Program Handbook

Queensland Centre for
Mental Health Learning

QC29 Reasoning and Rehabilitation 2 for Youths and Adults with Mental Health Problems

West Moreton Health
Queensland Government

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Program delivered by facilitators as accredited by the Cognitive Centre of Canada.

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Susan Young holds a BSc. Honours degree in Applied Psychology and Sociology from University of Surrey and a Doctorate in Clinical Psychology from University College London. She holds a PhD in Psychology from Kings College, University of London. She is a Senior Lecturer in Forensic Clinical Psychology at the Institute of Psychiatry, Kings College, London where she is Program Leader of the MSc in Clinical Forensic Psychology accredited by the British Psychological Society.

Dr Young is a Chartered Clinical and Forensic Psychologist, as well as a Clinical Neuropsychologist. She has extensive experience in the assessment and treatment of offenders with mental illness and/or mental disorder in both inpatient and outpatient settings. For many years Dr Young has worked in Forensic Services at the renowned Maudsley Hospital in the United Kingdom where she has provided a forensic clinical psychology service to offenders with mental illness and/or mental disorder in community settings, on an open forensic rehabilitation unit, medium and high secure settings. Dr Young currently works clinically as an Honorary Consultant Clinical Psychologist at Broadmoor Hospital in high security. She has served as an expert witness in a number of high profile legal cases referred by Defence lawyers, the Crown Prosecution Service, the Police, the Criminal Cases Review Commission and the Home Office National Offender Management Service. Dr Young is a qualified trainer in the Risk Assessment of violence and acts as a consultant in this respect.

Robert R. Ross

Bob Ross (Ph.D. Psychology, University of Toronto) has been Lecturer, Wilfrid Laurier University; Associate Professor of Clinical Psychology, University of Waterloo; Research Associate, Human Justice Program, University of Regina; Honorary Research Associate, Faculty of Law, University of Edinburgh; and Professor of Criminology, University of Ottawa.

He has also been a faculty member for the Ontario Department of Education's programs for special education teachers, and a Consultant to the Department of Educational Television. He has had extensive experience as a Clinical Psychologist working with antisocial individuals, including twelve years as Chief Psychologist with the Ontario Government's Ministry of Correctional Services in Canada for juvenile and adult offenders. He has conducted research for the Ontario Ministry of Justice, the Solicitor General of Canada and the Correctional Service of Canada. His research on the treatment of antisocial behavior has been published in more than 100 articles in journals in psychology, criminology and education and in 23 books. His internationally renowned 'Reasoning and Rehabilitation' (R and R) program has been translated into nine languages and delivered to more than seventy thousand at risk youths, behaviorally disordered adolescents, juvenile delinquents and adult offenders in twenty countries. The efficacy of the program has been demonstrated in many independent, international evaluations and in several metaanalyses. R and R was based on Dr Ross' research on the relation between cognition and antisocial behavior ('Time To Think', 1985). A series of new specialised versions of the R and R program (R and R2) for youths, adults, girls and young women, families and support persons are based on Dr Ross' 'neurocriminology' model that is presented in the new edition of Time to Think: 'Time To Think Again: Neurocriminology for Prevention and Treatment of Antisocial Behavior' (Ross & Hilborn, Cognitive Centre of Canada, 2007). The neurocriminology model is based on more recent research on the relationship between antisocial behavior and cognition and emotion; research on antisocial behavior, offender rehabilitation and desistence; and research on neuroscience. Dr Ross was awarded the Centennial Medal of Canada for his work with antisocial adolescents.

Preface

Major mental disorders are most likely to onset in late adolescence and young adulthood. All too often these are chronic lifelong conditions inflicting untold suffering on those who are affected, their family and friends, and are sometimes associated with aggressive and/or antisocial behaviour, personality disorder, alcohol and drug misuse, and premature death. Those individuals who have a history of violence present with multiple problems requiring treatment and services over many years. Most will require medication to manage their symptoms on a long-term basis. However, their antisocial personality characteristics and/or aggressive behaviour require psychological interventions designed to address entrenched antisocial and maladaptive thinking styles and impulsive aggressive responding.

When individuals do not have the abilities or skills necessary for an intervention, these skills can be specifically taught and/or the intervention can be modified. In this way, learning based interventions can be adapted to make them more appropriate for individuals with lower intelligence, for individuals who are impulsive and/or reactive, for individuals who lack attentional control and are disorganised, and for individuals who have difficulty controlling their emotions.

These problems are commonly experienced by individuals with severe mental illness yet, historically, violent offender treatment programs have been broad brush treatments that have not taken into consideration the impaired cognitive functioning and skills deficits of this population. These individuals have often themselves been victims of physical abuse and emotional neglect in childhood; they experience acute distress arising from their mental health symptoms; are disorganised in their thinking; suffer affective disturbance, discouragement and demoralisation; and lead a chaotic lifestyle characterised by stigmatisation from society. These characteristics and lifelong experiences will impede their progress in rehabilitation, vocational advancement and educational achievement.

We met in 2004 when Susan Young attended a Reasoning and Rehabilitation (R and R) training course conducted by Bob Ross at the Maudsley Hospital in London. This turned out to be a meeting of minds and shared interests and over the past few years we have integrated our skills, knowledge and expertise to develop the new edition of the R and R for individuals who present with mental health problems and who have a history of antisocial and violent behaviour. Bob had a wealth of experience in developing effective cognitive behavioural treatment programs for antisocial individuals and Susan had been working for many years with mentally disordered offenders in community and inpatient forensic services. In her work, Susan applied a strong rehabilitative perspective to psychological interventions when, for two years, she worked in a specialist forensic rehabilitation unit. Here Susan developed and supervised a rolling cognitive behavioural group program for patients who were complex individuals who had chronic and severe mental health problems, comorbid personality disorder, drug and alcohol related problems, intellectual limitations, motivational problems, and executive functioning deficits. Many of these patients had become dependent and institutionalised from spending years in compulsory detention and were anxious about their ability to cope with life on the ‘outside’. These experiences led Susan to believe that, for this population, it is essential that antisocial treatment programs integrate the teaching of neurocognitive skills that will contribute to and facilitate the rehabilitation process in a practical way, in addition to the historical inclusion of prosocial competence skills.

This program handbook is an information resource and we recommend that new facilitators read it thoroughly prior to delivering the program. We also recommend facilitators use it as a resource of reference and review sections as required on a regular basis. The handbook is divided into five sections. The first briefly outlines the history of the R and R program, its efficacy and its evolution into R and R2. Section two describes the R and R2 for Youth and Adults with Mental Health Problems (R and R2 MHP) program, including its development and the theoretical rationale on which it based. This section provides an overview of the program and detailed instructions for its delivery. Section three provides a detailed description of the content of the program and explains how sessions are organised around the five core modules. Many of the training techniques are illustrated in the training DVD that accompanies the program and it is strongly recommended that facilitators also familiarise themselves with them prior to delivering the program, in addition to periodically reviewing the DVD to ensure program integrity.

Success of the program will depend largely on the quality of the facilitators and Participants Aid for Learning (PAL). Thus, there follows in sections four and five a comprehensive description of the roles of the PAL and the facilitator; we describe the characteristics of individuals who are most likely to be effective in delivering the program and how they may obtain training and accreditation as facilitators.

Copyright laws protect all the R and R2 program materials; however, we give permission for materials in the appendix to be photocopied and used by facilitators to assist them in delivering a comprehensive program.

The aim of this program is for participants to lean skills to improve their confidence and increase the likelihood that they will contribute to society in a meaningful way. It is not intended to treat the underlying symptoms of mental illness per se (nor is it suitable for persons who are acutely unwell) but to help individuals learn that they can impose some measure of self-control over what they think and how they behave, to set realistic aims and goals, to learn skills they can apply in their everyday lives and which will lead them to achieve. Many individuals who will enrol in this program will have low self-esteem, poor self-efficacy and a difficulty with self-motivation. All too often any success goal seems insurmountable and too much effort because the individuals believe achievement and success is something that happens to other people and not to them. This core belief can be changed by setting goals defined in small incremental steps that can be monitored and attained within a time frame the individual can perceive. However, Rome was not built in a day: changing thinking styles and making life changes will take time and effort. We believe that this program is an important first step.

Dr Susan Young and Dr Robert Ross

Acknowledgements

We are grateful to colleagues, students and clinicians who have been a source of considerable stimulation in the development of this program and who have supported and contributed to the project, in particular, Brian McGuinness, Kay Chick, Lisa Dutheil, Alexandra Messenger, Jaime Quinn, Jade Redfern, Katie Gray, and Kim Wright. We are especially grateful to Lyn Edwards and Daniel Haider for piloting parts of the program and for their helpful suggestions and feedback and to Gisli Gudjonsson for his support, comments and suggestions on the handbook. We are also grateful to friends and colleagues who agreed for their photographs to be included in the program materials and to those who participated in making the DVD movies.

Special thanks go to Helen Fleck who did a fantastic job in helping to produce the program, for her patience and tolerance of the many changes we made during its development, and for her creativity in generating such great PowerPoint slides. Thanks also to Brid Oliver and Maria Hadij-Michael for their help with the PowerPoint slides and to Josip Lisatovic for his help with illustrations. Thank you also to Speechmark Publishing Ltd for allowing us to adapt the memory systems illustration first published in Head Injury © Trevor Powell [2004].

We acknowledge and very much appreciate the cooperation of James Hilborn, Director of the Cognitive Centre of Estonia, a friend and colleague of Dr Ross with whom he collaborated in the development of the R and R2 edition of the Reasoning and Rehabilitation program.

We are indebted to Shanah Einsig who has helped and supported so very much, and in particular for helping us to charter new territory in the history of R and R with the making of the training DVD. The DVD was filmed at a real training workshop run by Susan Young and attended by professional staff. Many thanks to all the attendees who gave consent for their training to be filmed and used for this purpose, and for showing so well what fun the program can be!

Most importantly, we wish to acknowledge the contribution of the clients on whom the program was piloted. Your comments and suggestions were invaluable in shaping and developing the program.

Last, but not least, we thank our families, who have motivated and encouraged us every step of the way. In particular, Charlotte Young (who developed a taste for Canadian pancakes and maple syrup) for her patience, enthusiasm and sense of humour.

R and R2 soundtrack – 'Get Far'

Thanks also to all those who contributed to the R and R2 soundtrack entitled 'Get Far'. The R and R2 soundtrack was created by a group of artists who share a vision to bring encouragement, wisdom and hope to young people, and features two audio samples from 'Split the Curtain' by Paul Frith, used with permission. Jahasiel was on rap vocals, Charlotte Young on female vocals, and DJ Moyma on turntables.

Jahasiel is a versatile vocalist who presents an explosive mix of hard hitting rhymes and captivating stage craft that enables his message through Hip Hop to make its mark on any audience. He has built a name for himself making guest appearances on the hits of other artists including Lemar, Craig David, US rhythm and blues singer Monica, Stacie Orrico, Four Korners, Nina Jayne, Nathan Prime and Raymond and Co. He also made a guest appearance on two tracks for Daniel Bedingfield's platinum selling and Grammy nominated album 'Gotta Get Thru This'. He has appeared on stage with other notables including Kim Burrell and platinum selling US Gospel artist Kirk Franklin.
Jahasiel has shared his music in prisons, universities, community projects and churches across the globe. He has worked for two years as a behavioural improvement mentor in a secondary school and has experience in residential homes working with young people with challenging behaviour. He has as also led several workshops teaching music technology, performance and song writing skills to young people including young offenders.
'It's about love. Love for God, love for mankind and love for music'
<www.jahasielmusic.com> email <info@ub1music.com>.

Charlotte Young has made an impressive debut as a female vocalist on this track, at the age of only 11 years. Her remarkable ability and confidence on the microphone mark her out as a talent to watch in years to come.

DJ Moyma is an accomplished turntablist DJ performer who is well known for the diversity of the music he plays, deftly mixing hip hop, funk, drum and bass, beats and breaks and just about anything else. He works with excluded young people and teaches music, DJing, art, dance and hip hop culture. www.myspace.com/djmoyma email <djmoyma@yahoo.co.uk>.

Paul Frith is a highly talented new singer and songwriter – 'Get Far' contains two samples from 'Split the Curtain' by Paul Frith, used with his permission.
<www.myspace.com/paulfrith>.

Richard Church aka 'Rich T Granados' is a producer with a vision to create contemporary music with a positive message. He also works as a medical doctor, currently specialising in child and adolescent forensic psychiatry.
< www.myspace.com/richtbeats> email <rich@servitor.org>.

'Get Far' was recorded, produced, mixed and mastered by Richard Church at Servitor Studios, UK <www.servitor.org> © Servitor Studios [2007].

1. Reasoning and rehabilitation program

This section provides a brief introduction to the original R and R program and outlines its development, the theory and research on which it was based, and the evidence of its efficacy. Section one also describes the rationale for developing a specialised version of R and R2 for individuals who evidence both antisocial behaviour and mental health problems.

1.1 Reasoning and rehabilitation program development

The original program was the product of a long-term and continuing research project that began in 1966[1]. The project was designed to yield programs for reducing the antisocial behaviour of antisocial youths, juvenile delinquents and adult offenders. The research project led, in 1986, to the development of the first edition of the R and R program (Ross, Fabiano and Ross, 1986) which was based on three bodies of research:

1. More than a hundred rigorously evaluated studies that demonstrated the success of a wide variety of offender rehabilitation programs.
2. Analyses of those programs that revealed a key to their success was some intervention technique that would improve the participants' social cognitive skills and values.
3. Analysis of more than forty years of empirical research that demonstrated delinquent and criminal behaviour are associated with inadequate development in a number of specific social cognitive skills and values that are known to be essential to prosocial competence.

The first edition of R and R was created by selecting cognitive techniques from the programs that were successful in reducing reoffending. These were then combined with other established cognitive training techniques to form a highly structured, manualised, multifaceted group program designed to help offenders develop their cognitive and social skills and values and, thereby, improve their prosocial competence and decrease their reoffending.

The program engages individuals by adopting an ethos of training as opposed to treatment and by taking the view that the person is not the problem, but the problem is the person's problem.

The person is not the problem, but the problem is the person's problem.

Following its successful field testing with high risk probationers (Ross, Fabiano and Ewles, 1988), a facilitator's handbook for conducting the R and R program was published in 1986 (Ross, Fabiano and Ross, 1986). The handbook was subsequently revised in 1988 by Robert and Roslynn Ross and became the core curriculum for rehabilitation services for adult offenders in Canada's forty-seven penitentiaries and community residences. The handbook has since been translated into Arabic, Chinese, Danish, Estonian, French, German, Japanese, Latvian, Spanish and Swedish.

The research on which the original R and R program was based was originally presented in the book, Time To Think (Ross and Fabiano, 1985). The revised edition of this book, Time To Think Again (Ross and Hilborn, 2007) discusses highly significant developments in research on antisocial behaviour that postdate the first edition – particularly research on the relationship between prosocial competence and cognition, emotion and values and research on social cognitive neuroscience.

Time To Think Again is recommended reading for all R and R facilitators as the book provides general instructions for facilitators for conducting the various R and R programs.

[1] The research development of Reasoning and Rehabilitation programs is described in a number of publications including: Ross and McKay, 1979; Gendreau and Ross, 1980; Ross, 1980, Ross,1981; Ross, 1982; Ross, 1983; Ross, 1984; Ross and Lightfoot, 1985; Ross and Fabiano, 1985; Gendreau and Ross, 1987; Ross, Fabiano and Ewles, 1988; Ross and Garrido, 1990; Isso and Ross, 1995; Ross, Antonowics and Dahliwall, 1998; Ross and Antonowics, 2002; and Ross and Hilborn, 2006).

Careful reading of the book will enable facilitators to thoroughly understand the R and R program model, the underlying concepts of the program, its teaching process and the targets of the program - the cognitive, emotional, behavioural skills, and values it aims to teach. It also enables facilitators to understand and appreciate why these skills and values have been selected and how they can be taught. Time To Think Again helps facilitators to understand the teaching relationship required to yield optimal learning of the skills.

