcements, such as that they are lovable,curious, happy, smart, attractive, and strong, they will internalize these statements and slowly begin to attribute these characteristics to themself. If, however, they receive negative feedback and is told they are fearful, aggressive, sad, stupid, ugly, and rude. Over time, the person will internalize a depreciating view of themself. How a person learns to think about themself is critical in determining their subsequent perceptions, feelings and behaviors. For example, a person may score in the average range of intelligence, but if they think they are dumb, their feelings and behaviors will be consistent with their thoughts about themself, regardless of the test results.

Irrational Beliefs

In addition to developing beliefs about oneself, the person concurrently develops a set of beliefs about their psychological world and the people in it. If others are hostile, rejecting, negligent, depressed, helpless, ambivalent, perfectionist, or inconsistent, the person will learn to mistrust and to avoid interpersonal closeness with them. These negative beliefs about others in their world become the second active part of their self-concept. By early elementary school age, their beliefs about themself and their beliefs about others merge and become the major motivating force of their emerging personality. This solidification of their self-concept results in the child's developing a characteristic way of perceiving, thinking, feeling, and behaving in all new situations. The child now has a predictable and functioning way of responding to most current and future stressors. For example, just as a primitive tribe will explain a tidal wave oran exploding volcano as a reaction to something the tribe had done to offend the gods,troubled people need to explain why they were abused, neglected, or rejected. Their search for an explanation does not take place in reality but in their beliefs about their painful life experiences. This means all their life events are filtered by their thoughts, which are activated by their personal belief systems.

Rational Versus Irrational Beliefs

How do we determine if a person's beliefs are rational or irrational? Irrational beliefs are not based on true experiences in reality and are detrimental to a person's mental health. The distinction between rational and irrational beliefs becomes vague for troubled people who have experienced chronic abuse, neglect, and rejection. Initially, their negative beliefs about others are accurate reflections of their life experiences.

What causes these reality-based beliefs to become irrational is the psychological process called overgeneralization. This is a specific way of thinking, which allows a troubled person to perceive any new relationship or experience in a negative way. This thinking is achieved by using the words always and never whenever an individual thinks about a person or an event. For example, a troubled person neglected by his/her/their parents would say, "My parents always neglected me (fact). I could never count on my parents to meet my needs (fact). Therefore, I think all people I meet in the future also will neglect my needs (irrational belief)."

The following lists describe some of the irrational beliefs commonly held by troubled people.

Irrational Beliefs About Self

- I should never express my anger openly. If I do, I will be punished.
- I should be perfect at everything I do.
- I am stupid if I make mistakes.
- I am a terrible person.

- I am unworthy of love.
- I never have to listen to anyone except me.
- I have to be in control to survive.

Irrational Beliefs About Others

- Never depend on others to meet your needs. They will always let you down.
- This world is filled with dangerous people and situations.
- People are too helpless and depressed to care about me.
- People will take advantage of me every time they can.

The Advantages of Irrational Beliefs

Why are irrational beliefs maintained when they interfere with everyday relationships and psychological comfort? What are the internal rewards for holding on to pathological and self-defeating irrational beliefs? One explanation is that irrational beliefs provide troubled people with a sense of security and control. Irrational beliefs bring psychological order to the persons' unstable and chaotic world. Irrational beliefs make their world predictable and manageable. Irrational beliefs allow people to know in advance what will happen to them in new relationships. Such beliefs also protect troubled people from moving beyond their feelings and becoming responsible for their behavior. Most important, irrational beliefs protect them from experiencing the dreaded and underlying feelings of helplessness and rage. As a result, troubled people feel there is no reason to change. In fact, they reinforce their irrational beliefs by projecting their belief system on others. They do this by engaging staff and peers in endless and absurd power struggles. This psychological process almost always guarantees the staff will confirm the person's self-fulfilling prophecy.

The Person's Self-Fulfilling Prophecy

The self-fulfilling prophecy is the troubled person's way of validating their irrational beliefs by getting staff or peers to act them out. Most staff members and peers are unaware that troubled people have this covert goal and end up fulfilling the person's prophecy about others. The following two examples demonstrate the effectiveness of the person's self-fulfilling prophecies.

The Self-Fulfilling Prophecy of an Aggressive Person

This person believes they have the right to meet his/her/their needs regardless of the rights of others and to get back at any staff or peer who frustrates them. Concurrently, they believe staff are hostile and ultimately will reject and punish them. How can they maintain these irrational beliefs about all people when the staff is kind, skilled, and caring? Like a director of a play, their solution is to cast the staff into the psychological role of a hostile person, regardless of the staff's personality, and to look for opportunities when they can accuse the staff of being unfair and rejecting. The following unit observation clearly highlights this process.

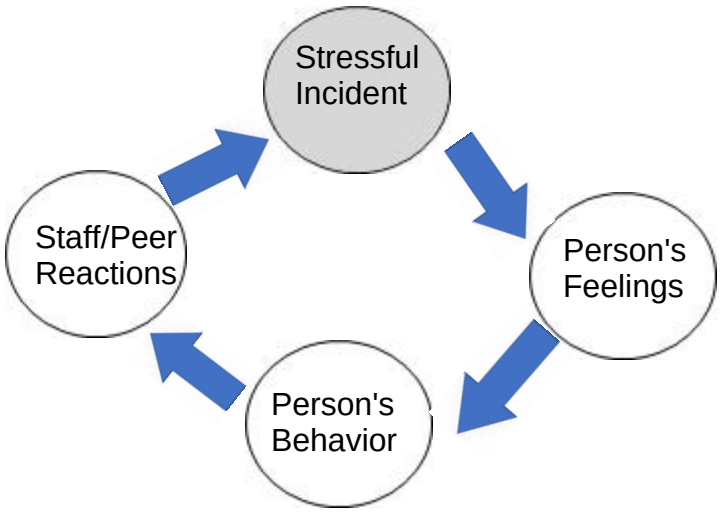
> Earl, a large 22-year-old male, is sitting in group, completing his morning work. He asks staff for permission to get a drink of water. The staff approves.
> Earl stands up, but instead of leaving the room, Earl grabs, Carl's paper, laughs and throws it on the floor. Carl grabs the paper from off the floor and shouts, "F*** You!"
>
> The saff intervenes and says, "Earl, you are more interested in causing trouble than getting a drink, so just forget it and return to your seat."
>
> Earl reacts as if he had been slapped, shouting, "What a gyp! You can't even get a damn drink in this place. This is not a hospital. It is a prison! I could die of thirst and you wouldn't care!" He walks back to his seat, slams a book closed, and looks sullen, and believes the staff is hostile and rejecting like all the people in his life.

The Self-Fulfilling Prophecy of a Withdrawn, Abused Person

Mary, a 26-year-old, believes she is a terrible person, unworthy of anyone's love. Her family consists of an alcoholic, abusive father; a subservient mother; and two younger sisters.
Mary has been sexually abused since age 7. Her mother knew about it but never said or did anything to stop it. It was a family secret never to be told. Mary believes if she were a better person, these sexual assaults would not happen. Her irrational beliefs include, "I deserve what happened to me, and if others found out what I was really like, they would know how terrible I am and reject me." Mary's self-fulfilling prophecy is to avoid all meaningful relationships and attachments since she believes they would only cause her more pain, shame, and rejection.
Mary's therapist reports that Mary has no friends and appears to be uninterested and unresponsive to anyone who attempts to reach out to her. She is a loner, and if there were one word to describe her relationship with others, it would be ignored. Clearly,
Mary has created a social reality in her life that maintains her irrational belief that she is unworthy of being a friend.

To understand a person in distress, staff need to recognize the troubled person's self-fulfilling prophecy or pattern of self-defeating behavior.

Part 2: Stressful Incident



The second part of the Conflict Cycle is a stressful incident, defined as an external event that threatens the comfort of a person or activates his/her/their irrational beliefs. For example, a boss may ask two employees to give a presentation to the board of directors on their recent project. Gary thinks this request is a wonderful opportunity to demonstrate his hard work and dramatic voice,believing it will improve his chances of a promotion. Jason, however, thinks this same request will be a disaster. He thinks he will mispronounce the words, stutter, and make a fool of himself in front of the board. Whether this incident is stressful or not depends on the specific meaning each person gives to the request to publicly present. In Jason's case, it triggered his irrational belief that "nothing ever works out for me", so it became a stressful incident for him. Gary, however, perceived it as a manageable challenge, so it became a positive experience for him.

The Physiology of Stress

Once a person perceives an event as a stressful incident, a natural biological reaction follows. This response is automatic, unconscious, and predicable. Stress prepares the body for action. It does this by releasing a series of hormones into the bloodstream that activate the autonomic nervous system. This system controls the involuntary muscles and alters the blood pressure,respiration, and digestive systems. Anthropologically, stress has functioned as a personal alarm system enabling a person to survive a physical attack. During this stress state, all bodily senses are intensified. The person has an abundance of energy, creating increased levels of strength,agility, and endurance. The person can either attack a foe with new ferocity or escape by running great distances without tiring. For primitive humans, stress served a very useful,specific, and important purpose. In many cases, it was the basis of life or death.

In today's complex society, however, there are many rules against attacking others or running away. People must learn to control what their bodies are urging them to express. They must learn to manage a stressful event instead of acting out. Because self-control takes considerable skill and maturity, even "normal" people will behave inappropriately during a stressful event. There are four types of stress: developmental stress, economic stress, psychological stress, and reality stress.

Developmental Stress

Developmental stress refers to the normal developmental stages from birth to death. For example, to be born is stressful. To be weaned from the breast or bottle is stressful. To be toilet-trained is stressful. To leave one's parents and home to go to school is stressful. Learning to read can be stressful. Learning to understand sex differences between boys and girls can be stressful. Learning to be part of a group can be stressful. For adolescents, there are numerous developmental stressors: watching one's body change, becoming independent, developing personal values as opposed to group values, understanding the excitement and confusion of one's own and others' sexuality, developing career courses, graduating from high school, and so on. For adults, there is the stress of college, work, marriage, family etc. Each of these developmental events can be stressful for people regardless of race, ethnicity, creed, or socioeconomic level.

Economic Stress

Economic/physical stress is felt by millions of families in our society who are living in or close to economic poverty. Not all of these families come from slums, ghettos, or disadvantaged groups. Many striving middle-class families are living beyond their financial resources and have extended their credit lines to the breaking point.

For chronically poor families, economic stress shows itself in poor diet and food; poor health habits; greater susceptibility to illness; lack of acceptable clothes; lack of privacy; lack of sleep; lack of opportunity to participate in social and school-related activities; and greater parent exhaustion, joblessness, and helplessness.

Psychological Stress

Psychological stress consists of an unconscious or deliberate attempt by parents, individuals, groups, and institutions to depreciate a person's self-esteem. For example, many people are told they are a psychological burden to the family and the primary source of their parents' problems. They are told life would be better if they were not around. They are destroying the family and neighborhood because of their demanding and ungrateful behaviors. They are stupid, inconsiderate, mean, and useless to themselves and others. For some people, thestress does not come from open rejection but from trying to meet unrealistic standards.People are told they must be successful to be loved. Whatever they do is not good enough.For other people, psychological stress is related to specific people who are emotionallytroubled – for example, the seductive parent, who stimulates excessive sexual awareness and fantasy by showing unusual interest in sexual topics; the psychotic parent, who is sufferingfrom a major mental illness and is not capable of carrying out adult responsibilities;thealcoholic or drug-abusing parent, who creates a home where there is little emotional stability.In these homes, children never know if their parents will care for them or expose them to more shame or terror. Other people must cope with overprotective or depressed

parents. Moreover, any sibling, relative, or significant friend who is emotionally disturbed and active with these people will have a stressful impact on their mental health and their ability to focus.

Reality Stress

Reality stress occurs when events happen to people that should not happen to them. These unplanned events are frustrating. They happen spontaneously and not from an organized attempt to frustrate the person. Reality stressors for troubled people seem to occur at a higher frequency than for regular people. People begin to believe the world and the people in it are against them. The following are examples:

- A female looks forward to wearing her favorite sweater, only to discover that her roommate wore it the day before and spilled ketchup on it.
- A person lends their office key to a co-worker, who forgets to bring it to work the next day.
- Two buddies are fooling around outside the mall. One pushes the other into a third person, knocking them down.
- A professor warns the class that the next student who talks will be asked to leave. The student next to Jason whispers to a friend, and the teacher points to Jason as the offender.
- A gentleman is asked by a lady to go out on a date. During dinner, he discovers she has broken up with his neighbor, who gave him a dirty look when he returns home after dinner.

In other words, things go wrong that should not go wrong. It is not anyone's fault, but the stress is very real, frequent, and intense.

For most troubled people, stress comes not from one source but from multiple sources. For example, a college student may have the normal developmental stress of a final exam. The evening before the test, their parents have a violent argument, and they are unable to study or sleep. On the way to school, they slip on ice, causing their glasses to fall and break. Finally, the professor announces a new school policy that no exam can be taken over, regardless of the circumstances.

Staff need to acknowledge that a person in a crisis needs to talk. Through mutual conversation, a greater appreciation of the person's stressors and a broader perspective of their behavior can be achieved. When staff understand these multiple cycles of stress, they are more willing to help people rather than blame and punish them for their misfortune.

The following list represents some common stressors.

Developmental Stress

- A person experiences pressure to conform to group norms.
- Female experiences sexual attraction to a friend.

• Person wasn't selected for a promotion.
•Male is made fun of for his disability.

Economic/Physical Stress

•New parent is too tired to concentrate on work.
•Person is too sick to concentrate in group.
• A nurse is too hungry to concentrate on documentation.
•College student has a handicapping condition that prevents them from competing with their peers.

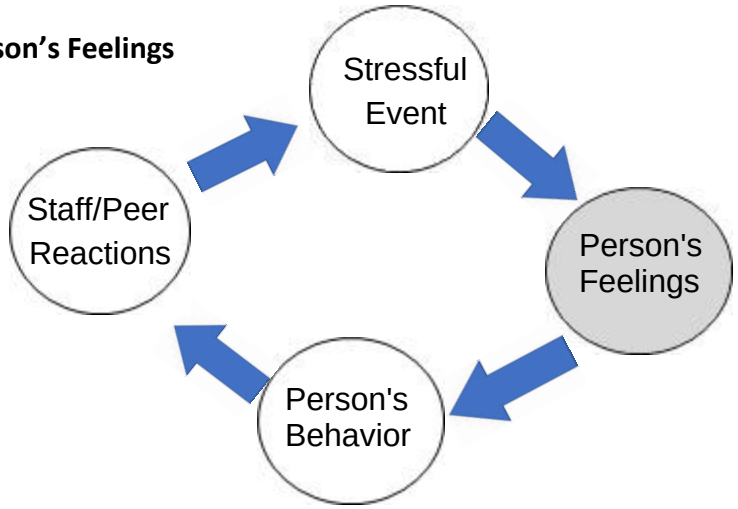
Psychological Stress

• College student fails an examination.
•A neighbor is racially depreciated.
• Employee believes others have a higher expectation of his performance than he does.
•Person is too conflicted by their home problems to concentrate in group.

Reality Stress

•Employee is blamed for something she didn't do.
• Cashier doesn't have the appropriate uniform for work.
• College student doesn't understand the content of the assignment.
• Student doesn't understand the teacher's directions.
• Student cannot get their locker to open, which contains a report that is due next period.
• A friend accidentally tears the person's favorite shirt.

Part 3: Person's Feelings



There is considerable confusion among helping professionals concerning the origin, awareness, accuracy, and expression of a person's feelings. The following questions reflect the quandary many helping professionals have in determining how to work with the feelings of troubled people: What is the relationship between thinking and feeling? Are they independent of each other? Isn't it healthy for people to express their feelings and to get them out in the open so they can be understood? Is it accurate to describe feelings as "good

feelings" and "bad feelings"? Should negative feelings be controlled? If feelings are swallowed or blocked, don't they come back as psychosomatic illnesses? Because feelings are real, are they an accurate assessment of the precipitating incident or are they an assessment of the person's current emotional state? Is there a difference between acknowledging feelings and expressing them? If the same feeling can be expressed in different ways, are some expressions healthier than others? These questions corroborate the uncertainty, ambivalence, and fogginess that have developed around the concept of understanding and managing peoples' feelings.

The Difference Between Emotions and Feelings

Emotions are a function of the brain's limbic system, which scans our reality looking for danger. When danger is perceived, it stores emotional memories and triggers our emotions. Emotions can only be felt as sensations, which are why we call them feelings. During stressful times, the rational or frontal lobe of the brain begins to shut down, altering our rational thinking. Once the feelings are acknowledged and calmed, they reactivate our higher mental functions. This brings logical process to a stressful event. This in turn allows thinking to mitigate the feelings.

How Thinking Creates Feelings

David Burns (1999), a cognitive therapist, wrote, "You feel the way think." The source of feelings is thoughts and not personal frustrations. It is how one thinks about an external event, and not the event itself, that triggers feelings. Positive thoughts about an event trigger positive feelings, and negative thoughts about an event trigger negative feelings, as in the previous example of the two people who were asked to do a presentation. The process of thinking and feeling does not follow an independent path but is a continuous circular process. Thoughts trigger feelings, and negative feelings influence the way a person thinks about an event, creating a new cycle of negative feelings.

If the same external event happens frequently, the person will develop feelings that affect their thinking. For example, if a person is chronically yelled at, the person not only will have negative feelings, such as anger or fear, but also will be conditioned to respond automatically to all future acts of yelling. This will occur without the person being aware of their thinking. For example, I once went to listen to a person talk about a fight he just had with a peer. Without saying a word, I entered the room and sat in the corner to observe the process. After 10 minutes, I stood up and took off my jacket since the room was warm. Simultaneously, the person looked at me, panicked, and dove under the table. The person was convinced that when a man of authority, took off his jacket, the staff was preparing to hit the person. This reaction is called automatic thinking and explains the rapid negative behavior many troubled people demonstrate during conflict. Today, the term is trauma.