1.2 Reasoning and rehabilitation program efficacy

Since its introduction, more than seventy thousand 'at risk' youths, conduct disordered children, abused children in foster care settings, pre-delinquent children, juvenile delinquents (including gang members), chronically unemployed adults, substance abusers, juvenile and adult offenders (including sex offenders, substance abusing offenders, mentally disordered offenders, and violent offenders), have been taught skills and values through the R and R program in seventeen countries around the world. The program has been delivered in prisons, juvenile reform schools, hospitals, group homes for adolescents, social service agencies, and in community schools. Its efficacy has been demonstrated in numerous independent, international, controlled evaluations; in qualitative reviews; in meta-analysis; and in cost benefit analysis.

A review by Pearson, Lipton, Cleland, and Yee (2002) concluded that 'the cognitive skills programs developed by Ross and his colleagues (1988) (also known as Reasoning and Rehabilitation programs) still meet our criteria of verified effectiveness' (p.490). A later review by Antonowics (2005) concluded that 'R and R is one of the most frequently evaluated programs. Its efficacy has been examined in a remarkable number of independent international evaluations not only in Canada where it was developed but also in California, Colorado, Georgia, Texas, Germany, Scotland, Spain, Sweden and the United Kingdom. It is clear the cognitive model and the R and R program it spawned has been well received in the criminal justice community for more than eighteen years - a remarkable achievement given the typical short shelf life of many if not most offender treatment programs. This review would indicate the enthusiasm has been reinforced by evidence of its efficacy in a variety of settings, with a variety of types of offenders in a variety of countries' (p.178).

A meta-analysis of sixteen evaluations of R and R, involving 26 separate comparisons, reported a 14% decrease in reoffending by R and R participants in institutional settings compared with controls and a 21% decrease for participants in community settings (Tong and Farrington, 2006). The program was found to be effective in different countries, in community and institutional settings, in smaller and larger evaluation studies, older and newer studies and with a variety of types of offenders.

The cost effectiveness of R and R has been confirmed by the Washington State Institute for Public Policy which examined benefit to cost ratios, and rates of return on investment that had been demonstrated in six evaluations of R and R (Aos, Phipps, Barnoski and Lieb, 2001).

However, not all studies have yielded positive results. Although the R and R program has yielded significant reductions in recidivism in many independent international studies, problems have arisen when program integrity has been compromised by facilitators failing to adhere to the carefully articulated principles and practices of the R and R program. This is particularly the situation when attempts have been made to implement the program on a system wide basis without adequate quality control (e.g. Falshaw, Friendship, Travers, and Nugent, 2003).

The research demonstrates that treatment personnel, program managers and researchers must identify and implement methods through which program integrity, staff enthusiasm and support can be maintained when the agency attempts to extend R and R or any other program on large scale, system wide basis (cf. Gendreau et al., 1999; Van Voorhis, Murphy, and Johnson, 1999; Wilson et al., 2000).

R and R requires enthusiastic, trained staff with good cognitive and social skills who are working in an environment which is supportive of their program efforts and who maintain program integrity while they deliver the program to those clients who are most likely to profit from it because they lack the skills that it teaches.

1.3 Differential treatment

The lessons learned from the evaluations of the original R and R program guided the development of a new edition of the original program: R and R2. A major aim of the new edition was to enable the program to provide differential treatment – 'different strokes for different folks'. Although R and R has been successfully implemented with a wide variety of different types of antisocial individuals (particularly juvenile and adult offenders) it does not tailor to the different needs and circumstances of groups. Indeed, the original R and R program is a shotgun program that has not been responsive to the responsivity principle or differential treatment that meta analyses have indicated are essential for effective practice (e.g. Andrews and Dowden 2005).

R and R2 is a new edition of R and R that comprises a family of programs. R and R2 provides specialised versions that are more appropriate to particular groups, depending on their age and gender; the nature of their antisocial behaviour; their risk of continuing in antisocial behaviour; their culture and circumstances; and other personal characteristics. Specialised versions are available, or in development, that are specifically designed for substance abusers; fire setters; antisocial girls and young women; youths with learning disabilities; repeat driving violators; 'at risk' youth; juvenile and adult offenders; adults and youths with Attention Deficit Hyperactivity Disorder; and the support persons, mentors and families of antisocial youths. Specific instructions and teaching materials for conducting each version of R and R2 are presented in the program handbooks for each version.

R and R2 for Youths and Adults with Mental Health Problems (R and R2 MHP) is a version of R and R2 that has been developed for two groups of individuals with mental health problems or severe mental illness who are either:

1. adolescents and adults who are engaging in various disruptive and antisocial behaviours at home, at school or at work
2. adjudicated juvenile delinquents and adult offenders.

We define severe mental illness as schizophrenia, schizoaffective disorder, bipolar disorder, major depression and other nontoxic psychoses. Compared to the general population, these individuals are at increased risk to commit violent crimes. Consequently, many persons with severe mental illness are in forensic hospitals. The cost to society is high, as across the world the number of forensic beds continues to increase as the risk of violence posed by people with severe mental illness becomes increasingly recognised. Despite this, there are no treatment programs specifically developed to reduce antisocial behaviour and tailored to the different needs and circumstances of patients with mental health problems or mental illness. Thus, this new edition of R and R was developed for individuals who present with mental health problems or severe mental illness and who have a history of antisocial and violent behaviour.

1.4 A new edition of R and R

The R and R2 MHP differs from the original R and R program in several key ways including session content, style of delivery, extended programming, and the addition of program evaluation measures.

Session content

The R and R2 MHP program is a 16-session program which is 19 sessions fewer than the original program. The content differs from R and R by including specific training techniques that target the cognitive, attitudinal, emotional and behavioural characteristics associated with mental illness and that limit an individual's ability to acquire prosocial competence or prevent them from benefiting from other programs designed to help them acquire prosocial competence.

This is achieved with the introduction of the neurocognitive skills module, and by extending and adapting other modules to include additional material, for example, sessions on anxiety and empathy. The neurocognitive skills module aims to prepare participants to engage more meaningfully with more traditional aspects of the R and R program by teaching participants to develop and/or improve skills in attentional and impulse control, memory, and constructive planning. Participants are taught not only to deconstruct information, assumptions and preconceptions but to reconstruct them in a prosocial and adaptive fashion. This is achieved in practical exercises within sessions, sometimes drawing on the participants own problems.

Although the targets of the new edition include individuals with severe mental illness, it is intended for individuals who are relatively stable in their mental state. The R and R2 MHP program does not include methods and techniques to treat and/or manage psychotic symptoms.

Style of delivery

The R and R2 MHP program is unique in its introduction of a coaching role by an assigned individual called a PAL. In this way the program integrates both group and individual sessions with the latter reinforcing the techniques taught in groups. The PAL's meet with participants between group sessions to support their progress throughout the program and assist them to transfer newly acquired skills to their daily lives.

Group sessions are highly interactive and involve participants working in pairs and small groups, in addition to interacting within the larger group. Role-playing exercises provide the opportunity for participants to rehearse newly acquired skills in a supportive environment. Additionally, we have gone to great lengths to make the program interesting and to increase the fun factor by introducing PowerPoint presentations, increasing the number of games, use of video material, and including examples relevant to the population.

Extended programming

The results of the evaluations of R and R in Canadian penitentiaries indicate the benefits of R and R in terms of reconvictions can be maintained over several years (Robinson, 1995). However, other studies indicate the benefits may erode over time and suggest the need for booster sessions (e.g. Cann, Falshaw, Nugent., and Friendship, 2003; Raynor and Vanstone, 1996).

Thus, we have extended the training by incorporating three booster sessions which may be run as a supplement to the main program. The purpose of these sessions is to remind and reinforce participants of the skills they have learned from participating in the main program and to further consolidate these skills. Thus, the booster sessions provide additional and longer-term support to individuals who are learning new skills. It will be for the individual agency to determine the frequency in which they feel it is most appropriate for the boosters to be delivered. They have been designed so they may be repeated many times, yet the material will always differ and will always be relevant to the group being trained.

2. R and R2 for youths and adults with mental health problems

This section presents the theoretical rationale for the development of the R and R2 MHP cognitive behavioural treatment program. The section identifies the population the program has been designed to target, describes the program materials, and outlines the process for administering the program.

2.1 Theoretical rationale for the program

Most crimes are usually committed by a small group of male individuals who display from childhood various antisocial behaviours, neurocognitive deficits and specific traits of temperament that may persist throughout life. Persistent conduct problems and antisocial behaviour have been shown to substantially increase the likelihood of violence, criminality, unstable relationships and mental health problems in adolescence and adulthood (Hill and Maughan, 2001). Such individuals often repeatedly engage in physical and psychological maltreatment of others, and by young adulthood they have cost society an estimated tenfold increase in resource use compared with controls (Knapp, McCrone and Fombonne, 2002; Scott Knapp and Henderson, 2001). Consequently, from an early age they pose significant financial burdens to the health, social service and criminal justice systems, both in terms of their own needs and by their inflicting suffering on others (Barrett, Byford, Chitsabesan and Kenning, 2006; Romeo, Knapp and Scott, 2006). The behaviours of many young people, however, do not come to the notice of the criminal justice system and/or lead to criminal prosecution. However, this does not mean their aggressive, antisocial behaviours are not a problem to society. Indeed, their behaviours not only limit their potential for personal development but also limit their capacity to contribute to society in a meaningful way.

The association between severe mental illness and violence

Compared with the general population, persons with severe mental illness (and most particularly those with schizophrenia and schizo-affective disorder) are at increased risk to commit violent crimes (Hodgins,2007; Hodgins, Mednick, Brennan, et al.,1996). Hodgins cites this as a robust finding reported by independent research groups working in industrialised and underdeveloped countries with distinct cultures, health, social service and criminal justice systems (Arseneault, Moffit, Caspi, et al., 2000; Brennan, Mednick and Hodgins, 2000; Swanson, Holser, Ganju and Jono, 1990; Tiihonen, Isohanni, Rasanen, et al., 1997; Volavka, Laska, Baker and Meisner, 1997; Wallace, Mullen and Burgess, 2004); with different cohorts and samples including prospective, longitudinal investigations on birth cohorts (Arseneault et al., 2000; Brennan et al., 2000; Tiihonen et al., 1997) and population cohorts (Wallace et al, 2004); follow up studies comparing patients and their neighbours (Belfrage, 1998); random samples of incarcerated offenders (Fasel and Danesh, 2002); and complete cohorts of homicide offenders (Erb, Hodgins, Freese, et al., 2001). Official criminal records of convictions for violent crimes (Brennan et al., 2000), self and collateral reports of aggressive behaviour (Swanson et al., 1990; Walsh et al., 2001) also concur in indicating an increased prevalence of violent crime by people with schizophrenia. These individuals, who have severe mental illness such as schizophrenia, will continue to engage in aggressive and/or antisocial behaviour throughout their lives. Aside from suffering a chronic and enduring mental illness, their presentation is often complicated by comorbid mental health problems, personality disorder and substance misuse. Often, because of their complex needs and vulnerabilities, these individuals are diverted from the courts for treatment; however, many are not. Instead, there are many in prisons which lack appropriate facilities, services or programs that can meet their needs.

It is also a fallacy, that violent and antisocial individuals with severe mental illness are only found in specialist forensic services. This is not the situation. Forensic psychiatric populations are no longer distinct from generic psychiatric populations. For example, most male patients with schizophrenia have been treated for many years in general adult services and during this time have displayed aggressive antisocial behaviour and/or committed offences. Among these patients, the most violent offenders have a childhood history of conduct disorder.

Intervening at first presentation of psychosis, with a structured comprehensive package of care could provide a cost-effective strategy for:

- interrupting a pattern of persistent violence
- improving functional outcome
- limiting the negative impact these patients have on general adult services
- reducing the need for costly beds.

The major predictors of recidivism for mentally disordered offenders are similar to those for nonmentally disordered offenders, with criminal history variables being the strongest predictors and clinical variables the weakest. However, to reduce risk of recidivism it is important that violence reduction programs specifically target dynamic risk factors. Antisocial individuals with mental health problems evidence many of the cognitive characteristics that have been found in studies of the wider offender population such as egocentricity, poor interpersonal and problem-solving skills, dysfunctional or self-defeating coping techniques, inadequate social skills, rigid and concrete thinking, thinking errors and inconsistent values (Ross and Hilborn, 2007). However, these individuals additionally have unique and complex needs and problems, including hypersensitivity and fluctuating mood states. This means they are not only adept at instigating interpersonal violence, but are also vulnerable to provocation.

Cognitive skills interventions in antisocial individuals with severe mental illness

Most persons who suffer from major mental disorders require medication on a long-term basis. Medication is the cornerstone of the treatment of severe mental illness and is a prerequisite for the success of learning based psychological and social programs. However, medications are only one part of the treatment required by this population whose antisocial behaviour will benefit from a cognitive behavioural approach involving skills training.

The contribution of cognitive skills interventions to mental health care has been supported by several reviews of the literature (Dixon and Goldman, 2004; Kendrick, 1999; Timmerman, Emmelkamp and Sanderman, 1998). However, a structured comprehensive package of care for individuals who evidence violent behaviours and mental illness must include treatments that target both their antisocial and aggressive behaviours. Such treatments must include multiple components because mentally disordered offenders often present with multiple problems and comorbid conditions that are associated with a lack of appropriate skills necessary for autonomous living, and the presence of inappropriate behaviour and cognitions. Yet, there is no evidence-based treatment programs designed to specifically meet these needs in this population.

Interventions for people with chronic and severe mental illness also need to address their neurocognitive deficits, for example, slow information processing speed, attention and memory problems (McIntosh, Harrison, Forester, et al., 2005). This presentation is further complicated by the effects of long-term pharmacological treatment of their severe mental illness, drug abuse and, for some, diffuse traumatic brain injury arising from a history of physical abuse, accidental and/or violent incidents.

The R and R program has been implemented for mentally disordered offenders in several secure hospitals in Scotland, England, New York, Germany and Colorado and program related improvements on psychometric cognitive skills measures have been reported (Clarke et al., 2003; Donnelly and Scott, 1999; Gretenkord, 2004).

We believe the dysexecutive problems experienced by many patients with mental illness (e.g. their attentional and memory problems, poor organisational and planning skills) interferes with their ability to engage in offending behaviour programs, and that engagement and clinical outcome will improve by the provision of R and R2 MHP sessions designed to explicitly address these problems (e.g. by teaching the participants strategies and techniques to improve their executive skills).

Thus, R and R2 MHP is a new version of R and R specifically addressing the problems of individuals who have both conduct/antisocial behaviour problems and mental health problems.

The content differs from R and R and its primary objectives are to:

- improve dysexecutive symptoms, i.e. attentional control, planning and organisational skills, and to reduce impulsive responding
- improve emotional control
- improve prosocial attitudes
- reduce aggressive behaviour.

The program includes specific training techniques that target the cognitive, attitudinal, emotional and behavioural characteristics associated with mental health problems that limit such individuals' ability to acquire prosocial competence or prevent them from benefiting from other programs designed to help them acquire prosocial competence.

The program can be delivered in community-based education, social service or health agencies or in probation, prison or hospital settings. It has been designed for youths (age 13+) and adults, but should be delivered in age appropriate groups of six to ten participants.

R and R2 MHP includes specific training techniques that target the cognitive, attitudinal, emotional and behavioural characteristics associated with severe mental illness and that limit these individuals' ability to acquire prosocial competence or prevent them from benefiting from other programs designed to help them acquire prosocial competence. The objective of the program is to teach participants psychological techniques to reduce symptoms commonly associated with mental illness (e.g. distractibility, attentional problems, impulsivity, rigidity) and reduce their antisocial behaviour by teaching participants to recognise and manage the interaction between their thinking, emotions and behaviour. The program helps participants to recognise their thinking errors and acquire skills in 'social perspective taking', critical reasoning, and alternative and consequential thinking. By learning behavioural and emotional control and through the development of listening skills, the participants are helped to become better able to focus on other key aspects of the program designed to help them develop the attitudes, skills and values required for prosocial competence.