The Usefulness of Feelings

All feelings are real and powerful, and add excitement to life, but they are not always an accurate assessment of a situation. Emotions are not facts; they are feelings that are triggered

by rational and irrational thoughts. If the feelings are triggered by irrational thoughts, then the subsequent feelings are real but self-defeating. When people act on these feelings, their behavior only makes the situation worse. However, if the feelings are triggered by rational thoughts, then the feelings are an accurate assessment of the situation and need to be accepted. This involves a complicated process of distinguishing between acknowledging one's feelings and learning to express these feelings in proper behavior. For example, it is healthy to feel upset and angry when one has been psychologically depreciated or discriminated against, but it is not acceptable to assault the offender. It is healthy to experience fear when someone threatens to hurt or abuse you, but it is not helpful to encourage it to happen. It is healthy to experience intense feelings of sadness when someone you love dies or moves away, but it is not healthy to withdraw from all relationships. It is healthy to feel guilty when you behave in an unacceptable way, but it is not useful to behave so others will punish you. It is normal to experience anxiety when you are anticipating a new experience or a new relationship, but it is not healthy to handle this anxiety through drinking or drug abuse. It is normal to feel happiness when you are in love, but it is not helpful to express blatant sexual feelings in front of others. The existence and importance of accepting one's feelings are irrefutable. The question is "How do people learn to express these feelings?"

Three Ways of Expressing Feelings

The three ways people learn to express their feelings are to act them out, to defend against them, and to accept and own them.

Act Out Feelings

Many immature and impulsive people express their feelings directly. There is no attempt to modify the direct expression of their feelings in behavior. If they are angry, they hit; if they are sad, they cry; if they are frightened, they run; and if they are happy, they giggle and laugh. There is an obvious one-to-one relationship between their feelings and behaviors. When people express their feelings directly in spontaneous behavior, they almost always create more problems for themselves. Some people cannot distinguish between feeling angry and smashing as chair. For these people, the feeling and behavior are one response and not two.

Defend Against Feelings

Many people are socialized to believe that certain feelings, such as anger, sadness, or jealousy, are unacceptable for them to show. When these feelings occur, they are in a state of anxiety, discomfort, and inner conflict. The psychological goal for these people is to learn ways of avoiding or blocking these unacceptable feelings.

Anna Freud (1936) described these strategies of avoiding the pain of anxiety as defense mechanisms. This concept of defense mechanisms provides staff with valuable insights on

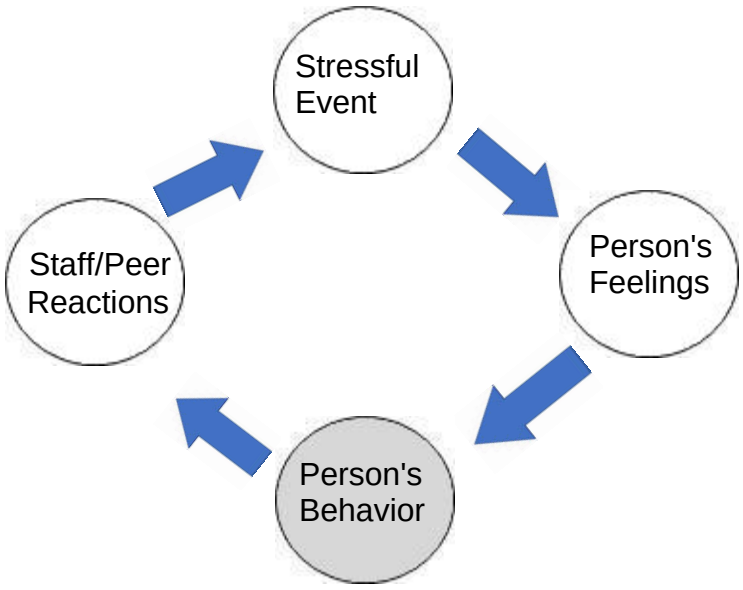
how people defend against anxiety. People learn three ways of using defense mechanisms: (1) by denying these feelings of anxiety, (2) by escaping from these unacceptable feelings, and (3) by shifting or substituting the unacceptable feelings of anxiety to another person or object.

The most common defense mechanisms using denial are repression, projection, and rationalization; the most common defense mechanisms using escape are withdrawal and regression; and the most common defense mechanisms using substitution are displacement, compensation, and sublimation. Although defense mechanisms are successful in diminishing anxiety, they also use up the person's psychological energy, deny the real problem, and usually create new interpersonal problems with others, learning, and rules. This is like the adolescent driver who is concerned about running out of gas. Their solution is to drive to the nearest gas station as quickly as possible, but in the process, they get a speeding ticket, becomes frustrated, and also runs out of gas.

Accept and Own Feelings

People who have learned to accept and own their feelings can use them to enrich their lives and to develop coping skills to manage their inevitable frustrations. These people have learned to distinguish between having the full range of feelings and being had by their feelings. When people are flooded by their feelings, their behavior is driven by their emotions (limbic system) and not by rational thought. If this pattern happens often, these people are labeled "emotionally disturbed" because their emotions drive their behavior. However, when people learn to own their feelings and think about them rationally, then the resulting behaviors usually are appropriate, logical, and realistic. Accepting one's feelings and learning how to be friends with them, including unpleasant feelings such as sadness, anger, jealousy, envy, and rejection, is one goal of mental health.

Part 4: A person's Observable Behavior



When people express their feelings directly or defend against them, they usually create additional problems for themselves. Inappropriate behaviors, such as hitting, running away, becoming ill, stealing, teasing, lying, becoming hyperactive, fighting, using drugs, inattention, and withdrawal, cause people to have difficulty with others, learning, and school/work rules. For example, when a person displaces the feelings of hostility they have for their father onto their colleague, an inevitable colleague-colleague conflict develops. When a person becomes depressed because their mother is ill or battered, the person withdraws and is not able to complete their assignments.

When this interpretation of behavior is accepted, one grasps the concept that the problems people cause in life are not always the causes of their problems. More accurately, the problems people cause in life are the result of the way they have learned to express their feelings.

Many professionals describe a person's behavior in general terms, such as "Jason hit Sam," or "Jason tore up his assignment." These are beginning statements, but to pinpoint the significance of a person's behavior, it needs to be described by answering the following questions: Where did the behavior occur? When did it happen? Who or what were the targets of this behavior? What was the duration of this behavior? What was the intensity of this behavior? What was the frequency of this behavior?

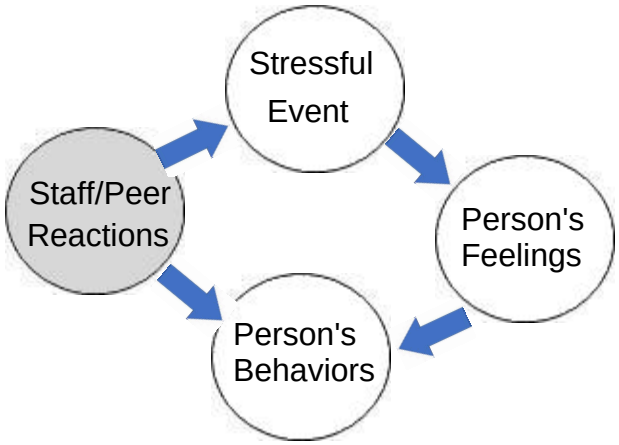
Notice the difference in meaning between these two statements:

Jason spit on Sam.

Jason and Sam were talking in the hallway. Sam reached over Jason to grab a paper from a peer, accidentally hitting him on the side of his face. Jason reacted by spitting on Sam's face, chest, and hands at least three times. The spits were intense and involved large amounts of saliva. This is the third time Jason has spit on another peer this week.

This second description of Jason's behavior provides a much clearer sense of the hostility Jason is expressing by spitting. The incident was not a simple, spontaneous act, but part of a destructive pattern of behavior he uses when he becomes angry.

Part 5: Adult/Peer Reactions: Categories of Inappropriate Staff Responses



How a staff reacts to inappropriate behavior is the most critical part of the Conflict Cycle. Although staff does not have control over the person's thinking, feelings, and behaviors, staff does have complete control over how he/she/they reacts to the person's behavior. Unfortunately, staff members escalate too many person in distress-staff conflicts when they respond in emotional, impulsive, and counter-aggressive ways. An analysis of over 600 person in distress-staff Conflict Cycles documented three categories of counter-aggressive staff behavior:
(1) having rigid and unrealistic expectations of a person's behavior, (2) being caught in a bad mood, and (3) prejudging a troubled person.

Behaving in Counter-Aggressive Ways

One of the most important insights staff can gain from learning about the Conflict Cycle is awareness of how a troubled person can create similar negative feelings in staff. If the staff is not trained to accept these negative feelings, he/she/they will act on them and mirror the troubled person's behavior. For example, when a person in distress yells at staff, "I'm not going to do it,"the normal impulse of staff is to shout back, "Yes, you will!" Once the staff behaves like the person in distress, the Conflict Cycle is escalated into a self-defeating power struggle.
For example, an aggressive person will always create counter-aggressive feelings in others, a depressed person will always cause others to feel sad and helpless, and a hyperactive person will always create feelings of impulsivity in others.