Comorbid conditions, such as substance abuse, complicate treatment and contribute to the risk of violence. Noncompliance with prescribed medication together with substance abuse increases this risk greatly. These important aspects are interwoven throughout each session in R and R2 MHP and relevant examples are provided throughout the program to encourage discussion on these important topics.

The outcome literature on the major mental disorders indicates that treatment programs will have a greater likelihood of success if contact between the key staff person involved in the program and the client remains stable over the long-term (Hodgins, 2007, pp. 447). R and R2 MHP has additionally incorporated a manualised coaching paradigm whereby a member of staff adopts a mentoring role and meets with the participant between group sessions and helps them transfer what they have learned in the sessions to apply this to their daily lives. Completion of group programs of this type has also been shown to be improved by the incorporation of a mentoring role, at least in part, as this combines both group and one to one work (Jones and Hollin, 2004). As a result, the R and R2 MHP coaching role included in the program is designed to improve completion rates.

R and R2 MHP and an organisational plan of treatment: The service model

Regardless of their primary diagnosis, many mentally disordered offenders present a history of antisocial behaviour that stems from childhood. This characteristic may limit their engagement and compliance with any form of treatment. Accordingly, it is essential interventions commence with strategies that increase the likelihood of compliance. One way to increase compliance is to organise the sequence of treatment so the characteristics which appear to be the most important in limiting compliance are commenced early on in a comprehensive package of patient care. This major challenge has been addressed in a proposed service model outlined by Gudjonsson and Young, 2007) which identifies compliance as the primary component of treatment.

Following a psychological service audit and review of various risk management models, Gudjonsson and Young proposed and outlined an organisational plan of psychological therapies for forensic inpatients based on a multidisciplinary, multi modal, integrated need based treatment approach. The service model consists of six layers in total, providing an organisational plan of a range of treatment options, which are either theoretically or empirically driven. The content of the different treatments is presented in a sequential order based on a triangle with an individual patient focus at its highest point on intensive care and a community (rehabilitation) focus at the bottom of the provision. Thus, the model is conceptualised as containing sequential interventions, moving from the individual focus (e.g. the management of severe mental illness, general prosocial competencies, direct offence related work, associated problems) to a community focus (independent living skills, discharge preparation, relapse prevention, liaison with other agencies). The focus is on treating and managing the severe mental illness, addressing criminogenic needs, improving prosocial and independent living skills, and ensuring good reintegration into a less secure environment (e.g. community, hostel).

The flexibility of R and R2 MHP is emphasised by its featuring twice within this conceptual framework for the treatment and management of mentally disordered offenders. Following individual work to improve motivation and compliance, R and R2 MHP is the key treatment provided at layer two, which has a focus on the development of prosocial competencies (McGuire, 1995; Hollin and Palmer, 2006), and is again introduced at layer five in booster format. Layer five consists of specific environmental focus work, which includes improved domestic, educational, occupational and financial competencies. At this stage it is important for patients to develop a comprehensive relapse prevention plan, focusing on mental illness, substance misuse, and offending. This will assist patients to identify high risk situations and develop strategies to cope with them (Marlatt and Gordon, 1984). In addition, R and R booster sessions will be provided to maximise the benefits of the R and R group previously attended.

A social cognitive and neurocognitive perspective

Once thought to be due to psychological factors, schizophrenia is now recognised to be a disorder of brain structure and function derived from a combination of incompletely characterised genetic and environmental factors (Bloom and Wilson, 2000). Functional brain imaging techniques have demonstrated abnormalities in brain function in schizophrenia, in particular, hypofrontality or lack of frontal lobe activity which is the part of the brain involved in judgment and problem solving. This helps to explain why individuals with schizophrenia show problems with judgment and problem solving in everyday situations. Additionally, their cognitive symptoms include poor attention and impairment in short-term memory and these cognitive difficulties impede progress in rehabilitation, educational and occupational achievement. Affective disturbances are often related to discouragement and demoralisation.

The foregoing evidence led the present authors to develop a special version of R and R2 MHP. The program was developed drawing on research in the following areas.

- The relationship between severe mental illness, antisocial behaviour and criminality.
- The effectiveness of the Reasoning and Rehabilitation program.
- The relationship between delinquent, criminal, and other antisocial behaviours and cognitive, emotional, and behavioural skills and values.
- ‘Best practice’ in offender rehabilitation and delinquency prevention.
- ‘Best practice’ in interventions designed to treat neuropsychological problems.
- ‘Best practice’ in teaching the cognitive/emotional/behavioural skills that underlie prosocial competence.
- ‘Best practice’ in interventions designed to foster the development of prosocial values.
- ‘Best practice’ in teaching problem solving.
- ‘Best practice’ in teaching conflict management.

The main principle of the R and R program is that social cognition plays a key role in antisocial behaviour. Inadequate or delayed development of cognitive skills influences the onset and persistence of offending behaviour. Antisocial persons may lack these skills, not necessarily because of lower intelligence or attentional problems, but because they have not learned them. It is ironic that oftentimes it is not until a person is engaged in the correctional system that their needs can be recognised and met (Chitsabesan, Kroll, Bailey et al., 2006). Contributory factors to the failure to acquire social cognitive skills may include environmental and societal risk factors, for example, ineffective parenting, social deprivation, neglect and histories of abuse, lack of exposure to prosocial peers, poor housing and educational facilities. However, antisocial individuals with severe mental illness are often additionally hampered by the influence of long-term mental illness (and its pharmacological treatment) on their cognitive development and neuropsychological functioning. For many individuals with a history of chronic and severe mental illness, this means they have a predisposition to be rigid and concrete in their cognitive style. Their lack of cognitive flexibility and creativity, together with a tendency to be inattentive, to have memory and impulse control problems, limits their ability to learn and acquire new skills.

Individuals who experience severe limitations to their functioning are often disorganised and chaotic in their thinking and behaviour, and respond best to highly structured interventions involving skills training techniques. The cognitive behavioural paradigm is likely to be the most appropriate model of psychological intervention to teach people coping strategies to help them manage cognitive deficiencies and develop prosocial skills. Cognitive interventions have been successfully applied to this population (Royal College of Psychiatrists and British Psychological Society, 2003). We have developed a program that incorporates aspects of various cognitive paradigms including:

- cognitive remediation
- cognitive reframing of the past
- cognitive restructuring
- cognitive reasoning strategies
- skills development and rationalisation
- development of internal/external compensatory strategies in addition to various behavioural training techniques.

The R and R2 MHP program provides a specialised intervention by the inclusion of the neurocognitive skills module, which draws on cognitive remediation strategies (commonly associated with brain injury rehabilitation services) and which aims to improve executive dysfunction (e.g. memory and attentional control problems, impulsive responding and planning). Moreover, because of these adaptations, the R and R2 MHP program will be suitable for individuals with lower functioning capacities and who are more difficult to engage in treatment programs, for example, individuals with mild mental disability.

Learning to apply strategies that assist individuals to develop better organisational skills will give individuals a greater sense of self control and reduce their ‘learned helplessness’. These skills are essential precursors to subsequent treatment as they set the foundation for listening and thinking. The inclusion of these skills complements the overall aim of the R and R program to develop prosocial competencies, as improving behavioural control and listening skills will help participants focus better on other aspects of the core curriculum that teach problem solving skills, skills in emotion regulation, social skills and values, ‘social perspective taking’, the development of empathy, critical reasoning, negotiation skills and conflict resolution.

The development and improvement of these fundamental skills will increase the likelihood of success by preparing participants to engage more meaningfully with the traditional aspects of R and R programs that focus more directly on reducing antisocial behaviour. In turn, this will improve participants’ ability to benefit from this program as well as other interventions. They are important skills, not only for improvement of prosocial behaviour, but also for engagement and compliance in therapeutic programs.

Problem solving

Problem solving is taught throughout the program and not simply as an independent skill. Our approach is multifaceted. The R and R2 MHP program teaches problem-solving skills as integral components of a general set of skills and values required for prosocial competence. Emphasis is placed throughout the program on teaching participants to stop and think before acting, to recognise in interpersonal conflict situations the value of trying to understand how other people think and feel, and to consider how they are likely to respond to the actions they are considering.

Efficient problem solvers first obtain as much information as possible about the problem they face; define it clearly; look back and consider its cause, and determine all the possible solutions. They then anticipate the possible consequences of these options, and carefully plan step by step means to solve it, while taking the perspective of others into account. They finally consider an alternative plan, if necessary, based on the results of their initial efforts.

Experienced problem solvers are unlikely to be aware of the thinking steps they follow during this process. This is because they have learned them so well they have become automatic with the steps blending together into a single process. Problem solving may appear to be a simple process, but this is the situation only for those who have learned the component skills and practiced using them for a considerable length of time. Participants need to be taught all the steps, then they need to practice them in the group and elsewhere, until they become automatic. They must also practice them in situations where they are rewarded for doing so. Such skills yield success in solving actual problems.

A person's general orientation and attitude in approaching a problem situation can greatly affect their response to the situation. In the program, participants are taught to adopt a coping set or attitude which recognises problem situations are part of everyday existence, and that it is possible to effectively cope with most of these situations. They must also be taught to inhibit the tendency either to do nothing or to respond on their first impulse.

In the program participants are taught how to define problems; consider all information; define the situation in detail and in concrete terms; identify relevant concepts; arrange facts in an orderly form; recognise irrelevant facts; and to recognise gaps in the information available. They also learn verbal and nonverbal communication skills so they can obtain as much information as possible about a problem, and express their views clearly.

The problem-solving module is designed to enable participants to practice solution generation strategies for typical problem situations, some of which have been nominated (anonymously) by the participants themselves. Participants are taught how to analyse the alternative solutions they have generated, to evaluate the consequences of each and select the best, and to determine what behaviours are needed to enact them. The cognitive inflexibility or concrete thinking style typical of individuals with mental illness means they lack creativity and are limited in the number of problem solutions they generate. However, good problem solving requires an individual to identify multiple possibilities or problem solutions, then to evaluate which are most likely to succeed. The program reinforces this methodology throughout the sessions, by teaching participants to stretch their thinking and generate multiple new ideas.

Putting solutions they have generated into action requires other cognitive and behaviour skills which require teaching the participant how to translate plans into action. This is a key difficulty for people with mental illness whose intellectual and memory deficits, poor planning ability, and psychomotor performance will clearly disadvantage their ability to develop planful problem solving skills, as well as practical skills required for sequencing and planning a course of action (McIntosh et al., 2005). The program not only teaches participants practical skills required for making plans and determining steps needed to achieve them, but also includes these in training exercises that teach time management skills, with participants learning how to diarise and schedule activities to ensure success.

The problem-solving theme is integrated throughout the program by introducing related exercises in every module. This includes teaching assertive communication and behaviour to teach emotional control and social perspective taking and demonstrate to them they can express views in an assertive, rather than aggressive manner.

Automatic thinking versus skilled thinking

Many programs (including previous versions of R and R) that aim to teach cognitive skills to antisocial or at risk individuals make what we have come to realise is an erroneous assumption: they do not think. That is an assumption based on believing that because many antisocial individuals frequently react quickly, impulsively, and emotionally to the problems they encounter, they 'do not think before they act'. Accordingly, such programs urge the individuals to stop and think - exhortations that are unlikely to have much effect on individuals who have not developed adequate thinking, emotional and behavioural skills that can make stopping to think worthwhile. Individuals with mental illness are not necessarily impulsive because they are unable to inhibit an initial response. They are impulsive because they act on an idea without thinking of the consequences of that idea. This is often because they have not generated alternative possible solutions to a problem. They need to learn to interrupt their immediate decision making process, to make time and engage in a process of consideration and consequential thinking. By generating lots of possible ways to resolve a problem, they will learn they have choices – and that some are better than others.

More recent research reviewed in Time To Think Again (Ross and Hilborn, 2007), indicates antisocial individuals are not reacting without thought. They may fail to think carefully and skilfully, and they may make judgments about what to do without analysis of the situation and without consideration of the possible consequences of their intended actions; but they do, indeed, think. However, their thinking is often both unskilled and antisocial. Thus, participants need to be taught to engage in a thinking process as well as how to stop and think.

There is another faulty assumption made in the original R and R - the assumption that, in contrast to antisocial individuals, prosocial individuals stop and think and engage in careful reasoning before they act. The truth is, when faced with problems, most of us, most of the time, depend on what we refer to as 'Automatic Thinking' or 'AT' (Langer, 1989; Reber, 1993; Stenberg, 2000). We seldom delay our response while we carefully analyse the problem, think of a variety of alternative solutions and consider the consequences of each before we act. On the contrary, we react without appearing to engage in any thinking at all. We appear to be not unlike the clients we urge to stop and think, and whom we criticise for failing to do so.

Although we may not have any awareness we are engaging in any thinking or reasoning process, our reactions are frequently preceded by cognitive processing so well practiced over time that it has become automatic, rapid, and apparently effortless. Although we may think, we do so with without pausing to reason - unless and until we realise our 'Automatic Thinking' is not working to solve the problems we face. Only then do we become self-aware or 'mindful' of our thinking, feelings, values, and behaviour.

Many antisocial individuals do not think well; but given their present thinking skills and their present values, we must recognise they are doing the best they can. It is not just that they do not do better, but they cannot do better. Most have lacked opportunities or role models through which they could have learned the skills and values required for more effective and prosocial functioning.

In short, the 'Automatic Thinking' of antisocial individuals has two characteristics that must be addressed if they are to be helped to achieve prosocial competence:

1. Their 'Automatic Thinking' is unlikely to be skilled.
2. Their 'Automatic Thinking' is likely to reflect antisocial attitudes, beliefs and values.

The goal of R and R2 MHP is to help participants to begin to replace their unskilled and antisocial 'Automatic Thinking' with prosocial 'Skilled Thinking'. The program is designed to improve their understanding and values so they may choose a more prosocial path. It teaches them prosocial cognitive, emotional and behavioural skills enabling them to follow that path with success. However, because of memory problems and/or slow information processing speed experienced by people with mental illness, the program reinforces skills learned in earlier sessions through their repetition and rehearsal in subsequent sessions. Some aspects of the program may appear repetitive. This is necessary for skills acquisition in this population, if they are to learn new skills and values, and to transfer them to everyday use.

Improving their thinking is not enough. We must also help them acquire prosocial competence in emotional and behavioural skills so their 'Automatic Feeling' and 'Automatic Behaviour' also become more skilled, prosocial and effective.

Values

Many antisocial individuals with a history of chronic severe mental illness have also experienced some form of family disruption, characterised by bereavements and separations, social deprivation, a history of abuse (emotional, physical and/or sexual), and/or long periods in institutional care. It is not surprising that many will develop maladaptive schemas about themselves, society and the world. They are likely to have developed their own rules which lack social cohesion and are associated with 'street survival'. As with problem solving, our approach to improving values is multifaceted and sessions have been designed to enhance values by creating situations that stimulate participants to think about their values and those of others.

Throughout the program, participants are made aware of their personal values and those of others in exercises and activities requiring them to consider carefully how their values influence both their thoughts and actions. Participants are made aware of the value implications of their suggestions, their solutions to problems and their interactions with others.

Individual versus group sessions

It should be noted that the social interactions fostered in R and R2 groups are essential to the learning of social cognitive skills and values. Nevertheless, during group work it often becomes clear that some individuals require individual treatment sessions to reinforce what is being taught and/or to address specific difficulties.

We have incorporated a structured mentoring role (a PAL) based on a coaching paradigm whereby an assigned individual is appointed to meet with the participant in between group sessions. The PAL is a coach who works in partnership with the participant (and with the facilitators) to help the program be more productive. This is an essential role for several reasons:

- The PAL provides individual coaching sessions to the participants between group sessions. This enables participants to rehearse their newly acquired (or improved) skills outside of the group, and supports and encourages them to try these out in their daily lives.
- The coaching role has been reported to be successful in improving completion rates in group treatments for personality disordered forensic patients (Jones and Hollin, 2004).
- The PAL provides a bridge between facilitators and participants as well group sessions and daily routine. This fosters collaborative, multidisciplinary team work in addition to providing a supportive scaffolding around the individual.

2.2 Target population

Although the original R and R program was targeted at medium to high risk offenders, the R and R2 MHP program is also suitable for lower risk offenders and youths. Young offenders (age 13-18 years) have been found to have high levels of difficulties in many different areas, including mental health, education, risky behaviour and social relationships. These difficulties are especially prevalent in the community, whereas the intense supervision provided by secure accommodation helps to situationally reduce these difficulties and reduces access to alcohol and drugs (Chitsabesan et al., 2006). The reduction in such difficulties may only be temporarily lowered by accommodation in custodial settings and increase again on release (Youth Justice Board, 2005). These young people require a structured package of care that aims to improve functional outcome and interrupt the development of poor behavioural and emotional controls, and interrupt a trajectory towards persistent violence.

The R and R2 MHP program has been developed for adolescents and young adults who evidence problems in social information processing, memory and attention deficits, impulse control problems, poor constructive planning and problem solving, disorganised and antisocial interpersonal style, deficient moral values and are engaging in various disruptive and antisocial behaviours at home, school, work, in the community or in institutional care settings.

The program provides a core curriculum of cognitive and emotional skills and values through which facilitators can teach individuals to manage their cognitive problems and develop the basic problem-solving skills, skills in emotional management, social skills and values that underlie prosocial competence.

Aside from targeting antisocial behaviour associated with delinquency and crime, the program is suitable for the large population of antisocial youth who have not progressed toward illegal behaviour and who have not (or not yet) been adjudicated in juvenile or adult court. In most advanced countries, the clear majority of antisocial youths are not found in the criminal justice system or in the juvenile justice system. They are under the care of social agencies in community or have been placed in residential treatment settings. It is at this stage that the intervention may be best delivered, as this may provide a protective or preventative function for those at risk of walking an antisocial pathway of aggressive and/or violent behaviour and crime.

It is therefore anticipated that four subgroups of antisocial individuals may benefit from the program:

1. antisocial individuals diagnosed with severe mental illness in institutional care and/or correctional facilities
2. antisocial individuals diagnosed with severe mental illness who are being managed by community forensic services
3. difficult to manage youths and young adults who are transitioning from conduct disorder to severe mental illness (e.g. schizophrenia) but who are being managed by social service agencies or general adult and/or adolescent psychiatric services
4. adolescents and adults in institutional or community settings who evidence antisocial behaviour associated with mental health problems.

Gender

R and R2 MHP is a non-gender specific program. It has been designed to be suitable for every gender. We recognise that antisocial and criminal behaviour is more associated with males than females. However, the program was designed to incorporate some of the criteria deemed to be important for both males and females. It focuses on building strengths, and emphasises the participant's capacity to develop constructive prosocial skills. It emphasises the link between emotions and behaviour. As such, it can be an empowering tool to build self-efficacy and thus resiliency in females as well as males. There is evidence that many antisocial females indicate similar shortcomings in the social competence skills taught in the program, as do males (Ross and Fabiano, 1986).

Although the program has not been developed to be a sex specific program, single sex groups provide the opportunity of facilitating theme and/or concept specific matter. Nevertheless, we recognise we live in a society where male and females must interact with each other and respect each other's needs, and mixed groups offer cross fertilisation of perspective and values. Agencies must decide whether to deliver the program in mixed or single sex groups, and to consider the possibility that mixing the sexes in a group may create distractions and behaviour problems that can compromise learning. We urge agencies to ensure if they opt for mixed groups, they strive to ensure there are equal numbers of females and males in the groups.

There are very few examples of any kinds of treatment programs for antisocial females that have been evaluated and found to be effective (Dowden and Andrews, 1999; Ross and Fabiano, 1986). Meta-analysis has indicated that among 67 evaluations of such programs only six provided a measure of outcome, and no general conclusion can be justified as to whether programs work or fail (Dowden and Andrews, 1999). The lack is even more marked in the situation of girls and young women. They are almost invisible in the field of program development (Chesney-Lind, 2001). Accordingly, we recommend if facilitators are delivering the program in mixed groups, they assess whether there are any females who appear to require additional training offered through another of the R and R2 suite of programs – R and R2 for Girls and Young Women (Gailey, Cooper, Ross and Hilborn, 2007).

This program was developed to fill the void in effective gender specific programs for antisocial females, and to be responsive to several specific factors that may be particularly salient in the situation of antisocial females: victimisation, abuse histories, relationship problems and familial problems (Dowden and Andrews,1999; Gaffney and McFall, 1981; Howden-Windell and Clarke,1999).

Age

The R and R2 MHP has been designed to be delivered to a broad age range of adolescent and adult offenders - 13-year-old adolescents to individuals in their 60's or older. We aim to teach skills in a prosocial manner, however, because of the potential of negative contagion of antisocial thinking, participants should be taught in age appropriate groups, i.e. younger adolescents (age 13-15) in one group; older adolescents in separate groups (age 16-18); and adults in other groups.

Intellectual competence

We recommend youths and adults be screened for adequate intellectual ability to participate in the program, and to not evidence severe psychopathology preventing them from benefiting from training, or would disrupt the group through interfering with the learning of other participants. The Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition, 1994) states the essential feature of mental retardation is significantly sub average general intellectual functioning accompanied by significant limitations in adaptive functioning. The Manual classifies mental retardation into four degrees of severity reflecting the level of intellectual impairment.

Mild mental retardation	IQ level 50-55 to approximately 70
Moderate retardation	IQ level 35-40 to 50-55
Severe mental retardation	IQ level 20-25 to 35-40
Profound mental retardation	IQ level below 20 or 25

Mild mental retardation constitutes the largest segment of those with the disorder (around 85%) and individuals meeting this classification were previously referred to as the educational category of educable. Since the need for verbal skills is a key requirement for participants attending the program, the program may not be suitable for individuals with moderate or severe intellectual handicap as they are likely to have inadequate verbal skills to understand the content. Most individuals with mild intellectual handicap, however, would be suitable.

Reading skills

Poor reading ability would not mean exclusion from a group; however, facilitators need to be sensitive to the fact that participants are provided with reading materials throughout the program and that individuals with literacy limitations may require additional support, and/or may need to attend a separate group with other poor readers for whom specific program adaptations have been made. The written materials are used to supplement information and instructions spoken by the facilitators, thus individuals with literacy problems should be able to contribute to the program. Nevertheless, additional facilitators may be required to provide support and on occasion practical help, especially when working on individual group exercises (such as the prioritising and 'STEP-UP' exercises in Session 13). Moreover, the PAL's role may need to be extended with the PAL reading and reviewing the session summary and homework summary with the participant.

2.3 Program overview

The development of R and R2 MHP program was guided by two underlying principles:

- the reasoning and rehabilitation treatment model on which the R and R2 MHP is based has been effective in reducing antisocial behaviour in many applications, in many settings, with a wide variety of client groups
- treatment of antisocial individuals with mental health problems requires a special program.

Common symptoms of people with mental illness are social information processing, memory deficits and impulsivity. These symptoms are strongly associated with disorganisation, a difficulty with planning and sequencing, poor time management and inadequate problem-solving skills.

The R and R2 MHP provides a core curriculum of cognitive, behavioural and emotional skills and values. Through these, facilitators can teach individuals to manage their memory and organisational problems, develop problem solving and planning skills, learn skills in emotional management, and practice social skills and values required for the development of prosocial competence.

The R and R2 MHP differs from its predecessor by the integration of the acquisition of neurocognitive skills and prosocial skills, in addition to the skills and values that underlie prosocial competence. Participants are taught to recognise there are such skills; to understand their benefits; to determine whether they possess the skills; to teach them the skills or improve the skills they have acquired; and to motivate them to apply these skills and values in their daily lives.

Aims of the R and R2 MHP program

The aim of the program is to provide an intervention for both youths and adults who have mental health problems, and who evidence conduct problems or more serious antisocial or criminal behaviour. The primary aims of the program are to teach skills and techniques in the following key areas:

- improve dysexecutive symptoms:
  - memory
  - attentional control
  - planning and organisational skills
  - impulsive responding.
- improve emotional control
- improve prosocial attitudes
- reduce aggressive behaviour.

The program includes specific training techniques targeting the cognitive attitudinal, emotional and behavioural characteristics associated with mental illness. These factors limit these individuals' ability to acquire prosocial competence, or prevent them from benefiting from programs designed to help them acquire prosocial competence.

The person is not the problem

The R and R2 MHP program avoids another shortcoming that characterises many cognitive behavioural programs (including the original R and R program): the subtle moralising that is associated with programs focussing on the individuals' reactive behaviours and blaming them for their antisocial behaviour, rather than recognising, and fully appreciating, that a lack of skills often underlies such behaviours. Such programs promote the view that 'the person is the problem', however, the R and R2 version for those with mental health problems rejects that position, and is based on the view that **the person is not the problem. The person's problem is the problem**.

Cognitive skills training

The cognitive distortions and errors that are the focus of cognitive therapy programs are not the only targets of the R and R2 MHP program. Although the R and R2 program for those with mental health problems also aims to correct cognitive distortions and errors, they go beyond cognitive therapy. The premise of the R and R2 MHP program is that many cognitive distortions and errors are the consequence of unskilled or 'Automatic Thinking'. Thus, the R and R2 program for Youths and Adults with Mental Health Problems is not simply another form of cognitive therapy. Cognitive therapy aims to change *what* clients think; whereas this program is primarily interested in changing *how* clients think. To prepare antisocial youths and adults to be able to modify what they think, and avoid acquiring more cognitive distortions in the future, we must first teach them how to think – we must teach them 'Skilled Thinking' skills.

2.4 Program materials

The R and R2 MHP program consists of five volumes:

1. Program handbook
2. Program manual
3. Participant workbook
4. PAL's guide
5. Booster program and the booster program participant workbook.

The program handbook

The program handbook assists facilitators in understanding and delivering the session content to maximise its impact. The handbook is an information and reference resource describing the development of the program and its theoretical rational. It provides an overview of the program content, a description of the roles of the PAL and facilitators, and gives report guidance. It is recommended that new facilitators read this handbook prior to delivering the program and review it on a regular basis.

The program manual

The program manual includes notes for the preparation of sessions and the program content. The manual contains content for each session. Each session has two sections:

1. introduction for facilitators
2. training procedure.

The introduction for facilitators section, prefaces each session to indicate the purpose of the session and to provide an overview of the training procedures to follow within the session. The introduction indicates the specific learning goals and cognitive skills to be targeted in that session. Each session has as its main target the teaching of one cognitive skill, but it also provides participants with the opportunity to practice skills taught in previous sessions. There is considerable overlap among the sessions. Such overlap is intentional. Repetition and practice can be educational and overlearning can aid the transfer of skills to other situations. Moreover, the context within which the skills are taught differs in each repetition so participants practice applying the skill in a variety of different contexts. The techniques employed and the materials required to deliver each session are listed in the introduction section to facilitate the facilitators' preparation for the session.

The training procedure provides detailed step by step instructions for the facilitators and a suggested script for them to follow. The script is indented and presented in bold font. General guidance for facilitators is not indented and is not in bold font. It is essential that facilitators (even experienced facilitators) prepare for sessions in advance, by reviewing the script prior to each session. However, it is neither necessary nor advisable to follow the script in a rigid manner. Rather, the script is designed to serve as a guide for facilitators to follow as they deliver the program. Facilitators must communicate in a manner appropriate to their own personal style, as well as to the characteristics of the participants.

The content of each session has been carefully selected to ensure it lacks the appearance of therapy or school activities which may be aversive to many of the individuals who are likely to be participants in the program. Most activities are interesting and thus intrinsically motivating, and the materials provide a program that is both highly enjoyable and demanding. Facilitators should feel free to substitute materials where necessary, in order to deliver a program best suited to the specific needs of their group.

Nevertheless, when modifying the content, facilitators must adhere to the general goals and principles of the program. In other words, the content may be modified, but the training process should not be.

The participant workbook

The participant workbook assists participants with session activities, provides a reference for details on session content, and assignment tasks they must complete outside of the sessions.

We believe individuals who are targets of this program will learn better through a discovery process than from an authoritative information giving process. The R and R program has been designed in such a way that didactic teaching ('trainer talk') is minimised and cooperative learning, experiential learning and activity based learning is emphasised. The participant workbook, provided with the program materials, is designed in accord with this teaching model.

The participant workbook contains most of the materials they will use both during the sessions, and when they are completing their homework assignments. This promotes generalisation from the group sessions to their everyday life. Each participant is given their workbook at the beginning of Session 1. They are asked to bring the workbook with them to each session. Their workbook includes materials used for exercises conducted during the sessions, and provides a summary of each session and a description of the homework assignments. The summary of what the participants have learned in the session can be reviewed and revised by participants in their own time, thereby reinforcing the learning process. The inclusion of the workbook in the R and R2 MHP program provides a take home extended learning resource for participants to review and practice the skills they are learning in the group process. The participant workbook is personalised by having the participant make notes and complete exercises in the workbook.

The PAL's guide

The PAL's guide provides guidance to assist the participants' transfer of skills from the sessions into their daily life.

The PAL's role is outlined in a semi-structured manual entitled the 'PAL's guide'. This guide provides information to PAL's about their role (what they are expected to do and what they are not expected to do), a summary of each session, and session assignments.

The booster programs

The booster program contains three follow up booster sessions that can be run at a frequency determined by the agency, to supplement the main program.

Good practice in the delivery of many cognitive behavioural treatment programs involves the provision of follow up or booster sessions. Accordingly, we have introduced a three-session booster program which runs as a supplement to the main program. The purpose of these three sessions is to remind and reinforce participants of the skills they learned from participating in the main program, and to further consolidate these skills. The booster sessions provide additional and longer-term support to individuals who are learning new skills.

As in the rest of the program, the booster sessions involve practicing coping strategies and participating in role-plays. Additionally, the booster sessions review the lessons learned in previous sessions by drawing on material brought to the sessions by the participants themselves. For example, participants are asked to anonymously hand in three problems to the facilitators, and these problems form the basis for applying and rehearsing problem-solving techniques. This makes it possible for the booster program to be run many times. The material will always differ and be relevant to the group at the time.

The frequency with which to run the booster program is at the discretion of the providing agency. For instance, it could be run at frequent intervals of six months or more, or on an ad hoc basis. The booster program has its own booster participant workbook. The PAL's role is not explicitly included in the booster program, although there is no reason why this may not be continued. Exclusion of PAL meetings mean the booster program may be run more intensively; for example, once a day for three days.

Facilitator's kit

The R and R2 course provides a facilitator's kit which includes the following:

- program manual
- 'STOP', 'THINK', 'GO' and 'STAR' signs
- PowerPoint slide show and the mystery game*
- training DVD
- dilemmas game cards
- nonverbal emotion cards
- nonverbal situation cards
- nonverbal question cards
- goals cards
- 'SARA' card presenting the steps taught for problem solving
- certificate of achievement/graduation diploma reproducible by facilitators

* Sessions 1 and 13 contain MPEG movie clips. Sessions 3, 9 and 13 of the Australian copyrighted version contain animation clips and voiceover for some slides, to assist with people with low literacy skills.

Copyright laws protect all the R and R2 program materials, other than materials provided in the appendices of the program handbook.

Training materials

The R and R2 program training materials provide the necessary materials to run the main program and/or the booster program. Only accredited facilitators can order training materials. They can be reordered in sets of 15 or in multiple sets of 15. Each set contains the following:

- participants workbooks (x15)
- PAL's guides (x15)
- optional booster program kit – manual and workbooks (x15)
- optional booster program materials - booster program workbooks (x15)

Copyright laws protect all the R and R2 program materials, other than materials provided in the appendix of the program handbook.