Staff members do not start most Conflict Cycles; however, without training, they keep the cycle going by reacting in similar ways. Initially, staff has no thoughts or intentions of yelling, threatening, or depreciating a troubled person, but once the cycle of staff counter-aggressive behavior begins, it is extremely difficult for the staff to stop or to acknowledge his/her/their role in escalating the conflict. Usually, staff feels unjustly attached and becomes flooded by feelings of righteous indignation. These feelings seem to justify the staff's retaliatory reaction. In our consultations, staff counter-aggressive behavior accounts for approximately 68% of school-based Conflict Cycles. The three most common forms of staff counter-aggression are as follows:

- *Having Rigid and Unrealistic Staff Expectations Regarding Normal Developmental Behavior.* Some staff carry their own psychological luggage with them into the workplace. They are rigid, narrow-minded, critical, and exacting about what kinds of behavior

they will tolerate. These staff believe people in distress should be obedient to authorities, remain attentive to instruction, be motivated to excel, and use proper language and manners at all times. Problem behavior for them is defined as a discrepancy between what they expect and what they observe in their work place based on their personal beliefs. If there is a difference, it is because the person has a problem and needs to be disciplined. These staff are unaware of how their forked tongues can become instruments of pain and how this contributes to escalating the crisis. Over time, even "normal" people will react to an autocratic and repressive atmosphere and begin to get even by becoming passive-aggressive toward others. Troubled people have even greater difficulties. These people react to the demeaning and critical behavior of the staff by mirroring the staff's behavior. In this instance of the Conflict Cycle in action, the staff initiates the conflict and a person in distress keeps it going. For example, staff may threaten a troubled person and say, "You'd better stop whispering or else!" only to hear him say, "You'd better stop talking or else!" After the other peers stop laughing, the person is labeled defiant and is sent out of the room. However, if the person refuses to leave the room, swears, or slams the door on the way out, the problem behavior escalates into a person in distress-staff crisis. The behavior of rigid staff accounts for 7% of our sample of person in distress-staff Conflict Cycles.

- *Being Caught in a Bad Mood.* Staff members are not robots. They have the same stressors as all adults. Occasionally, their personal or family life takes an emotional dip. As their level of stress increases, they become emotionally sensitive and exhausted. For example, their level of tolerance drops when they are dealing with their parents who are ill and need special care, when their children are having academic and interpersonal problems and need additional support, when they are having financial difficulties, and when they are angry with their mate or friends. These staff usually are competent, dedicated, and supportive of their people in distress, but periodically something occurs that gives them a bitter attitude toward life. They cannot stomach the acid irritation of the normal and annoying developmental behavior of others and are ready to spew their exasperation on any person who upsets them. They are in a bad mood today. For example, Jamal decided it would be clever and fun if he added a little excitement to the group by making "burp" sounds with his armpits. The staff overreacted to Jamal's attention-getting sounds by becoming punitive, and a crisis developed. Afterward, staff who are caught in a bad mood usually can acknowledge their role in the crisis and respond positively to supportive confrontation. Approximately 20% of our sample of staff counter-aggression was due to their current life stressors. This behavior is not a function of their personality but a function of their personal life conditions.

- *Prejudging a Troubled Person in a Crisis.* In every environment, a peer social structure exists in which people are assigned and assume specific group roles, such as the leader, jock, nerd, mascot, lawyer, and clown. One group role is the instigator or troublemaker. Everyone knows this person. Their reputation is acknowledged by the staff and peers and follows them around like a shadow on a summer day. If this person is involved in a crisis, and the sounds of trouble are all around them, there is a high probability this person will be prejudged. As the group instigator, they will be judged before all the relevant information is

obtained. The staff member who intervenes is likely to say, "I knew it would be you!" Call this process faulty clairvoyance or a function of defective conclusions, but it happens to the nicest of people. Judgements are made that are not true, and the targeted person is accused of some act they did not do. In this sequence, the person becomes upset and the staff is convinced that the person is lying to protect themself. The result is an unfortunate incident that escalates into an ugly crisis. This process of prejudging a troubled person before all the facts are obtained accounts for 5% of our sample of person in distress-staff Conflict Cycles.

These three categories of inappropriate staff reactions during a person in distress-staff Conflict Cycle are helpful in identifying what additional skills staff need in order to break their own pattern of self-defeating behavior. Although the most frequent inappropriate staff response category was reacting in counter-aggressive ways, further analysis of our sample of person in distress-staff Conflict Cycles revealed that staff in all three categories used "You Messages" when they were angry.

Fueling the Conflict Cycle With "You Messages"

The following "You Messages" were recorded during person in distress-staff Conflict Cycles that escalated into no-win power struggles:

- Can't you do anything right?
- You apologize immediately!
- Don't you dare use that language with me!
- You better start acting your age!
- You think you know everything. Should I call you "Einstein"?
- You have no respect for anyone or anything!
- You don't listen to anyone, do you?
- You had better shape up because I have had it with you.
- You just never use your head.

The negative and blaming "You Messages" a person receives from staff frequently support the person's view of herself/himself/themself and confirm her/his/their self-fulfilling prophecy. This feeling creates more stress, causing the person to feel the staff becomes even more angry and disgusted with the person. As the staff reacts in a negative, punitive way, this intensifies the person's stress, creating more negative feelings and primitive behaviors. The Conflict Cycle continues around and around until it escalates into a no-win power struggle.

Logic, caring, and compassion are lost, and the only goal for each party is to win the power struggle. The staff views the person as the source of the problem and tells the person to "shape up" and to improve her attitude and behavior. If she doesn't, the staff labels her/him/them as disturbed, delinquent, dangerous, and disgusting.

What is important to remember Is that there are no winners when the Conflict Cycle reaches the level of a power struggle. Asking immature people to act maturely during intense states of

stress cannot break this cycle. If change is going to occur, the staff must accept the first level of responsibility by responding in a more mature, professional manner. This means understanding how people in conflict can provoke concerned, reasonable, and dedicated staff to act in impulsive, dispassionate, and rejecting ways.

In summary, the Conflict Cycle follows this self-defeating sequence for a troubled person:

1. External events *arouse* irrational beliefs.
2. These irrational beliefs *trigger* negative feelings.
3. Negative feelings *drive* inappropriate behavior.
4. Inappropriate behavior *incites* others.
5. Staff react in *counter-aggressive* ways and create additional stress, which fuels the person's next cycle of problems.

CASE STUDY OF AN ESCALATING CONFLICT CYCLE

Example: How an Aggressive Person Successfully Creates Counter-Aggressive Behavior in a Staff (Ms. Sarah Dunn)

I had just began my work as a tech on an inpatient psychiatric program, and I was told there were specific rules and regulations that needed to be followed.

This incident occurred because of the phone use policy. There are designated times when patients can use the phones to call family/friends. The phones are not to be used during group times as patients are expected to be in group. Brian, a 24-year-old patient with severe anxiety and depression came up the nursing station asking to call his mom during group. I let him know that he cannot use the phones during group time and he asked me to make this one time exception. He stated that he had been meeting with the doctor during group time and had to call his mom to bring in a prescription that the hospital did not carry. He went on to say that his mom would be coming straight from work to visit and he wanted to catch her before she left for work. This was my last day of orientation. The experienced staff were observing me to see if I could come off orientation. Therefore, everything I did was being evaluated.

Of course, Brian insisted that I turn on the phones so he could use them.
"Come on Ms. Dunn, it won't hurt anything. "I want to make sure I get the medications my doctor wants me to take."

"Well Brian, if I did this for you, I would have to do it for everyone else. A peer walking by agreed.
Another peer who had asked to use the phone walked up and insisted that if his was allowed to use the phone, then so should she. I replied that I was not going to turn on the phone for anyone and that Brian would just have to wait until the end of group.

Brian replied, "You're new and don't know shit. I don't have to talk to you, Ms. Shell will do it for me." Ms. Shell was an experienced tech, and she told Brian it was up to

me since I was the first staff member involved in the situation. I had already decided not to make any changes. As much as I wanted to, I just could not.

Brian began swearing after I had made my final decision and threatened he was going to get me when I wasn't looking. Of course, I was scared. Brian stands at least 6 feet tall and is huge! Little ol' me was not used to this sort of behavior. He called me all sorts of "bitches" so I told him to wait by the nursing station. Ms. Shell said I was to report this incident because this behavior cannot be tolerated. Brian now threatened Ms. Shell and me. She grabbed Brian and escorted him to the quiet room. "Bitch, you just wait," he hollered. "I'm going to kick your ass." Well, I was in hysterics by now, but Ms. Shell told me to continue with the rounds.

By 10:30 a.m., Ms. Shell returned to the nursing station without Brian. She informed me he had been told to stay in the quiet room until he could calm down. I was very upset, but she informed me there wasn't more that could be done. She said, "You did well! You didn't lose your temper. I'm used to seeing Brian go into these rages every now and then. Why, I am practically the staff who can do anything with him."

I tried to make my day go on as usual, buy my mind kept thinking about what Brian said. I already had made up my mind to avoid Brian the rest of the day. I thought I would be safe. But by the time I had finished my rounds, I was sweating. I was scared! I proceeded down the hallway and out comes Brian! I should have turned around and gone back to the office, but if he knew I was afraid of him, he would probably provoke me for the rest of the day. No way! I had to stand up to this patient. If I show him that I am not afraid, maybe he won't bother with me.

"Yeah, Bitch, I told you to turn on the phones. Wait until you get what's coming to you," Brian says.

"Aren't you supposed to be in the wuiet room? I thought you were told to stay there until you calmed down."

"Yeah, Bitch, I can tell, you ol' ho!"

Without thinking, I said, "Okay, I'm a whore and you're a faggot. Now we're even." I continued walking down the hall.

"Faggot! Does this look like a faggot's dick?"

I wanted to faint. Brian then began throwing some items out of his room at me. I still didn't turn around, but I did warn him that if any of them hit me, I was going to forget about being ever letting him use the phone. Bang, a shoe hit me in the back of my leg. I stopped and turned around to look at him. He began saying, "Okay, what are you going to do?" I proceeded toward the nursing station but began telling him I was going to call his doctor. Bang, another shoe hit me and I lost it. I was in a rage. I turned around and began walking toward him with full force. By now I had forgotten I was a staff member and I was going to teach him a lesson.

When I got to him, he looked so angry, but I was not going to back down. I began hollering and pointing my finger in his face, telling him that my brothers would love kicking his ass if he hurt me. He kept breathing real hard down on my face, just trying to provoke me even more. By now the nurse and two other staff came running out of the nursing station and grabbed Brian. I began crying, and they questioned me about the entire incident. They wanted me to press charges. The security guard stayed with Brian until he was able to sit down on the mat in the quiet room.

This patient-staff conflict between Brian and Sarah Dunn demonstrates how quickly a Conflict Cycle can escalate into a no-win, out-of-control power struggle. The incident began with Brian experiencing a reality disappointment (not being allowed to use the phone), moved on to verbal threats, and proceeded to physical threats – throwing shoes at Ms. Dunn. This pattern of Brian's self-defeating behavior was not new to the staff, Ms. Shell, who said, "I'm used to seeing Brian go into these rages," but it was a new and upsetting experience for the inexperienced Ms. Dunn, even though she was commended by Ms. Shell for "doing well" and "not losing her temper."

The more Ms. Dunn "thought" about Brian's threats, the more anxious and fearful she became. When she saw Brian, she had two thoughts: "I'll show him I'm not afraid of him" and I need to walk back to the office and avoid this confrontation." She decided to take him on head to head, one to one, staff against patient. Brian started a new cycle by using sexual language, "Yeah, Bitch, I can tell, you ol' ho!" and discovered Ms. Dunn's emotional panic button. She reacted by using similar sexual language, "Okay, I'm a whore and you're a faggot!" This remark only succeeded in escalating the situation. Brian retorted and started to throw shoes at her. This triggered her feelings of righteous rage, and when he urged her to do something, she couldn't refuse. She threw away her professional skills and started toward him with aggressive intentions. If her colleagues had not arrived in time to rescue her, this situation could have resulted in serious injuries. The outcomes were predictable. Ms. Dunn fulfilled her prophecy that Brian is a dangerous patient. Brian fulfilled his prophecy that Ms. Dunn is a hostile woman. Brian ended up being totally responsible for this incident and was removed from the milieu with no insight into his pattern of self-defeating behavior.

Could this second patient-staff incident have been avoided? What if Ms. Dunn understood the dynamics of the Conflict Cycle? What if she were aware that Brian was trying to push her emotional buttons and to get her to act in counter-aggressive ways? Would she have selected the second option and avoided Brian by walking back to the office? We believe she would have made that decision and prevented the second cycle of craziness.

Summary

The Conflict Cycle is a paradigm that explains why the management of the person's behavior begins with the staff and not the person in distress. Unless staff members control their reactions to inappropriate behavior and have an awareness of their "emotional buttons," staff

members will escalate the incident and make it worse. Knowledge of the Conflict Cycle not only helps staff members understand their role in acting out the feelings of people in distress but also can eliminate the cycle of punishment. The skill of avoiding power struggles with people in distress allows staff the time to identify any important, underlying issues in a person's life rather than simply reacting to the annoying surface behavior. Now staff can talk with people in distress and learn more about their struggles and their beliefs about themselves.

Once staff members understand the dynamics of the Conflict Cycle, the next task is to learn the many ways of breaking the Conflict Cycle and turning it into a Coping Cycle. Once this occurs, conflicts become an opportunity for the staff to teach and for the person in distress to learn.

This example was created by Heather Billings, MSN, RN, Sheppard Pratt

LIFE SPACE CRISIS INTERVENTION INTERVIEWING SKILLS (CHECKLIST)

Quality of Intervention Rating Tool

Rating Scale: 0 = Skill was not evident/ used 1 = Skill was observed during intervention

1. DRAIN 0FF or DE-ESCALATION	Rating
Reassurance: *"I am here to help. We're going to work this out."*	**0 1**
Decoding: *"I can see that you're upset…(name the feeling and validate)*	**0 1**
Validation: *...and not for nothing. Something important must have happened."*	**0 1**
Affirmation: *"I like the way you're using words. You used to use your fists. That shows progress."*	**0 1**
Support: *Show by your words, voice tones, and posture that you care and want to help.*	**0 1**
Remember: Do not begin the Timeline until the youth has begun to calm down.	

2. TIMELINE	Rating
Ask Questions: *Use the Conflict Cycle to find out the sequence of events.*	
• *"Help me understand what happened... Where? When? Who else?...etc."*	**0 1**
• *"What were you saying to yourself at the time?*	**0 1**
• *"How did you feel...?" (Scaling 1-10)*	**0 1**
• *"What did you do?"*	**0 1**
• *"What did others (adults/peers) do?*	**0 1**
• *"What happened next?"*	**0 1**
• *"How were you feeling this morning (Check for Red Flags)?"*	**0 1**
• *"Has this happened before?" (Look for a pattern)*	**0 1**
Active Listening:	**0 1**
• **Elaboration:** *"Tell me more about..."*	**0 1**
• **Neutral phrases to encourage talking:** *"Uh-huh...I see...Oh?"*	**0 1**
• **Paraphrase:** *Repeat what was said in your own words.*	**0 1**
• **Clarification:** *"What do you mean by 'messing' with you?"*	**0 1**
• **Summarizing:** *"Let me see if I have it straight...(then repeat what you heard)"*	**0 1**
• **Affirming:** *Frequently give positive statements. "Thank you for speaking with me." "You are doing a good job of remembering what happened."*	**0 1**
Pursuit of Clues: *Listen for unusual comments. "You had to get up at 2 am?"*	**0 1**
Drain-Off Skills: *If the person becomes emotional, use drain-off skills.*	**0 1**
Remember: Really listen. Ask questions to discover the person's point of view. Don't ask "Why?" Avoid trying to solve the problem. Learn about the issue from the person's point of view.	

3. CENTRAL ISSUE	Rating
Determine if this is one of the 6 LSCI self-defeating patterns of behavior and whether or not to move forward into a full LSCI. If appropriate to continue, identify which of the Reclaiming Interventions (patterns) seems to be occurring for this person. Central Issue is your "A-Ha" moment – your realization of the pattern. During the Insight Stage, you will begin to help the person to see the pattern.	**0 1**
State the Central Issue in age-appropriate language. Use the information from the timeline to make it concrete for the person in distress. This is the beginning of the shift from your understanding of the self-defeating pattern to helping the person realize the self-defeating pattern.	**0 1**

4. INSIGHT	Rating
Selected LSCI is carried out.	
Review the Timeline using Socratic method of questioning and examples from the person's experience to help them gain insight: • Ask questions that will lead the person to understanding • Ask questions so that the person will gain a new perspective • Ask questions about other similar incidents, helping the person to see the pattern, "Could it be possible?" • Ask questions that will lead the person to an understanding of how this behavior is affecting their life	**0 1**
If the person is <u>not able to accept the Insight</u>, plant the seed for future interventions ("It is just something to think about…"), **move to New Skills. If the person accepts the Insight (i.e., sees or considers the self-defeating pattern), move to New Skills.**	**0 1**
Remember: Do NOT lecture or moralize. LEAD the person to insight by asking questions (except in New Tools Intervention) and using concrete examples.	