The following materials are also required to deliver the program, but are not provided by the publisher:

- sticky notes in various colours and sizes for display purposes
- flipchart
- black marker pens
- coloured highlighter pens
- spare paper
- sticky tape
- pens
- timer with an alarm
- tray game items.

The tray game requires a tray and fourteen ordinary items. Twelve items are initially placed on the tray and two are later replaced with new items. The tray may consist of any items. However, the facilitators should aim to assemble a range of items with varying visual stimuli.

PowerPoint presentation software and a projector or a large computer monitor are necessary to run the session slide shows and display the mystery game. PowerPoint software is now readily available. If a projector is unavailable to the facilitators, then the PowerPoint slides may be printed and transferred onto overhead projector acetates.

2.5 Program schedule

The R and R2 MHP program may be delivered in either institutional or community settings, in any schedule appropriate to the agency's requirements, availability of the facilitators and participants. The ideal is one session per week but this can be increased or decreased.

The program has been designed to be delivered in a small group format. However, complementary individual work may be helpful outside of sessions if individuals have difficulty with sessions, or if they specifically request additional training for legitimate reasons.

Group size and composition

The R and R2 MHP program has been developed to meet the needs of individuals across a wide age range. The program should, however, be run in age appropriate groups, and not mix older and younger participants together. Individuals have different needs at different times of their lifespan and it is important to match developmental needs and problems within the group. It is also necessary to avoid exposing low risk individuals with high risk individuals since one of the easiest ways to turn a low risk individual into a high risk individual is to involve them together in treatment programs.

The optimal group size will vary according to the age and characteristics of the members of each group, and the setting in which the program is delivered. Facilitators will know their client group and judge the appropriate group size accordingly. Generally, we suggest that groups commence with eight to ten individuals, bearing in mind there is often some attrition for various reasons. Generally, the aim should be to have no less than six and no more than ten participants in any session. Nevertheless, for some individuals, for example, for those with mild intellectual impairment or youths with severe attention problems, smaller groups of four to six may be more appropriate. Smaller groups provide the opportunity for greater individual attention and support from facilitators, as well as a more intimate group in which participants will feel more secure and less overwhelmed. With adaptation to the program materials, groups can function with less than four members but this limits the number of subgrouping techniques one can use and the variety of different perspectives to which individual participants are exposed.

Groups of more than ten may limit the opportunities for individual members to express their views and may be difficult to control given the intensity of the discussion which is desired. Ten is the recommended maximum. However, with particularly obstreperous youths, eight must be considered the maximum to ensure training does not become secondary to managing and controlling.

Some of the participants may seem to already have competence in the core skills. These individuals may profit from practice and, more importantly, they may profit from the experience of assisting the facilitators in teaching other group members. This is an arrangement we strongly recommend.

We believe, whenever possible, a reasonable mix of abilities should be sought for most groups. The less able can learn by observing the most able who, in turn, can learn by teaching the others. Care must be taken to ensure that highly intelligent participants (particularly intolerant ones) do not become bored or impatient with the less talented participants, and that the latter are not made to feel inadequate.

Missed sessions

The R and R2 MHP is an integrated program which draws on the personal experiences of the participants. Each session builds on skills learned in previous sessions, and some sessions use material introduced in previous sessions. Although it is recognised that in all group programs absences will occur, successful outcome depends on regular attendance. It is important that the number of absences be minimised. One way to do this is to minimise attrition by screening potential participants for motivation to engage in the program, and/or for motivational interviewing techniques to be implemented by facilitators when necessary (Gudjonsson, Young and Yates, 2007; Miller and Rollnick, 2002).

Catch up sessions may be provided by facilitators, between planned sessions. However, because of the cumulative design of the training process, we do not recommend catch up sessions for participants who have missed more than two consecutive sessions as it would be difficult for them to keep up with other participants. In such situations, rather than struggle with completing the program, it may be better for the participant to leave the program and recommence it later with a new group.

Facilities

The program may be run in a group discussion room which can accommodate ten to fifteen people. There must be sufficient room to enable two participants to role-play in full view of the other participants, and for participants to work together in small groups.

Positioning

We recommend the room arrangement as presented in figure 2.1. This arrangement ensures participants can be placed so they can talk face to face, and to have an unobstructed view of the PowerPoint projector screen, the flipchart and the facilitators.

This arrangement enables facilitators to position themselves at the front of the group when teaching, and unobtrusively at the back of the group when projecting the DVD/PowerPoint presentation, using the flipchart, and during group centred discussions. The arrangement also allows facilitators to move around in front or behind participants to focus attention, maintain control, or to provide encouragement to participants.

A U-shaped format also works well.

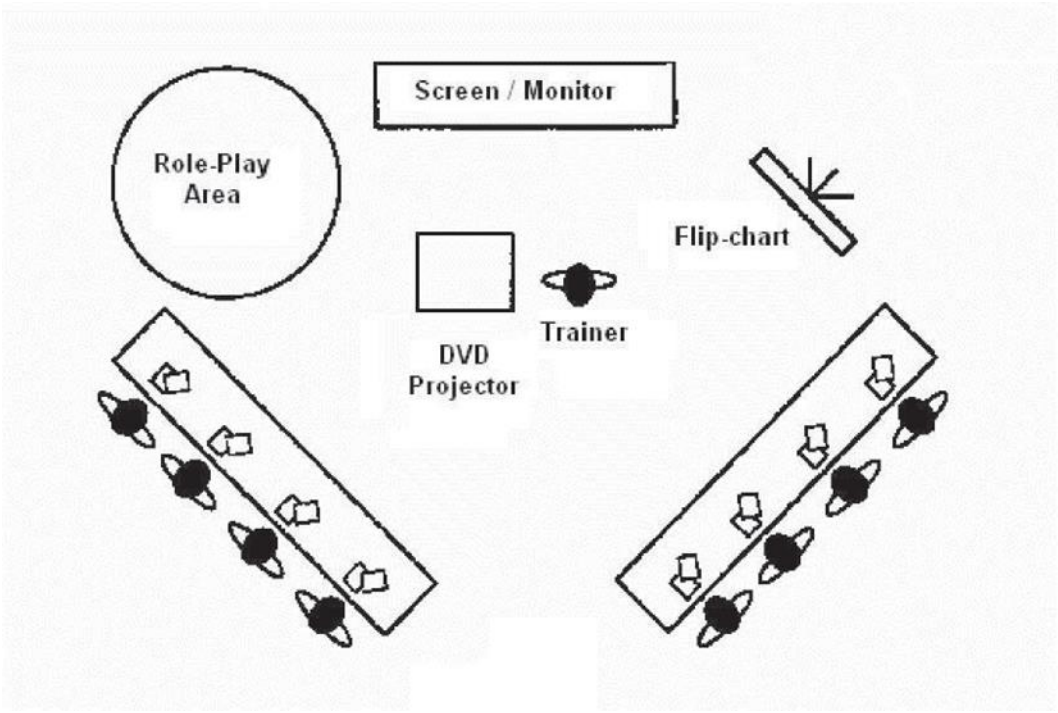

Figure 2.1. Recommended room arrangement

Length of sessions

Each session lasts 90 minutes, excluding a short (timed) 15-minute break half way through. The total time required to complete the entire session is 105 minutes. Our experience shows most adults, even those with severe mental illness, will be able to cope with group work over this time. The program content, as well as the process of delivery, has been designed to maximise interest and motivation (e.g. with the use of PowerPoint presentations, video material, interactive role-plays and small group exercises). The younger the participant, however, the more difficulty they will have sustaining attention. Facilitators of groups of adolescent youths, may need to make some simple adaptations. For example, by having a reduced number of youth participants and/or by introducing brief two-minute breaks during which participants relieve feelings of restlessness by walking, or jumping on the spot. Participants can be reengaged with the timer and/or STOP sign.

It is important that all the material be covered in each session. Facilitators must prepare well in advance of the sessions. Facilitators must impose structure within each session, which means they must exercise good time management (a skill they will be teaching the participants). We have found it is possible to pace the sessions so all the material is covered comfortably – including optional exercises such as the dilemmas game and mystery game at the end. When facilitators run into time problems, often this is due to not preparing adequately beforehand. Only if necessary, should facilitators extend sessions, as cognitive training requires participants and facilitators to engage in intellectual exercises which, though highly stimulating, can be exhausting.

The halftime break provides an opportunity for facilitators to:

- observe how well the participants apply the techniques learned
- model and positively reinforce prosocial behaviour.

When participants return to the session after the break, we recommend facilitators give feedback regarding the participants prosocial behaviours observed being performed during the break. Participants may also be encouraged to give such feedback.

Scheduling

The R and R2 MHP program is flexible in terms of program delivery. We recommend the program be conducted once per week, but it may be conducted more frequently, provided the required PAL meeting can be scheduled between sessions. If necessary, the program may be adapted for intensive daily delivery (the latter requiring the facilitators to make minor adaptations to the program content, e.g. homework assignments) which means it may be completed within 15 days. Scheduling of sessions can be adjusted to suit local circumstances, such as the availability of participants, the level of each group's readiness for specific lessons, and the convenience of both participants, PAL's and facilitators. Scheduling arrangements should always be guided by the goal of maximising motivation.

To ensure the skills are taught in such a way that they are relevant, have meaning, and have impact, following the sequence of sessions in the order they are presented is key. In some circumstances, it may be necessary to break sessions into briefer but more regular sessions (e.g. each half of a session being run independently, thus turning the program into a 30 session program, with homework assignments given every other session), or having a much longer break in between by running the first half in the morning and the second half in the afternoon. The delivery of the program in this 'little but often' format may make it easier and more accessible to participants with intellectual limitations. What is important, is that facilitators take time to ensure the group understands the skill being taught. The goal is to teach the participants to 'think', not to rush through the whole program in an allotted time.

The R and R2 booster program may be initiated and repeated at the discretion of the facilitators and the agency. The practice will vary according to need and practical arrangements. We recommend boosters be run six to twelve months following completion of the main program, and are repeated on an annual or biannual basis. They may be run once per week or in an intensive three-day format.

2.6 Program process

Engagement and motivation starts at the first point of contact in a pre-program interview. Once selected, facilitators must arrange for participants to attend the program, appoint the PAL and then deliver the program. This section outlines the entire procedure facilitators will follow, from start to finish.

Pre-program interview

We strongly recommend, wherever possible, facilitators meet individually with participants before the program in order to assess their suitability for inclusion in the group program.

There are several purposes for this meeting:

- Foster motivation. The more motivated a participant, the more they are likely to gain from attending.
- Establish rapport and develop a working relationship with each participant, on an individual basis, before they meet the group.
- Provide an opportunity for facilitators to assess each participant's strengths and weaknesses.
- Provide an opportunity for facilitators to give each participant a brief overview of the program and to explain the role of the PAL.
- Enable facilitators to discuss training on a personal basis with each participant, to provide them with an understanding of the nature and goals of the program, how it will be of benefit to them, and to clearly explain their responsibility regarding program participation.
- Respond to questions and concerns participants may have about the program.
- Indicate requirements and basic rules the agency establishes regarding attendance, punctuality, homework assignments, and behaviour in the group.

By forming some degree of allegiance with the participants at this meeting, facilitators may be able to counteract the you-against-us atmosphere that antisocial individuals commonly create. The pre-program interview may not prevent this from occurring, but it will certainly help. Facilitators will be able to determine how well participants will fit into the group. Just as it is important to run groups in age appropriate categories, it is also important to match attitudes as best as possible. For example, mixing high risk participants with lower risk participants, is **not recommended,** as high risk participants may have an adverse effect on other group members.

Appointment of the PAL

The process of appointing the PAL will vary according to the setting in which the program is to be delivered. Whenever possible, we suggest the participant be involved in proposing a PAL. The role of the PAL is to support and encourage the participant outside of the 15-session program. The participant needs to be in regular contact with the PAL, not necessarily daily contact, but at least two or three times per week (unless the program is to be run more frequently, in which case a PAL must be appointed who is available for meetings in between sessions). Arrangements with the PAL will be determined by the context of program delivery. In some settings, one may wish to contact and make arrangements with proposed PAL's directly. In other settings one may prefer that participants make initial contact, and obtain the proposed PAL's agreement to undertake this role beforehand. Once agreement has been made, the facilitators must contact the PAL, assess their suitability, explain the role of a PAL, determine a protocol regarding future contact between the facilitators and PAL (if this becomes necessary), and supply them with the PAL's guide.

Confirmation of attendance

We suggest that the facilitators write to participants who are offered a place in the program giving the dates, times and locations of the sixteen sessions. The letter should also confirm the name of the PAL (after receiving the PAL's agreement to undertake this role) and provide a brief outline of the PAL's role (see PAL's guide). We also recommend that participants be required to confirm that they will attend the program.

Delivery of the program

We must emphasise the importance of facilitators preparing thoroughly prior to each session. Because the program is highly structured, it is tempting for facilitators to pick up the program manual only a few moments before running a session. The program teaches participants to work in an organised, sequential way, to engage in problem solution process and plan constructive solutions. This must be modelled every session by facilitators who demonstrate they are well prepared and organised for the sessions. Poorly prepared facilitators are likely to have problems with time management and lack control over the delivery of the program, resulting in their rushing some aspects, overrunning, and/or appearing confused and chaotic themselves.

Every session in the program manual includes an introduction for facilitators, prior to each training procedure. Facilitators should read the introduction which provides an overview of the session. It also provides a checklist of all the materials required to deliver the session, and the training techniques to be employed. Session 1 includes a rules exercise and facilitators must enforce the rules throughout the program. PowerPoint slides are used throughout the training, and materials required for the training are included in the participant workbook.

Sessions are highly structured and include a suggested script, in bold type, to be spoken by facilitators. Information for the facilitators is in ordinary type. The script is designed to serve as a guide for facilitators; it provides structure for those who need it and/or prefer to stick close to the text. Others, especially experienced facilitators, may feel comfortable deviating from the text when they deliver the program. It is important that facilitators communicate in a manner appropriate to their own personal style, as well as to the characteristics of the participants.

At every session facilitators should remind participants they want them to try using their newly learned skills outside of the group in the 'real world'. At the beginning of each session facilitators should request feedback from participants about their efforts and experiences.

Each 90-minute session includes a short 15-minute break after 45 minutes (making the total session time 105 minutes). It is important to structure the break and keep to time by setting an alarm. However, this needs to be balanced with flexibility to enable facilitators to give individual attention when required.

Facilitators and participants should intermingle during the break. This provides an opportunity for facilitators to observe how well the participants apply the techniques learned, and to model and positively reinforce prosocial behaviour. When participants return to the session after the break, there should be brief feedback from the facilitators or from a selected participant about the prosocial behaviours observed in others during the break. Participants should take turns to give this feedback in each session.

Each session ends with a summary reminding participants of what they learned in the session and how it relates to the overall aim of training. They are also given their homework assignment. The summary and assignment is included in the participant workbook so the participant has a written resource to refer to.

Homework assignments

An essential element of the program is to foster the transfer of skills from the classroom to real life. Weekly homework assignments are set that generally require participants to practice skills learned in the group, outside of the group. This is important to help participants train themselves and learn new adaptive ways of thinking and behaving. It is pointless to learn techniques within sessions that are not applied in everyday life, as changing learned patterns of behaviour requires the rehearsal of new actions that are positively reinforced until they become automatic.

Homework assignments are created in terms of a hierarchy of difficulty. Assignments in earlier sessions are less complex and directly related to the training. For example, participants are asked in Session 1 to make a change in their environment to reduce distraction. Later sessions require they apply problem solving and other techniques they have been taught to appropriate situations outside of the group setting.

Some assignments require participants to pay attention and observe how other people interact with each other. By noting a lack of skilled behaviour in others, participants will be able to compare themselves favourably with others who have not been trained in the program, and they will, thereby, be encouraged by the development of their own skills. Other assignments require the participant to procure items and/or make changes to their environment. For participants in institutional care/correctional facilities, facilitators may need to adapt these homework assignments as deemed appropriate by planning for the participants to be supported either within the setting to complete the assignment and/or by the PAL.