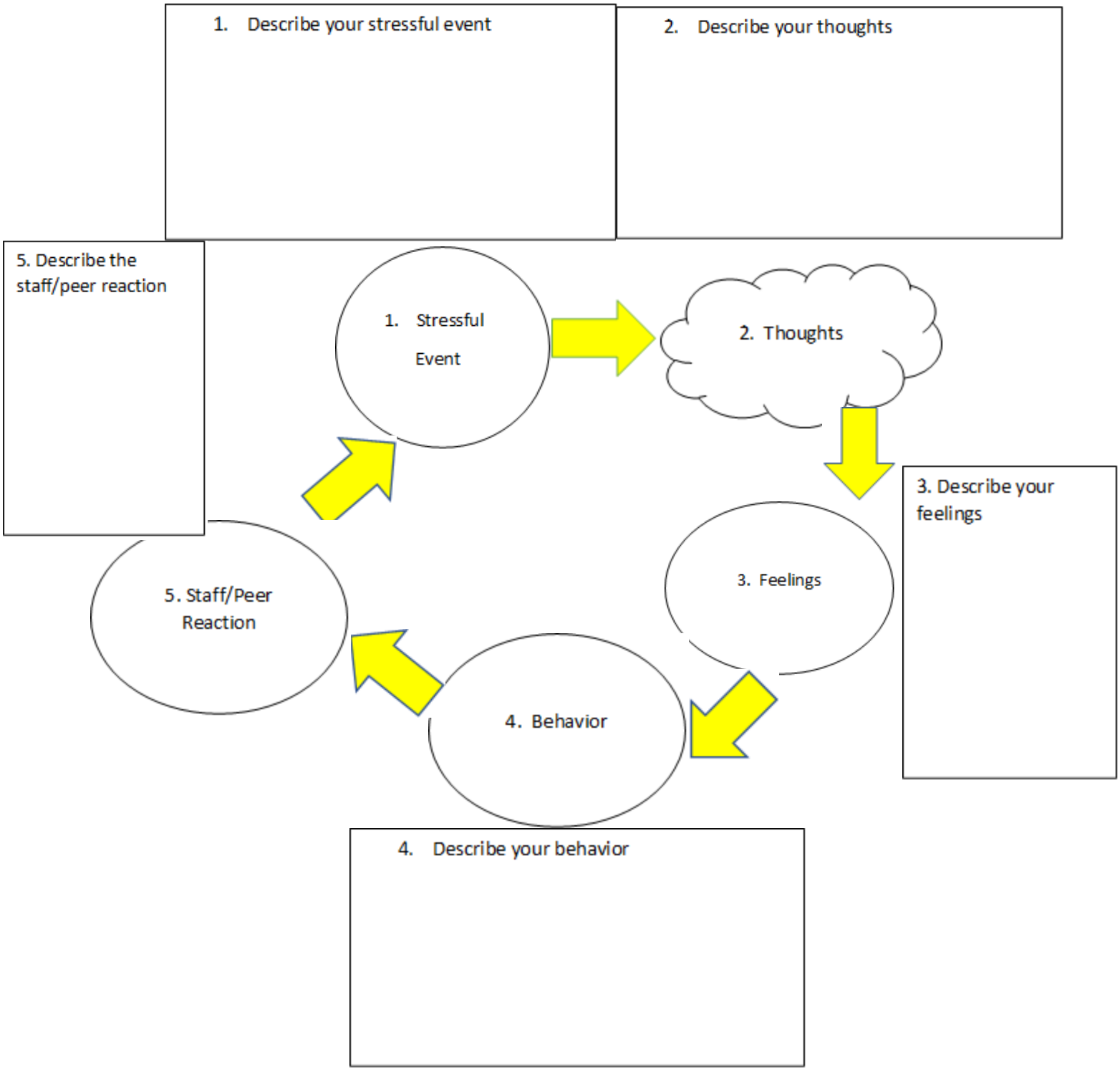
5. NEW SKILLS	Rating
Develop a personal plan with new social skills or new practical strategies based on insight. • Brainstorm potential solutions. • Discuss pros and cons of each solution. • Ask the person which solution they want to use. Which option is most likely to help?	**0 1**
Teach the social skill or strategies in a developmentally appropriate manner.	**0 1**
Role-play/rehearse the new social skill in a few contexts. If the person suggests something that you think will not be successful, one strategy might be to say, "Ok, if you do that, let's follow that through—what would happen next?"	**0 1**
Discuss consequences of behavior .	**0 1**
Remember: Rehearse so that the person will be successful with the new skill.	

6. TRANSFER OF LEARNING	Rating
Discuss current activity and how peers/staff may react to person's return.	**0 1**
Role-play the person's re-entry to class.	**0 1**
Share plan with key staff, discuss ways to help the person with the plan.	**0 1**
Remember: Rehearse so the person will be successful returning to the activity.	

Revised from Muscott, Mann & Muscott (2014) and Dawson (2008)

CONFLICT CYCLE WORKSHEETS

Person's Conflict Cycle Worksheet



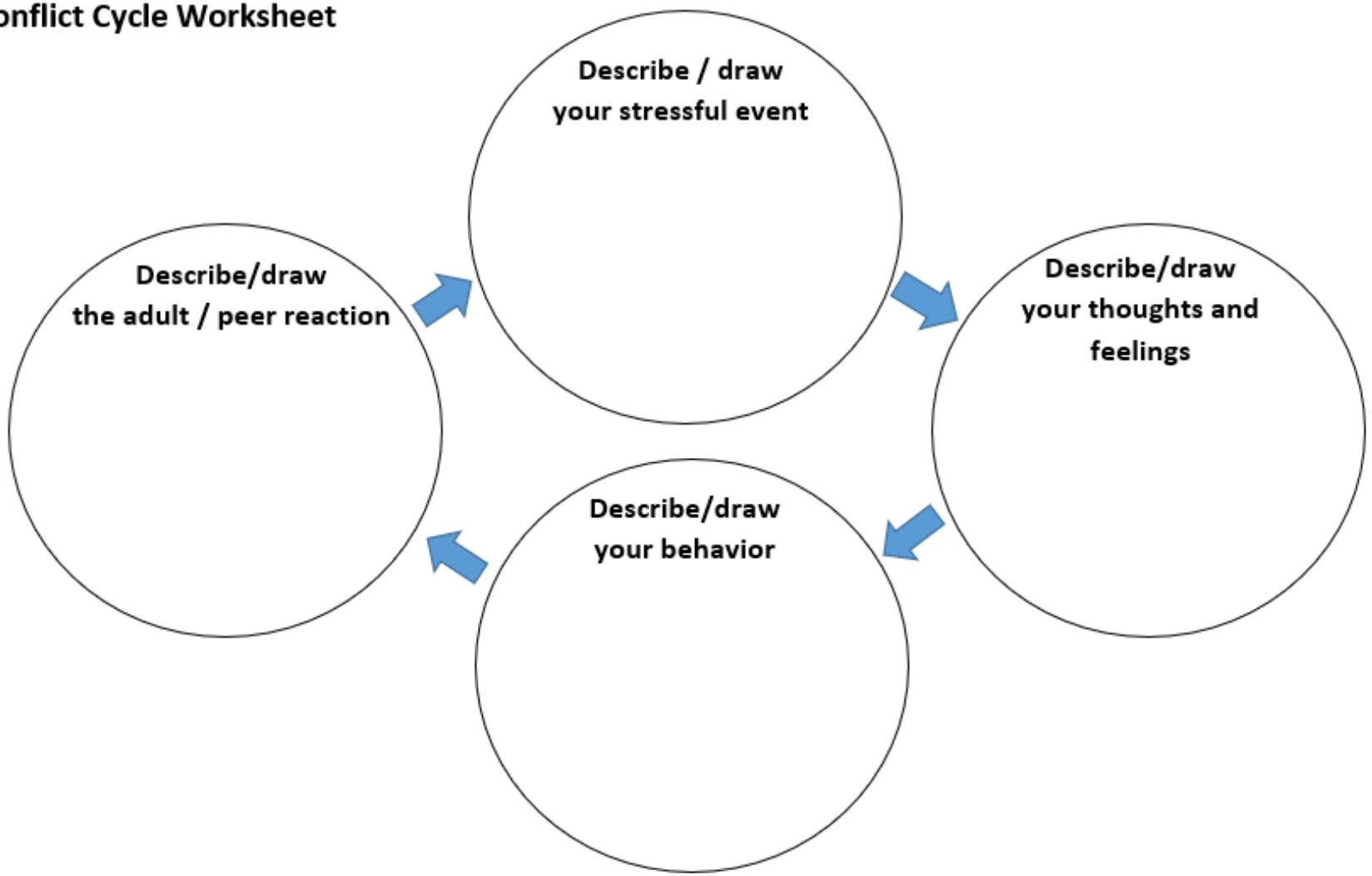
Person's Plan for Next Time

_____

_____

_____

Conflict Cycle Worksheet



Name: _____ Date: _____

Plan for Next Time: _____

_____

LIFE SPACE CRISIS INTERVENTION (LSCI) RECORDING LOG

Date: ____ / ____ / ____Person's Name: _____

Location/Subject: _____ Time LSCI Began: _____ Time LSCI Ended: _____

Number of intensity of behavior when LSCI began: _____ Number of intensity of behavior at end of LSCI: _____
1 = calm; 2 = anxious/frustrated; 3 = agitated/increased eye/hand/body movement; 4 = threatening 5 = physically aggressive/self-injury

LSCI Stages and Reclaiming Interventions

LSCI Stages completed (Check all the stages that were completed):	
LSCI Stages	**What happens in each stage**
☐ **1. Drain Off**	**Staff helped the person to calm down. Drain Off Details (What helped the person the most? Reassurance, Affirmation, Decoding, Validation, Emotional Support). What specific strategy was the most effective?** _____ _____ _____
☐ **2. Timeline**	**Staff helped person to tell their perception of the crisis. This is what happened from the person's perspective: Incident (person's description of what happened), Antecedents (what the person said triggered their behavior), Consequences (what the person said that staff/peers did immediately after their behavior), Setting Events for FBA (influencing factors, e.g. conflict earlier in day, negative thinking habits, etc.)** _____ _____ _____ _____
☐ **3. Central Issue**	_____ **Staff determined the Central Issue, the LSCI pattern (check one):**

☐ **Long Term - LSCI Pattern** ***(check one)***	***Central Issue: What is underlying problem?***
☐ **Red Flag**	**Displacement of feelings (carry-in problems from home/neighborhood, previous class or sensitive issue)**
☐ **Reality Check**	**Errors in perception (misperceptions due to personal sensitivities, tunnel vision, faulty thinking, testing limits)**
☐ **New Tools**	**Right idea, wrong behavior (inadequate social skills)**
☐ **Benign Confrontation**	**No guilt & justifies hurtful behavior (negative behavior, blaming others)**
☐ **Regulate & Restore**	**Too much guilt & seeks punishment (self-abuse or setting others up to punish self)**
☐ **Peer Manipulation**	**Peer exploitation ("False Friendship" or "Set-up" by instigator)**
☐ **No central issue was noted**	☐ **Comments:**
☐ **Short Term**	☐ **First two stages and short-term goal:**
☐ **Other**	☐ **Comments:**

☐ 4. Insight	Staff helped the person develop an understanding of why this crisis occurred & a person accepted responsibility for their role in it. Check one:

☐ Red Flag: Staff helped the person recognize misplaced anger (displacement).

☐ Reality Check: Staff helped the person recognize their part in this problem.

☐ New Tools: Staff helped the person recognize their good intentions but ineffective behavior.

☐ Benign Confrontation: Staff benignly confronted the person's justification (minimize own part, maximize other's part or "No one would have done anything.") for hurtful behavior.

☐ Regulate & Restore: Staff helped the person recognize their positive qualities and to stop punishing themself.

☐ Peer Manipulation-False Friendship: Staff helped the person recognize qualities of true friendship.

☐ Peer Manipulation-The Set Up: Staff helped the person recognize attempts to provoke them to react in a negative way.

To what degree did the person gain understanding/ insight of their part in this situation?

☐ No understanding
☐ Some Understanding
☐ Other ☐ Full Understanding

☐ 5. New Skills	Staff helped the person learn and rehearse new social skills to be used in similar situations. The person's plan to resolve future conflict is (check one):

☐ Red Flag: Talk to a trusted staff about the real problem when experiencing distress.

☐ Reality Check: Check out the facts of what happened with a trusted staff to make sure it's accurate.

☐ New Tools: Learn more appropriate social skills to meet their needs.

☐ Benign Confrontation: Use positive approaches, not hurtful ways, to meet their needs.

☐ Regulate & Restore: Share feelings with staff when feeling tense.

☐ Peer Manipulation-False Friendship: Learn new ways to choose friends and to socialize with positive peers.

☐ Peer Manipulation-The Set Up: Ignore instigator's attempt to control them.

☐ Other:

If a new skill was taught, please describe:

_____
_____
_____
_____

☐ 6. Transfer of Learning	Staff prepared the person to return to activity and shared plan with key staff members to reinforce and generalize the new skill. Check all that apply:

☐ Staff prepared the person to return to group.

☐ Staff shared the plan with key staff members to reinforce and generalize the new skill.

☐ There was no transfer of training.

What supports will staff provide to the person to prompt or reinforce the new skill? (Be specific)

_____
_____
_____
_____

LSCI was conducted by: _____ Position: _____

LSCI Recording Log developed by Dr. Carol Dawson, LSCI Master Trainer 10/12/2018

CHECKLIST FOR RATING COLLEAGUE'S LSCI SKILLS

_____ **_____**

Name of Person Being Rated **Name of Rater**

_____

Names of LSCI Instructors

Number of Final Exam Interview: _____ **Date: _____**

_____

Part One

Check the Type of Intervention selected by the Interviewer:

☐ Red Flag Intervention

☐ Reality Check Intervention

☐ New Tools Intervention

☐ Benign Confrontation Intervention

☐ Regulate & Restore Intervention

☐ Peer Manipulation Intervention

_____

Check the Stages the Interviewer completed during the LSCI:

☐ ***Drain Off*** of Emotional Intensity

☐ Develop an Accurate ***Timeline***

☐ Determine the ***Central Issue*** and Select the ***Correct Reclaiming Intervention***

☐ Assist the Youth in Gaining ***Insight*** into ***Self-Defeating Behavior Patterns***

☐ Develop Plan for ***New Skills*** and Practice

☐ Assist with ***Transfer of Learning*** to Ongoing Activity

Part Two

From the following list, check the skills the interviewer used effectively during the LSCI:

1 Almost Never
2 Sometimes
3 Often
4 Almost Always

Nonverbal Body Language				
Conveys support through body language	1	2	3	4
Uses eye contact to be attentive or to provide "space"	1	2	3	4
Varies voice quality and volume as needed	1	2	3	4
Maintains physical proximity or distance as needed	1	2	3	4
Relationship Skills				
Engages in active listening	1	2	3	4
Communicates respect	1	2	3	4
Conveys confidence and optimism	1	2	3	4
Non-judgmental and avoids counter-aggression	1	2	3	4
Verbal Style				
Uses reassuring and affirming statements	1	2	3	4
Decodes and validates appropriately	1	2	3	4
Asks questions to encourage youth to talk	1	2	3	4
Uses Conflict Cycle and Timeline to help organize events	1	2	3	4
Helps youth to understand the pattern of behavior	1	2	3	4
Rehearses new skills in age appropriate language	1	2	3	4

PRE / POST (CIRCLE ONE) COURSE SURVEY – LIFE SPACE CRISIS INTERVENTION

Name: _____ School: _____ Date: _____

Please circle the number that currently rates your ability in the following areas:

1. I am able to de-escalate a youth experiencing distress.

1.	2.	3.	4.
Strongly disagree	Disagree	Agree	Strongly Agree

2. I am able to identify the specific triggers to the problem behavior by talking to the youth.

1.	2.	3.	4.
Strongly disagree	Disagree	Agree	Strongly Agree

3. I am able to help a youth reflect upon their behavior and understand the underlying reason for the problem behavior.

1.	2.	3.	4.
Strongly disagree	Disagree	Agree	Strongly Agree

4. I am able to help a youth select a replacement behavior that meets the same need as the problem behavior and teach/rehearse until they are comfortable using the new skill.

1.	2.	3.	4.
Strongly disagree	Disagree	Agree	Strongly Agree

5. I am able to share the plan for a replacement behavior with key staff so that we can all help the youth learn to cope with similar situations.

1.	2.	3.	4.
Strongly disagree	Disagree	Agree	Strongly Agree

6. There are fewer incidents due to my ability to respond to young people in distress

1.	2.	3.	4.
Strongly disagree	Disagree	Agree	Strongly Agree

7. I am confident in my abilities to respond to young people in distress in an effective and efficient manner.

1.	2.	3.	4.
Strongly disagree	Disagree	Agree	Strongly Agree

Pre / Post (Circle One) Course Survey – Life Space Crisis Intervention

Name: _____ School/Agency: _____ Date: _____

Please circle the number that currently rates your ability in the following areas:

1. I am able to de-escalate a youth experiencing distress.

1.	2.	3.	4.
Strongly disagree	Disagree	Agree	Strongly Agree

2. I am able to identify the specific triggers to the problem behavior by talking to the youth.

1.	2.	3.	4.
Strongly disagree	Disagree	Agree	Strongly Agree

3. I am able to help a youth reflect upon their behavior and understand the underlying reason for the problem behavior.

1.	2.	3.	4.
Strongly disagree	Disagree	Agree	Strongly Agree

4. I am able to help a youth select a replacement behavior that meets the same need as the problem behavior and teach/rehearse until the youth is comfortable using the new skill.

1.	2.	3.	4.
Strongly disagree	Disagree	Agree	Strongly Agree

5. I am able to share the plan for a replacement behavior with key staff so that we can all help the youth learn to cope with similar situations.

1.	2.	3.	4.
Strongly disagree	Disagree	Agree	Strongly Agree

6. There are fewer incidents due to my ability to respond to young people in distress

1.	2.	3.	4.
Strongly disagree	Disagree	Agree	Strongly Agree

7. I am confident in my abilities to respond to young people in distress in an effective and efficient manner.

1.	2.	3.	4.
Strongly disagree	Disagree	Agree	Strongly Agree

ACTIVITY: QUICK WRITE

What does every person need in order to develop a positive self-concept?

_____
_____
_____
_____
_____
_____
_____
_____

REGISTRATION FORMS

AUGUSTANA UNIVERSITY CREDIT

AUGUSTANA UNIVERSITY

EXTENSION REGISTRATION FORM

Name_____Male_____Female_____
Last First Middle

Address_____
City State/Province Zip/Postal Code

E-mail Address_____

Social Security #_____Home Phone_____Work Phone_____

Birth Date_____Marital Status: Single_____Married_____Maiden Name_____

Have you ever taken a workshop from Augustana University?
Yes_____No_____When?_____

Select one 3-credit option: PSYC 620RY (Graduate level)_____ SPED 620RY (Graduate level)_____

Course Name: CRISIS INTERVENTION WITH YOUTH (LSCI)

Beginning Date: _____ Location of Course: _____
City State/Province

Ending Date:_____ Name of Trainer:_____

Student Signature: _____

METHOD OF PAYMENT/CREDIT CARD AUTHORIZATION (*PAYMENT TO RECLAIMING YOUTH AT RISK*)

____US Dollar Check ____US Dollar Money Order ____Credit Card

Name_____

Billing address _____
Street/ P.O. Box

_____
City State/Province Zip/Postal Code

Telephone _(_____)_____(work) (_____)_____(cell)

Type of Credit Card: ___Visa ___MasterCard ___Discover ___American Express

Account#_____Exp. Date_____ CVV (3 or 4 digit)_____

I authorize **Reclaiming Youth at Risk** to process payment for $300 US Dollars to the credit card listed above. I understand that this payment is non-refundable once the registration form is submitted to the university.