For example, this may involve arranging for materials (e.g. sticky notes, diaries) that are not usually available within the establishment to be ordered for distribution to the participants; and/or for participants to be escorted by staff to purchase items themselves.

At the beginning of each session it is important that facilitators obtain feedback from participants about their assignments, about their out of class observations and experiences, any problems they encountered and how they overcame them. This can be done individually or in the group.

The R and R2 MHP is an integrated program which requires participants practice what they learn. It is therefore important that homework assignments be completed. In particular, the Session 3 assignment which requires participants to generate a 'problem list' is essential, as this forms the basis of material to be used in future sessions. If participants do not comply with assignments then take the action your agency has decided is appropriate.

Participants are asked to meet with their PAL's between each session to discuss what they have learned from the session, and their assignment. The PAL's provide guidance and support to the participants in preparing for and completing these assignments. However, they must not do the assignments for them. The participants will be asked by their PAL's to teach them what they have learned within the session. The PAL's will enquire about the homework assignments and ask how the participant will go about completing them. The PAL's will ask questions and make helpful suggestions. The PAL's will explore with the participants how they can apply their newly acquired skills to their everyday life. The participants are supported in trying out new skills in appropriate situations under the guidance of their PAL's.

Rewards

One of the goals of the program is to make it fun. A theme running throughout the program is for participants to learn to give themselves rewards for achievement. This aspect is incorporated into the program by playing the dilemmas game and the mystery game at the end of each session. It will be important to collaboratively determine several small, medium and larger rewards so participants can selectively apply these outside of sessions, for example, for completing homework assignments. Some participants will have difficulty operating the system at first, needing encouragement to take rewards. It is important they do, as they will learn how it feels to be rewarded, even for small gains.

Endings

By the final session, participants will have bonded and formed relationships as they progressed during the program. Even participants with varying backgrounds will have learned they share much in common with other members of the group. It is important to address the ending of the group's journey by constructively channelling the feelings of participants. This is achieved by a final exercise in which participants have a piece of paper attached to their back with sticky tape, with all participants (and facilitators) invited to write something positive about each of the other group members. This may include something they have been impressed by, something they have particularly learned from a person, or it may simply say how they feel about them. Participants end up with eight to ten positive comments about themselves. Some comments will be serious but usually they are fun.

Graduation

Facilitators should conclude the program with a brief graduation ceremony of a kind the agency deems most appropriate. It might include a formal presentation of their certificate of achievement or some other tangible reward to reinforce participants for their efforts and accomplishments.

Evaluation and report

At the completion of each 16-session program, we recommend a report be generated regarding each participant's progress within the group. The report should highlight strengths and areas of growth and improvement as well as areas of vulnerability and future needs. See the appendix for a suggested template. Agencies may wish to ask participants to complete a brief questionnaire to obtain qualitative feedback about the program.

3. Program content

Section three describes program content and how the 16 sessions are organised around five core modules. In this section we outline the structure of the program and describe the aims and objectives of the session, and the teaching techniques utilised. Many of these techniques are illustrated in the training DVD accompanying the program. It is strongly recommended facilitators familiarise themselves with them prior to running the program, in addition to periodically reviewing the DVD to ensure program integrity.

The goal of the R and R2 MHP program is to introduce the participants to prosocial competencies and teach participants psychological techniques that will lead them to engage in a process of skilled thinking. This involves the identification of thinking errors; engagement in a process of critical reasoning; alternative and consequential thinking. This is achieved by teaching psychological techniques, coping strategies, attitudes and prosocial skills in five core modules presented over the 16 sessions (see Table 3.1) as follows:

1. Neurocognitive skills module: This module aims to address problems associated with executive functioning deficits by introducing techniques to improve attention control, memory, impulse control, and to develop skills in constructive planning.
2. Problem solving module: This module aims to teach participants problem solving attitudes and skills that will enable them to apply skilled thinking as opposed to automatic thinking when solving problems. It teaches them how to identify problems, gather adequate and reliable information, and generate alternative solutions. It also trains them in consequential thinking, managing conflict and making appropriate and effective choices.
3. Emotional control module: This module trains participants in techniques to enable them to recognise and manage thoughts and feelings of anger and anxiety.
4. Social skills module: This module involves participants in the recognition of the thoughts and feeling of others (both verbal and nonverbal), social perspective taking and the development of empathy. It teaches critical reasoning, negotiation and conflict resolution skills.
5. Critical reasoning module: This module teaches participants to identify thinking errors and to engage in a rationalised thinking process. The dilemmas game teaches participants that they have choices to make in life, that there are alternative possibilities, and effective ways of thinking and/or behaving, evaluating options, selecting and making good choices.

Table 3.1	**Program modules**
Neurocognitive skills module	Improving attention control Improving memory Improving impulse control Constructive planning
Problem solving module	Skilled thinking, feeling and behaviour Scanning for information Problem identification and solutions Consequential thinking Managing conflict Making choices
Emotional control module	Managing thoughts and feelings – anger Managing thoughts and feelings – anxiety
Social skills and values module	Recognising thoughts and feelings – nonverbal Recognising thoughts and feelings – ‘social perspective taking’ Empathy
Critical reasoning module	Detecting thinking errors Dilemmas game

The objectives of the modules are to teach psychological techniques to improve functional outcome by reducing cognitive problems associated with mental illness (memory, social information processing, inattention and impulsiveness) and antisocial behaviour. By learning behavioural control and through the development of listening skills, the participants will be better able to focus on other aspects of the core curriculum designed to teach prosocial skills, attitudes and values.

Interventions in the R and R2 MHP program not only teach specific behaviours but also cognitive processes involved in rational thinking and problem solving. This is the primary focus of the neurocognitive skills module which trains participants to concentrate better, improve their memory skills, control their tendency to behave inappropriately or prematurely, and to make constructive, achievable plans for their future.

The program commences with sessions focussing on development of skills to optimise attention control and memory. Impulse control and constructive planning skills are the focus of later sessions. The development of these skills is important to enable individuals to optimise their ability to benefit from problem solving, emotional and behavioural skills taught in the program.

Participants are taught how they can effect change in two domains, described as follows:

- Internally – by learning strategies enabling them to be better at completing a task.
- Externally – by learning strategies to adapt the environment to one in which they are able to achieve.

An important and ever-present factor that must be a focus of problem solving training, is emotion. Participants are taught they must ascertain not only the thoughts but the feelings involved in the problem situation - their own as well as those of others.

Emotion was not emphasised in the original R and R program. It focused on the cognitive and behavioural aspects of problem solving while the emotional aspects were discussed only in terms of their potential interference with problem solving. In contrast, in the R and R2 MHP program we take a position consistent with research on emotional intelligence (Schutte, Malouff, and Hall et al., 1998) that we must also teach ‘Skilled Feeling’ – recognising, correctly identifying, and effectively expressing feelings. We added another new component to the R and R program - the emotional control module, which teaches methods to recognise and control feelings of anger and anxiety. Training participants to recognise different mood states makes it possible for the program to be able to address the importance of self-monitoring and early intervention to prevent relapse.

The social skills and values module of the original R and R program included sessions relating to the recognition of thoughts and feelings (verbal and nonverbal) and ‘social perspective taking’. It is important that an individual becomes skilled in recognising the feelings of others and learns to empathise with them. If an individual can put themselves in someone else’s shoes then they can take on a completely different perspective and, possibly, understand another person’s point of view. The R and R2 MHP program has developed this important issue and taken it much further by introducing a session entirely devoted to the development of empathy and, more specifically, victim empathy. We also include the dilemmas game which is played at the end of each session and involves participants to not only take on a perspective that differs from their own, but also to debate it.

The R and R2 MHP program includes specific training techniques that target the cognitive, attitudinal, emotional and behavioural characteristics associated with mental illness that limit such individuals’ ability to acquire prosocial competence, or prevents them benefiting from programs designed to help them acquire prosocial competence.

The techniques taught in the R and R2 MHP program include, with some modification, selected components of a variety of social skills, critical reasoning, values education and cognitive problem-solving programs developed by psychologists and educators for various populations. The aim is for participants to acquire and/or develop better skills.

The skills include:

- active listening
- interpersonal problem solving
- considering the consequences of one's thinking, feeling and acting
- thinking and behaving in socially skilled ways
- balancing one's thoughts, feelings and actions
- learning to recognise and manage one's emotions
- learning to understand and appreciate prosocial values
- learning how to successfully resolve conflicts
- learning to think logically and objectively
- learning 'social perspective taking'.

Some of the materials used in teaching these skills were included in the original R and R handbook, others have been updated and some have been added based on research published since R and R was produced in 1986.

The modules are organised into a 16 session scheduled program (see Table 3.2). The original R and R sessions presented independent sessions for training each skill. In contrast, the R and R2 version for MHP is a blended program that emphasises the interaction among the various skills by making explicit linkages among them in each session. Cognitive skills taught in the program are interrelated. Therefore, it is essential that participants learn them, not as independent functions, but as subskills of social cognition. Accordingly, each session builds on, and is linked to, each other session in such a way the participant learns to apply skills acquired in previous sessions to effectively deal with issues and problems that are the focus of subsequent sessions.

Each session focuses on teaching specific skills in a certain order. Accordingly, it is important for facilitators to follow the required sequence of sessions. Failure to do so will interfere with the participant's progress, confuse and frustrate them, and may prevent their cognitive development.

The goal of all the R and R programs is not simply to communicate information, but to provide tools participants can use in their day to day life. Limiting training to providing information on cognitive skills or values is not likely to be an effective means of improving the participants' prosocial competence.

The R and R2 MHP program is designed to enable participants to learn cognitive skills and values through a discovery process rather than a didactic process. It is designed not only to have the participants know about these skills and values, but to practice them both in the group and outside of the group so they become an integral part of their thinking and behavioural repertoire.

Facilitators involve participants throughout the program in a process leading participants to question the effectiveness of their current approach to problems and their value assumptions about a range of interpersonal and social issues.

Table 3.2: Program schedule

Session 1:	Improving attention control
Session 2:	Improving memory
Session 3:	Skilled thinking feeling and behaving
Session 4:	Managing thoughts and feelings – anger
Session 5:	Managing thoughts and feelings – anxiety
Session 6:	Improving impulse control
Session 7:	Scanning for information
Session 8:	Problem identification and solutions
Session 9:	Detecting thinking errors
Session 10:	Recognising thoughts and feelings – nonverbal behaviour
Session 11:	Recognising thoughts and feelings – 'social perspective taking'
Session 12:	Consequential thinking
Session 13:	Recognising thoughts and feelings – empathy
Session 14:	Constructive planning
Session 15:	Managing conflict
Session 16:	Making choices.

Each session is highly structured, as people with attention problems often respond better to a program with clearly defined parameters and protocols. Nevertheless, facilitators will have expertise with their client groups and have license to make appropriate adaptations to the program material. As we noted above, the content may be modified, but the training process should not be.

The program employs a variety of training techniques to foster engagement and maintain attention control by making the training interesting and fun. This is achieved by incorporating individual and group exercises, brainstorming, discussion and debate, audio visual material (e.g. PowerPoint presentations and MPEG movie clips), paradoxical training techniques, role-play, thinking tools, games, and use of the participants' workbooks. Teaching methods are alternated between and within the sessions.

Individual and group exercises

Client participation is maximised by including exercises requiring individuals to work not only as part of the total group, but also in various subgroups of two or three. We have included small group work because people with attentional problems work optimally in a setting that minimises opportunity for distraction. They respond well to small group work with a clear structure.

The exercises presented in each session are structured opportunities for participants to learn, then practice the skills and values targeted in each session. In many instances, exercises also require the application of cognitive skills acquired in previous sessions and, thus, provide opportunities to review these skills and to practice them in tandem with new skills.

The primary vehicle for teaching the skills is guided group discussion around issues of interpersonal conflict, social problems and values. Throughout most of the sessions, teaching is conducted using a Socratic process, in which participants are asked questions to stimulate them to engage in intensive discussions about how they can cope with problems and interpersonal conflicts. They are led to discover, rather than simply being told, what are more appropriate and effective ways of doing so. It is essential that discussions be task oriented and focused on the cognitive skills being taught.

The exercises are designed to be uncomplicated but challenging. Facilitators must ensure the examples they select for participants to practice are just sufficiently above the level at which they are functioning, to be challenging but not so far above that they are discouraging or overwhelming.

Brainstorming

To have choices, one needs to recognise and generate alternatives. An overarching ethos of the program is the development and/or improvement of cognitive flexibility. Individuals are encouraged to use brainstorming techniques to think creatively and generate alternative ideas. They then need to learn to think about the most appropriate alternatives, determine the consequences of action and choose a constructive course of action rather than act out the first thing that comes to mind. This should be fun.

People with mental illness tend to be rigid in their thinking. However, with practice and encouragement they will learn to think up new ideas. It is important participants are rewarded for providing suggestions. Even if ideas seem absurd or ridiculous, praise and encouragement should always be given. The purpose of brainstorming is to come up with as many alternatives as possible; however, if the activity gets too out of hand, the facilitators need to direct the group back to the topic being discussed.

Discussion and debate

Provoking debate fosters creative thinking, consequential thinking and listening skills. It is important participants develop social perception skills so they may readily take the perception of others, consider and acknowledge alternative views and opinions, and empathise with their feelings. Discussion and debate is encouraged within sessions and more explicitly in the dilemmas game played at the end of each session.

Engaging in the debating process may invoke high emotional arousal. Sessions in emotional control are introduced early in the program to teach participants ways to cope appropriately with emotional arousal. Through discussion and debate, participants can practice their newly acquired skills, for example, scanning and obtaining all relevant information, avoiding impulsive responding and rapid decision making. Debating requires participants to rehearse their attention control and inhibit inappropriate or out of turn responses to develop effective and prosocial debating skills.

Audio visual material

To maintain the interest and attention of participants, the program maximises the use of audio visual materials. Every session includes a PowerPoint presentation comprising brightly coloured clipart, photographs and zooming techniques to illustrate the material presented in the sessions. Session 1 and 13 contain MPEG movie clips (‘Weather Forecast’ and ‘Mrs. Smith’). These are also provided separately in video format on the DVD so they may be shown independently from the PowerPoint software if necessary.

There will undoubtedly be times when participants become overexcited and/or disruptive. The ‘STOP’ sign may be used as a visual reminder for the group to come back under control. The sign is introduced as one of the group rules when it is explained in Session 1 that if the facilitators holds up the ‘STOP’ sign, participants must immediately halt their behaviour; for example, stop chatting and quietly return to their seats.

A personalised approach

The R and R2 MHP program draws on the personal experiences of participants. The program is designed to enable facilitators to teach ‘Skilled Thinking’ (‘ST’) skills, using not only problems the facilitators might think are relevant for the participants, but problems the participants are experiencing. The booster program also draws strongly on this aspect of the program, enabling the booster sessions to be repeated many times. With a different mix of participants, the material will differ and be relevant to the group at the time.

To ensure privacy and confidentiality, this part of the program is conducted in a manner that enables individuals to have their problem discussed in the group without the group being aware it is their problem being discussed. This approach personalises the program. It also enables participants to discover how others (including the facilitators) view the problem, and hear their suggestions for coping with the problem, as well as identifying alternative ways of thinking and potential methods of resolution.

The other reason for anonymity is to avoid the training program becoming a group therapy program in which participants disclose their personal problems to others. Those are matters that should be dealt with elsewhere. Learning skills taught in the R and R2 MHP program will enable participants to benefit from other programs designed to help them with their personal problems.

STOP and THINK techniques

Methods are introduced in Session 6 to help individuals identify situations in which they may be vulnerable to responding in an impulsive way. Strategies of self-monitoring and self-restraint are outlined to halt an impulsive and impetuous response style, and to encourage participants to engage in a thinking process involving generating and evaluating alternative options. STOP and THINK techniques are introduced to maximise self-control. Participants engage in self-instructional training and are taught to use this technique to inhibit fast action and to guide problem resolution. In the sessions, they rehearse the use of coping statements that help them replace negative self-statements with more positive self-statements to increase their self-efficacy.