Signature _____

Note: *Checks or money orders must be $300 USD and made payable to "**Reclaiming Youth at Risk**." Your credit card will be processed by **Reclaiming Youth at Risk** in U.S. funds according to your designation on the registration form, $300 USD for 3-credits.*

AUGUSTANA UNIVERSITY

Course Syllabus

Crisis Intervention with Youth (LSCI)
Psychology or Special Education 620RY
Graduate course; 3 semester hours of credit
Instructors of Record: Dr. Nicholas Long and Dr. Frank Fecser

This graduate course is designed for advanced professional staff who serves children and youth. The course focuses on children and youth who engage in destructive and self-defeating behavior. It is offered by the **Life Space Crisis Intervention (LSCI) Institute** in collaboration with Augustana University Graduate School. The course requires a time block of 24 - 40 hours in the classroom, as well as independent study outside of class. This is a highly interactive course with lectures, discussion, video analysis, role-playing, tutorial sessions, skill demonstrations, and assigned readings and projects.

Course Description
This course provides carefully structured theoretical and applied instruction in crisis intervention skills for use in reclaiming children and youth involved in patterns of self-defeating behavior. Life Space Crisis Intervention (LSCI) is applicable with troubled and at risk students in residential and day treatment, special education, alternative schools, public school guidance and inclusion programs, and in mental health and juvenile justice programs. The course provides 27 specific competencies for using crisis as a teaching and therapeutic opportunity with students showing six different patterns of self-defeating behavior. This intervention model is a multi-modal psycho-educational methodology first described by Fritz Redl and David Wineman in their classic book, *The Aggressive Child*. The method was employed in interdisciplinary clinical training programs directed by graduate faculties of psychology, special education, and social work at the National Institute of Mental Health. Successful completion leads to advanced LSCI certification from the Life Space Crisis Intervention Institute. This course is approved for three semester hours of graduate credit in psychology or special education from Augustana University.

Student Learning Outcomes:

1. Articulate the dynamics of conflict cycles, which lead to self-defeating behavior.
2. Recognize student-thinking errors that interfere with communication and problem solving.
3. Recognize the process and outcomes of staff counter-aggression, which precludes effective intervention.
4. Assess the circumstances under with LSCI is or is not an appropriate intervention.
5. Demonstrate effective de-escalation, decoding, and counseling strategies for youth in crisis.
6. Differentially diagnose these six common patterns of self-defeating behavior:
    a. Problems originating elsewhere in a child's ecology
    b. Problems rooted in a child's reality distortions
    c. Problems resulting from social skill deficits
    d. Problems related to negative peer influence
    e. Problems caused by lack of prosocial values
    f. Problems of guilt and self-abusive behavior

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7. Match specific reclaiming interventions with each of the six patterns of self-defeating behavior.
8. Utilize a six-step sequence and specific communication skills for each reclaiming intervention.
9. Reflect on how certain problems of youth relate to the helper's own personality and values.

Academic Honesty Policy: (http://www.augie.edu/about/college-offices-and-affiliates/academic-affairs-office/honor-code)

WE EXPECT YOUR WORK TO BE ORIGINAL. Plagiarism will not be tolerated nor will any inappropriate collaboration on assignments or exams. Depending upon the severity, the penalties for academic dishonesty will range from a 'zero' on the exam or assignment to, at the most serious level, expulsion from the course. The determination of penalty will be by the instructor of the course and will be consistent with college policy. As a community of scholars, the students and faculty at Augustana University commit to the highest standards of excellence by mutually embracing an Honor Code. The Honor Code requires that examinations and selected assignments contain the following pledge statement to which students are expected to adhere to:

> On my honor, I pledge that I have upheld the Honor Code, and that the work I have done on all assignments and examinations has been honest, and that the work of others in this class has, to the best of my knowledge, been honest as well.

Required Text and Support Material.
Long, N.J., Wood, M.M. & Fecser, F.A. (2001, 2nd Ed). *Life Space Crisis Intervention: Talking with Students in Conflict*. Austin, Texas: ProEd. Students receive a complete set of materials including a course notebook with handouts, bibliography and reprints of selected articles, and a copy of the text

Course Requirements.

1. **Demonstrate Skills**: Participants will demonstrate intervention skills in role-play situations.
2. **Demonstrate Knowledge**: Participants will be tested on key concepts from presentations and assigned readings in an objective exam with a pass/fail criterion of 90% correct.
3. **Practicum or research paper:** Participants will do a LSCI with a youth. Address the six steps of the LSCI (drain off, time line, identify the central issue etc.). An alternative research project approved by the instructor is another option. This paper (and the LSCI) is generally 6-10 pages in length.

All requirements are to be submitted within 30 days of the last day of the course to your instructor. Your instructor will let you know if they prefer a hard copy or an electronic copy. ***Requesting a grading extension***: If additional time is needed to complete the work, a one-time extension may be requested. Contact your instructor to get permission for an extension. Work will be due no later than the middle of the next semester (March 15, July 15 or October 15). If the work is not submitted by the due date, a grade of F is automatically given.

Registration
Registration happens at the time of the training. Payment is due at the time of registration. Please submit your registration form and payment to your instructor to be mailed to **Reclaiming Youth at Risk, PO Box 650, Lennox, South Dakota 57039 Attn: Wendy. Questions can be directed to your instructor or to Wendy Beukelman at 605-906-4694 or via email to beukelman.wendy@gmail.com.**

Registration Cost
Payment is due to **Reclaiming Youth at Risk** at the time of registration. The three hours of graduate credit is $300.00 (US dollars). Cash cannot be accepted. Checks, money orders payable to ***Reclaiming Youth at Risk*** and credit cards (Visa, MasterCard, Discover or American Express) are accepted.

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Grading

Class participation (required but not graded)
Examination (25% of grade)
Practicum project (75% of grade)
Skill development (required participation but not graded)

Participants who successfully complete these requirements earn three (3) semester hours of undergraduate or graduate workshop credit, graded with an A-F letter grade. All requirements are to be submitted within 30 days of the last day of the course to your instructor. Your instructor will let you know if they prefer a hard copy or an electronic copy. ***Requesting a grading extension***: If additional time is needed to complete the work a one-time extension may be requested. Contact your instructor to get permission for an extension. Work will be due no later than the middle of the next semester (March 15, July 15 or October 15). If the work is not submitted by the due date, a grade of F is automatically given.

Transcripts

After final grades are submitted, the students receive a grade report via email from Augustana University. Official transcripts must be requested in writing by the student to Augustana University Office of the Registrar, 2001 S. Summit Ave., Sioux Falls, SD 57197 or at the following link: http://www.augie.edu/academics/registrars-office/transcript-requests.

For questions or concerns, please contact Reclaiming Youth at Risk at

Email: wendy@reclaimingyouthatrisk.org

Phone: 605-906-4694.

LSCI Practicum Rubric

Rating → / Indicator ↓	10	8-9	6-7	Score
Background information: describe the youth, the incident, and the circumstances that led to the LSCI	Clearly articulated	Moderately articulated	Limited articulation	
Drain off: identify specific techniques used to attempt to *de-escalate* the youth.	A clear explanation of how the adult de-escalated the youth was provided as explained by one or more specific strategies or underlying knowledge base.	A moderate explanation of how the adult de-escalated the youth was provided as explained by one or more specific strategies or underlying knowledge base.	A limited explanation was provided. The strategies or underlying knowledge base were not clearly articulated.	
Timeline: chronicle the "timeline" in either a dialogue or a narrative format.	A timeline was clearly articulated with reference to the specific events in relationship to the underlying emotions and thinking of the youth.	A timeline was moderately articulated with reference to the specific events in relationship to the underlying emotions and thinking of the youth.	A timeline was not clearly articulated with reference to the specific events in relationship to the underlying emotions and thinking of the youth.	
Central Issue: a central issue was" diagnosed"	The central issue was stated		The central issue was not stated.	
Insight: the youth expressed insight connecting behavior to emotions and thinking	The student's expression of insight was clearly articulated and/or the mentor clearly indicated how steps were taken to help the child gain insight.	The student's expression of insight was moderately articulated and/or the mentor clearly indicated how steps were taken to help the child gain insight.	The student's expression of insight was not clearly articulated and/or the mentor clearly indicated how steps were taken to help the child gain insight.	
New Skills: the youth was taught new skills to help confront the challenge	New tools were clearly taught to the child in order to help the child cope with challenges.	New tools were moderately taught to the child in order to help the child cope with challenges.	New tools were not clearly taught to the child in order to help the child cope with challenges.	
Transfer of Learning: those who need to know are informed of the intervention and the new skills to be addressed	A transfer of learning step was clearly addressed indicating who was informed of the intervention and the next steps taken.	A transfer of learning step was moderately addressed indicating who was informed of the intervention and the next steps taken.	A transfer of learning step was not clearly addressed. It was uncertain who was informed of the intervention and the next steps taken.	
Outcome: what was the effect for the youth? What did you learn from this LSCI?	Well-articulated response to the questions.	Moderate response to the questions.	Limited response to the questions.	
Mechanics	The mechanics of the course work are completed at an acceptable level.		The mechanics of the course work are not at an acceptable level.	

January 2020