Paradoxical training techniques

In some sessions, paradoxical training techniques are used to teach individuals they can control their behaviour. The facilitators invite participants to consider how to make a situation worse; for example, what they would do to make an individual respond more negatively in a situation. This is not an exercise to teach participants how to induce bad behaviour, but to teach them if they can make behaviour worse, then they can make it better. The purpose of this type of exercise is to teach participants to exercise self-control. Once this is understood, participants will have learned they can avoid behaving in a way that makes things worse, and instead, behave in a way that makes things better.

Role-play

Some participants lack skills, others have some skills but difficulty using them. It is therefore necessary to not only teach skills, but to lead participants to practice them. One of the best methods of practicing new behaviours is to rehearse newly acquired and/or developing skills in role-plays. This provides a forum of brief training in a contained environment, prior to extending in a natural setting. It is important to remember that role-playing should be enjoyable. Effort and participation should be praised, not just acting skills. This is not a drama class.

Although role-plays are used to teach specific skills (e.g. impulse control) and to engage in a process of thinking, they also provide the opportunity for participants to rehearse other skills taught in the program. These include, cognitive coping strategies, emotional control, and social and conversational skills. Furthermore, role-play has the advantage that observers (participants and facilitators) can evaluate the role-players' performance and if necessary suggest alternative approaches.

Role reversal is also used to provide an opportunity to develop participants social perspective taking skills. By undertaking different roles, they can come to see a problem from a different perspective than their own and gain insight into how the other party is thinking and feeling.

In role-plays, only the facilitators and not the participants undertake the roles requiring the acting of antisocial behaviour, to avoid reinforcing the participants for engaging in negative behaviour. Participants should only be asked to engage in prosocial role-plays.

Rewards

A central tenet throughout the program is for participants to reward themselves on a frequent basis for achievements, however small. This is a key element in their acquisition of 'self-efficacy'. Moreover, facilitators must regularly provide positive feedback to participants. This needs to be much more frequently awarded than usual, however the reinforcements can be small and informal (e.g. a brief nod and eye contact; or brief verbal remarks – 'good point', 'excellent question', 'well put'). Many participants will have previously experienced little reinforcement. Their behaviour is more likely to have yielded more censure or punishment than approval and reward. Consequently, they may have generalised expectancies of failure that is hardly likely to motivate them to try to learn. Facilitators who wish participants to be involved, motivated and enthusiastic, will find this is most easily achieved by means of frequent reinforcement.

Thinking tools

Facilitators introduce a set of thinking tools to aid participants in remembering to engage in a thinking process, by breaking the process down into specific steps (see table 3.3). These tools aim to stimulate or remind the participant to systematically apply creative thinking strategies in many situations. The tools take the form of simple acronyms to systematise thinking strategies and the process of teaching them. The tools are primarily a means of getting the participant to develop a deliberate and systematic process of thinking.

They are designed to help crystallise the participant's thinking and make it follow an effective sequence. After an adequate amount of practice, the participant will begin to apply these thinking techniques automatically, with decreasing reliance on the tools. Even if participants only adopt one or two of these thinking tools, they will discover the advantage of engaging in a thinking process. We want the participants (and the facilitators) to remember these acronyms and to use them.

Dilemmas game

Participants in this program are likely to evidence egocentricity or a lack of 'social perspective taking', which leads them to concern themselves only with their own needs and to fail to consider the effects of their behaviour on others. Their egocentricity also limits their ability to form close personal relationships. Challenging egocentricity and fostering social perspective taking is emphasised throughout the program. The dilemmas game is designed to lead participants to consider the perspectives of other participants by having them discuss moral dilemmas likely to engender disagreement among the group members.

The game requires participants form two groups or teams. A card is selected by one of the facilitators from the pack of dilemmas cards (or preselected to be one appropriate for the group). The dilemma is read aloud to the groups. Each dilemma gives two possible options or solutions. The facilitators assign one group to argue for one of the solutions to the dilemma and the second group to argue for the other. It does not matter if any member of a group personally disagrees with the solution they are assigned. Indeed, the purpose of the game is to encourage participants to take on the perspective of others, especially when this differs from their own. Following the debate, all individuals vote by a show of hands which action they would take. Of course, the objective is for participants to determine the most favourable and prosocial solution. The team with the greatest number of votes wins the round. Team members may well vote the way their fellow team members vote to ensure their team wins, in which case the facilitators should cast the decisive vote. Facilitators must steer the group away from voting for an antisocial solution by summarising the debate from both positions' perspective, and stating their own prosocial opinion. Participants must leave the group knowing what the favourable course of action would be if they experienced that situation.

If the participants form the same teams each time the dilemmas game is played, points can be recorded and carried forward so the teams compete until a winner is established by the final session. Participants may at first be reluctant to play a game that requires them to argue in favour of a perspective conflicting with their own. However, once they have practiced and acquired this skill they will develop more enthusiasm to compete in the game.

Table 3.3: Thinking tools

'AT'	(**'Automatic Thinking'**) Usual ways of thinking, feeling and behaving
'ST'	(**'Skilled Thinking'**) Thinking, emotional and behavioural skills
'SAT'	('**Skilled Automatic Thinking'**) Automatic skilled thinking, feeling and behaving
'SARA'	(**S**can, **A**nalyse, **R**espond, **A**ssess) A problem solving technique
'PMI'	(**P**lus, **M**inus and **I**nteresting) Think of the Positive, the Negative and the Interesting
'OPV'	(**O**ther **P**erson's **V**iew) Think of what other people are thinking and feeling about the problem, not just what you are thinking.
'CFO'	(**C**onsequences **F**or **O**thers) Remember that other people can be hurt.
C and S	(**C**onsequence and **S**equels) Think of the short-term and the long-term consequences.

If time permits, the dilemmas game may be played at the end of each session. This may not always be possible as some sessions may take longer than others to complete. Although the object of the game is to teach 'social perspective taking', the game should be made fun and serve as a reward following the hard work undertaken by participants during the session.

Tray game

Session 2 teaches various techniques to help participants remember and recall information. Participants are encouraged to identify which of the memory techniques work best for them. They practice them in subsequent sessions by playing the tray game. In this game participants are asked to memorise a tray of twelve items (not all office stationery items.). The tray is displayed each session, but each time with one item removed. Participants must identify which item the facilitators have removed.

Facilitators can make the game harder by changing the position of the items remaining on the tray before each session. In Session 9, facilitators tease participants by playing a little game with them. Instead of removing an item on the tray, they replace two original items with two completely new items.

Facilitators should discourage participants from enthusiastically blurting out the answer and spoiling it for other participants. One way to prevent this is to ask participants to put their answers on a piece of paper and give it to the facilitators. The facilitators feedback the correct answer at the end of each session.

Participants should be discouraged from writing down all the items, as this is a memory task. However, if any participants suggest this strategy, facilitators should acknowledge that making notes or lists is a useful method for overcoming memory problems.

Mystery game

If time permits, the mystery game is an optional game to include. It is introduced in Session 3. As with all the games in the program, the mystery game provides participants with an opportunity to apply the skills they have been taught in the program. The primary purpose of the game is to encourage participants to exercise their 'Skilled Thinking' ('ST'), social perspective taking and problem-solving skills, in a fun situation in which they will discover their likelihood of success is improved by the application of the skills they are being taught. The game is played towards the end of each session. The game involves attempting (with suitable assistance from the facilitators) to arrive at a solution to a 'cognitive mystery'. The mysteries are presented in the supplements section of Session 3 and are also available on the PowerPoint slide show. The cognitive mysteries used in the program may be supplemented by those found in commercially produced games such as Visual Brain Storms or Mind Trap (available in many game stores).

Thumbs up game

Session 6 begins with a group exercise, the 'thumbs up game'. The aim of this game is to cue an automatic response by training participants to respond in a specified way according to a set of instructions the facilitators give them (e.g. 'thumbs up', 'thumbs down', 'run along'). Once the participants have done this a few times, the facilitators modify the instructions by telling the participants they should respond to the instructions only if these are preceded by the cue word 'now'. The facilitators then vary the instructions, sometimes using the cue now and sometimes not. Participants are likely to frequently put their thumbs up or down when the cue word now has not been given. The exercise will demonstrate that they have difficulty inhibiting a response, and will teach them if they want to succeed they must exercise self-control.

3.1 Session 1: Improving attention control

The first two sessions are from the neurocognitive module and relate to attention control and memory. These sessions teach participants listening skills and suggest ways that participants can help themselves remember what they are being taught. The sessions set the groundwork for participants to benefit from subsequent sessions which will introduce them to the basics of 'Skilled Thinking, Feeling and Behaving' ('ST') and how this differs from their usual 'Automatic Thinking, Feeling and Behaving' ('AT').

Obstacles to learning

Most people with mental health problems can concentrate. The difficulty arises when they need to stay on task or sustain concentration over a period, especially when they need to focus on a task that is not of great interest to them. Their concentration problems are further hampered by their slow psychomotor speed. This means their speed of processing is slow and they have difficulty keeping up with rapid speech and shifts in topic. These problems lead to many difficulties in day to day functioning, including a lack of effort, not listening properly to what people are saying, daydreaming, not following instructions well, becoming easily distracted and side tracked from the task at hand, and/or getting involved in either a related task or something completely different. Individuals with attentional problems often start projects but never finish them. They often feel overwhelmed by their feelings of anxiety and irritation. This is frustrating not only for the person with the problem, but also for family, friends, teachers and/or employers.

Attentional shortcomings may lead individuals to make decisions without gathering appropriate information, considering all possibilities, taking different perspectives and evaluating potential outcomes. It may feel too much effort is required to engage in this process. We want to teach participants it is worthwhile making the effort. It is important for facilitators to be observant during the sessions to determine whether participants are sustaining their attention. If they are not, and this is caused by one person losing concentration and distracting others, then the facilitators need to take steps to refocus the participant by asking him/her a question, or inviting him/her to make a comment. If several participants appear to be losing concentration, facilitators could suggest a brief two-minute break during which participants focus briefly on something different and/or engage in some form activity; for example, stand up and walk about the room for a few minutes. Changing seat position, for example, will provide participants with a different outlook and perspective of the room.

Training techniques

Accordingly, the first skill participants need to learn is how to maximise their ability to concentrate. Participants need to learn how to do this to benefit from the program. If they go off task by daydreaming or becoming distracted by something completely unrelated, then participants will not listen to the techniques and skills the facilitators must teach them. The first two sessions of the program introduce cognitive behavioural techniques to improve concentration and memory so participants can get the most out of every subsequent session by improving their learning skills. Participants must focus on what is being taught, if they are to benefit. Session 1 is designed to teach participants to identify their personal attentional limitations and learn strategies to reduce them. Facilitators will help participants to identify the types of tasks or situations they find challenging and for which they have difficulty maintaining attention control. In Session 1, the participants explore how they feel inside when they have concentration problems. Feelings of arousal (e.g. anxiety, anger) and stress are likely to exacerbate attention problems and participants are taught how to recognise this association. Distraction may be caused by external events or internal processes:

- Internal distractors:
  - having the urge to do something more stimulating
  - being unable to inhibit the desire to move about
  - daydreaming
  - being preoccupied with their own thoughts or worries.
- External distractors:
  - being distracted by activities going on around them and/or noticing irrelevant details or competing stimuli, for example, people walking about, noise from a radio or television
  - being interrupted by others.

Session 1 includes an exercise demonstrating to participants how external visual and aural stimuli can interfere with attention control. In this exercise participants are asked to concentrate on a set of instructions giving directions to go to a store and buy certain food items. The instruction is given by the facilitators at the same time as a background distraction (a competing task) occurs. The background distractor is one commonly experienced in most people's everyday lives – a televised weather forecast. After they have listened to the task, facilitators test participants on their recall of the items so they can learn distractions can effectively distract them from successfully achieving a task. The session continues with facilitators outlining specific strategies that will improve the participants' ability to concentrate. Participants are instructed to practice these strategies outside of the session as their homework assignment. In this way, participants will determine the most appropriate strategies for themselves, i.e. what works for them so they learn how best they can control internal and external sources of distractions.

Targets of treatment

The training targets for this session are as follows:

- Introduce participants to a skilled thinking process by teaching them methods to improve their attention control.
- Enable participants to identify tasks or situations in which they find it difficult to concentrate.
- Learn that there are different kinds of attention serving different functions in our daily lives (e.g. selective, divided, shifting and sustained).
- Identify consequences of not paying attention.
- Learn that feelings like anxiety and stress make it harder to pay attention and can create a 'vicious cycle'.
- Learn why we become distracted by things happening in our environment (i.e. external distractors) and by our own drives and impulses (i.e. internal distractors).
- Learn strategies to reduce external and internal distractors.

3.2 Session 2: Improving memory

Session 2 is the second session in the neurocognitive module. Short-term memory is most likely to be affected, especially the need for learning new material. Long-term memory is usually relatively intact. Participants are to be encouraged to share their autobiographical memories in group discussion.

Memory problems may cause people to forget important appointments. Their memory problems may have important consequences, for example, if they forget to meet the doctor, or they forget to take medication. Facilitators must be aware that it may be difficult for participants to remember lengthy instructions. Program instructions may need to be repeated and/or summarised. Similarly, participants are likely to have difficulty following lengthy questions or when multiple questions are put together in one sequence. This may cause participants to become confused, to lose their train of thought, and only answer the part they remember. This may make them appear disinterested, evasive or avoidant as they may not want to admit they cannot recall the question.

Working memory problems may also cause participants to have difficulty with mental processing, for example, doing mental arithmetic or following directions when traveling. These types of problems may cause them to have difficulties in the workplace or when traveling to unfamiliar places. If participants arrive late for the sessions, this should be used as an opportunity for the group to suggest ways to prevent this occurring in future.

Because of memory problems, participants' understanding may only last a short while. Consequently, feedback must be immediate and repetitive. New learning and taking on board new concepts needs to be continually reinforced by the facilitators and PALs. Each participant has a workbook to refer to outside of sessions and they should be encouraged to regularly revise it. Facilitators should expect that participants will forget to bring their workbooks to the sessions. Hopefully, the PAL's will remind participants to check they are prepared for the sessions by having all the required materials to hand. When participants forget materials, which will inevitably happen, this should be used as an opportunity for the group to think of ways to help the individual remember items in future.

Training techniques

In Session 2, the facilitators draw on psychoeducational techniques to describe the stages of memory processing. This is illustrated in a diagram been adapted from one originally published in Head Injury © Trevor Powell, 2004, Speechmark Publishing Limited, Bicester. Participants are unlikely to have thought about the different components of memory before, and this framework will help them understand why they are good at remembering some things (e.g. their personal history) but not so good at remembering others (e.g. shopping items).

As in the previous session with attention, the facilitators will teach participants external and internal strategies to help improve memory functioning.

- External strategies – applying memory aids such as using a diary, alarms, making lists.
- Internal strategies – improving their memory by means of rehearsal, visual imagery, pairing, using a learning cue and retracing.

In this session, facilitators illustrate how participants may improve their memory, in an exercise of verbal working memory which demonstrates how participants may improve their memory skills by using visual imagery. A second exercise using a mnemonic learning cue is also taught.

Participants are encouraged to identify which memory techniques work best for them and to practice these in future sessions when playing the tray game.

Targets of treatment

Targets of treatment for this session are as follows.

- Introduce participants to a skilled thinking process by teaching them methods that will improve their memory.
- Learn that there are different types of memory.
- Learn that there are things we can do to improve our memory.
- Learn external strategies such as memory aids.
- Learn internal strategies such as using a learning cue, making word associations, and/or repetition.

3.3 Session 3: Skilled thinking, feeling and behaving

Session 3 is the first session in the problem-solving module. Teaching participants skills to anticipate and cope with problems is essential to helping them achieve prosocial competence. Many participants have limited interpersonal cognitive problem-solving skills. These are the cognitive and behavioural skills required for solving problems we all encounter when interacting with other people (Shure, 2001).

- In their interpersonal relations they often fail to recognise that an interpersonal problem exists or is about to arise.
- If they do recognise they have a problem, or are about to experience one, they often react to it before they try to understand it.
- They do not (or cannot) consider alternative solutions to problems, but keep responding in their same old, ineffective way.
- They do not (or cannot) calculate the consequences of their behaviour on other people.
- They do not (or cannot) determine the best way to get what they want in their interactions with other people.
- They do not understand the cause and effect relationship between their behaviour and people's reactions to them.

Problem solving training is a component of many programs. In the R and R2 MHP program, problem solving training is not limited to offering individuals specific solutions to specific problems, or only teaching them how to behave. It is aimed to teach participants cognitive, emotional and behavioural skills that will enable the individual to develop a general approach that can and should be used with all problems.

R and R2 MHP program is not simply a problem-solving training program. It is a multifaceted program teaching participants a variety of ‘Skilled Thinking’ (‘ST’) skills, including neurocognitive skills. Problem solving is taught throughout the program and not simply as an independent skill. The R and R2 MHP program teaches various problem-solving skills as integral components of a general set of skills and values that are required for prosocial competence.

Automatic thinking vs. skilled thinking

Automatic thinking refers to those habitual ways of thinking, feeling and behaving in which we all engage, most of the time, when we are faced with problems. At such times we respond without stopping to think, without carefully analysing the problem, without carefully thinking of all the possible solutions, without thinking of the potential consequences of those solutions, without weighing the costs and benefits of alternative responses, and without considering the social or the moral implications of our intended actions.

We do not always reason. We simply react - just like the participants whom we are training.

Automatic thinking is not just limited to antisocial youth.

The research literature makes it clear that, most of the time, all of us engage in what Langer (1989) refers to as 'mindlessness', which she contrasts with 'mindfulness'. Sternberg (2000) refers to this as an 'automatic cognitive mode', as opposed to 'conscious cognitive processing'.

The work of Calvin (1998), Louis and Sutton (1991), Reber (1993), indicates that most of our thinking is done automatically without conscious awareness. It requires too much expenditure in time and effort to always engage in conscious and deliberative thinking in routine activities.

The difference between our 'Automatic Thinking' ('AT') and that of the participants is that our habitual patterns of thinking, feeling and behaving are more likely to consist of 'Skilled Thinking' ('ST') that has become so practiced or ingrained it is now automatic and habitual. It is also more likely to be prosocial.

The R and R2 MHP program aims to provide basic training in 'Skilled Thinking' and encourage participants to practice 'ST' so it becomes automatic. The program helps participants to progress from 'AT' to 'ST'. They can then progress to Skilled 'Automatic Thinking, Feeling and Behaving' by practicing their 'ST'.

Training techniques

In this session, participants are helped to recognise the automatic thinking, feeling and behaving they usually use in attempting to solve problems they encounter.

- They are helped to realise that 'Automatic Thinking' not only does not get them the results they would like, but also frequently magnifies their problems and may lead them into further difficulties.
- They are taught to replace their 'AT' with more effective 'ST' problem solving skills that involve the following step by step process that teaches the skills in an incremental fashion through the sequence of sessions:
    - The program teaches them the first step is recognising a problem exists or is about to be encountered.
    - They are then taught to remain calm but alert so they can examine the problem carefully and objectively without being too strongly influenced by their feelings or overwhelmed by them.
    - They are then taught to inhibit the tendency, when faced with problems, to either do nothing or to respond on their first impulse.
    - They are then taught to collect the necessary information and generate alternative solutions before acting.
    - They are then taught how to analyse the alternative solutions they have generated, using critical reasoning, evaluate the consequences of each, and select the best.
    - They are then taught how to determine what behaviours are needed to enact the chosen solution.

Acting effectively on the best choice requires other cognitive and behavioural skills which require teaching the participants how to translate plans into action.

This includes expressing one's view in a prosocial manner that is assertive rather than aggressive, and to negotiate rather than demand.

In Session 3, the facilitators teach participants that the first step in problem solving is to recognise that a problem exists or is about to occur.

This is achieved by following the format applied in the previous two sessions – encouraging participants to attend to:

- Internal cues
  - physical reactions such as increased heartbeat, perspiration, tightness etc
  - feelings such as surprise, anxiety, anger, etc
  - cognitive functions such as concentrating, narrowing of thoughts etc.
- External cues
  - individual behaviour, verbalisations, facial expressions and other body language.

The session starts with an exercise inviting participants to try and solve the problem of an individual in a hypothetical situation. We have used the problem facing a goalkeeper in a soccer scenario but this could be substituted with a different sport or activity and the text amended accordingly. It is most important that facilitators select a picture of a scenario to catch the interest of the participants.

This session introduces a thinking tool called ‘SARA’. ‘SARA’ is a basic, four stage problem solving model that breaks the problem-solving process into four major steps:

1. scan
2. analyse
3. respond
4. assess.

It is a well-researched training technique that provides a balance between the large number of problem solving programs that oversimplify problem solving skills, and those programs that are impractical because they teach too many steps for the participant to remember or use in real life situations. Facilitators will teach more about the ‘SARA’ steps in later sessions and participants will be provided with a small ‘SARA’ card they can carry around with them.

The mystery game is introduced at the end of the session and is played at the end of subsequent sessions, provided there is sufficient time. The game requires participants to try to solve a problem that the facilitators presents, to introduce them to skills involved in effective problem solving, and that they will employ in future sessions.

A personalised approach

As indicated above, the program is designed to enable facilitators to teach ‘ST’ skills using not only problems the facilitators might think are relevant for the participants, but problems the participants are experiencing. To ensure privacy and confidentiality, this is done in a manner that enables the individual to have their problem discussed in the group without the group being aware it is their problem being discussed.

This is achieved by asking participants in Session 3 to complete a homework assignment that requires them to write, and hand in to the facilitators, a problem list detailing three problems they are currently experiencing. It is important this assignment is completed, as some of the problems on the problems list will be selected and used anonymously in future sessions, when the group will apply skills they have learned to help figure out how to solve some of the problems. It is therefore important that facilitators do not select problems that might identify participants or might lead to discussions that are likely to distract too much from the learning task.

This method personalises the program. It also enables participants to discover how others (including the facilitators) view the problem, and to hear suggestions of coping with the problem, as well as identifying alternative ways of thinking and potential methods of resolution.

Targets of treatment

Training goals for this session are for participants:

- Learn that to be successful, they need 'ST' skills – thinking, feeling and behaving skills.
- Learn that by practicing using 'ST' skills, they will be able to improve their 'Skilled Automatic Thinking'; allowing them to control their thinking, feeling and behaving.
- Recognise problem solving as an important 'ST' skill.
- Identify the first step of problem solving is recognising a problem exists. This requires them to pay attention to their thinking, feelings and behaviour, and those of other people.
- Learn that by using 'ST' skills, they will improve their ability to recognise problems and solve the problems when they are encountered.

3.4 Session 4: Managing thoughts and feelings – anger

Session 4 is the first session in the emotional control module. Individuals who have acquired prosocial cognitive skills can improve their ability to solve many of the interpersonal conflicts that would previously have led them to engage in antisocial or deviant behaviour. Moreover, they can avoid many problem situations before they develop. However, they cannot avoid all conflict. There will be times when the problems they encounter will lead them to be highly aroused both emotionally and physiologically.

Emotions are a crucial aspect of thinking. There are few thoughts without emotion; few emotions without thoughts. The emotion can be stronger than the thought, and can override the thought. It is imperative individuals learn to use cognitive techniques to manage their emotions so they are no longer overwhelmed by them. They must learn to manage their thinking and feelings so they do not act until the problem is well understood and the best solution determined.

A moderate level of emotional arousal (i.e. anger or anxiety) in problem situations is both natural and essential since it energises and can serve to motivate problem solving activity. However, strong feelings and high levels of arousal may interfere with an individual's application of cognitive skills which they have no difficulty using when calm. Emotional lability may be especially problematic for youths who lack experience in controlling their emotional states. R and R2 MHP program introduces helpful techniques in managing strong emotions, including anger, fear, anxiety and excitement. Strong, unstable emotions interfere with the learning process, thus the R and R2 MHP program teaches participants specific skills for managing emotions, that can be applied in subsequent sessions.

This session focuses on the emotion of anger. Anger is a characteristic of antisocial individuals with mental health problems, for several reasons; they may have a history of physical, sexual and/or emotional abuse and feel a strong sense of injustice and betrayal by primary caretakers and/or society; they have a history of harsh and punitive interpersonal relationships and have developed negative transactional expectations, hypersensitivity to perceived provocation and criticism, and respond in a confrontational style. Their cognitive deficits result in an interpersonal style that is rigid and concrete. They ruminate over perceived slights, and simmer, like a boiling kettle, until a final straw is drawn when they unpredictably erupt in an emotional outburst. Alcohol and drugs will disinhibit the individual's resistance to behave in a verbally and/or physically aggressive manner and exacerbate loss of control.

In large measure, success in social adaptation will depend on an ability to:

- respond to interpersonal conflict in a manner that effectively prevents individuals from becoming emotionally over aroused. This ability can be achieved in most situations by application of the 'ST' skills taught in this program
- prevent the escalation of their angry feelings, and preferably reduce them, in emotionally provoking situations. This is one focus of training in the session
- apply their 'ST' skills, even when their feelings of anger are high.

This ability can be developed in two ways:

1. Frequently practicing their cognitive skills so they become habitual, automatic responses to interpersonal stress
2. Practicing these skills under emotionally arousing conditions. This is why we suggest in training sessions the facilitators encourage highly intense, provocative discussions. We want participants to practice the application of the cognitive and behavioural skills they are being taught, under conditions corresponding as closely as possible to the emotionally charged situations they are likely to encounter outside of the sessions. However, facilitators must ensure the discussions do not become so heated they are no longer educational.

Training techniques

Facilitators want the participants to practice using all the skills taught in the program, as much as possible, in emotionally provoking, real life circumstances. However, before they can do so they must first learn how to manage their emotions so they can use them to assist in solving problems and to not be overwhelmed by their feelings of anger.

Session 4 focuses on the management of anger. Most participants can relate to this emotion. They will not be reluctant to admit they experience anger, and they will willingly discuss it. The session draws their attention to four skills, each of which are essential to enable them to control their anger response:

1. Recognising the physiological and psychological signs of anger by accurately monitoring their level of anger. This enables them to acquire some degree of control over their feelings. More importantly, they become aware of when their anger is beginning to ‘get out of hand’ so they can take appropriate action to reduce it. Many participants do not realise they are becoming angry until their anger is out of control.
2. Recognising the kinds of circumstances when they are most likely to feel angry, so they can act to avoid or effectively deal with such circumstances. Many participants are unaware there are certain situations and times when their anger is most likely to be experienced. These are high risk experiences that must be avoided or managed carefully, or the participants may relapse into antisocial behaviour.
3. Act to reduce the likelihood that such situations engender anger. Facilitators must teach participants to begin applying their ‘ST’ skills at the earliest possible opportunity to prevent, or reduce, the magnitude of the problem, and thereby reduce the level of anger it might engender.
4. Act to lower feelings of anger before this gets out of control.

In this session, the facilitators will focus on cognitions and have participants thinking about their thinking (metacognition) to help them to realise:

- how they think influences how they feel and how they behave
- by changing their thinking, they can change how they feel and how they behave.

There is a considerable body of research that demonstrates the linkage between thoughts and emotions (e.g. Burns, 1989; Ellis and Lange, 1994). The research makes it clear that our thoughts can cause us to have certain feelings. It is also clear that our emotions can cause us to have certain thoughts. The participants need to become more aware of both their thoughts and feelings, and the relationship between their thoughts, feelings and actions.

This session teaches participants they can control their anger, by their thinking. A goal of the session is to help them realise they, and not other people or circumstances, are in charge of all their feelings and behaviour.

This session is also designed to help participants realise how they think about people and events around them, determines to a considerable extent how they will be affected by those people and events.

The strategy of control self-talk is introduced and demonstrated in this session, in a group exercise. This involves the use of a paradoxical teaching technique, whereby the facilitators ask participants to think about things they could say to themselves to make them angrier. If they can make themselves feel angrier by talking to themselves, then they can make themselves feel less angry by talking to themselves. Once this idea has been established, the group then work on statements or 'self-talk' they can say to themselves to induce a calmer state.

Targets of treatment

The targets of treatment for this session are as follows:

- Learn to identify anger triggers – those situations and times when participants are most likely to get angry. Once these are identified the participants can avoid them or be prepared for them.
- Learn that drinking alcohol and/or taking illegal drugs can make their anger worse and harder to control.
- Learn to identify early warning signs of anger, for example, increased heart rate, sweaty palms, feelings of wanting to shout or swear or hit.
- Learn that by self-monitoring, and watching for those signs, participants can catch their anger early enough to do something about it – such as using 'ST' problem solving skills while still calm enough to do so.
- Learn to control feelings and behaviour by using 'Control 'self-talk'.

3.5 Session 5: Managing thoughts and feelings – anxiety

A primary goal of the R and R2 MHP program is to lead participants to increase their awareness of their internal states - their physiological responses, feelings, and thoughts. There are two sessions in the emotional control module where participants are taught how to manage their emotions. The previous session focused on anger, whereas the focus of this session is anxiety.

Anxiety is a common comorbid condition for individuals with mental health problems or severe mental illness, for four reasons:

1. specific performance anxiety, arising from lack of confidence and low self esteem
2. social anxiety, arising from concern regarding social evaluation
3. generalised anxiety, deriving from a history of disappointments and failed projects
4. phobic anxiety, resulting from long-term detention in institutional care and arising from dependence on professionally led supportive structures.

Severe anxiety interferes with cognitive functioning. Individuals may disproportionately attend to anxiety producing cues, and exacerbate cognitive problems. When feeling anxious, attention and memory problems, and speed of processing become much worse. We know anxiety leads to avoidance behaviour and may be misconstrued by others as lack of motivation or effort. It is not always possible to avoid anxiety provoking situations (classes, work, family gatherings). Therefore, it is important participants learn to deal with emotions holding them back and prevent achievement.

Training techniques

The session teaches participants to apply techniques taught in the previous session about anger, to cope with other strong emotional states. Facilitators apply the same training methods when teaching four essential skills, to help participants develop skills to manage other emotions, namely:

1. Recognising the physiological and psychological signs of anxiety. By accurately monitoring their own level of anxiety participants acquire some degree of control over it. They become aware of early indicators so that can take appropriate action to reduce anxiety and prevent the negative cycle of increasing anxiety and attentional impairment.

2. Recognising circumstances they are most likely to feel anxious in, so they can act to avoid or effectively deal with such circumstances. Being aware of anxiety provoking situations and times means they can prepare to cope with challenging tasks and/or demands, and optimise the possibility of achievement.
3. Act to reduce the likelihood that such situations engender anxiety. Facilitators must teach participants to begin applying their 'ST' skills at the earliest possible opportunity to prevent or reduce the magnitude of the problem, and thereby reduce the level of anxiety it might engender.
4. Act to lower feelings of anxiety before they get out of control. The goal of the session is to help participants realise they, and not other people or circumstances, are in charge of their feelings and behaviour, and to a considerable extent, their physiological states.

In Session 5, the facilitators introduce a second technique, the central control relaxation technique, as a strategy for coping with strong emotions. Facilitators should emphasise that both techniques, the control self-talk (taught in the previous session) and central control, will help participants cope with any strong emotions, whether these be anger, anxiety, fear, excitement etc. We have selected these two strategies as they can be quickly and successfully applied in reducing high levels of anxiety.

The central control technique teaches participants to maintain emotional control. There are many ways to elicit the relaxation response. Some of these are:

- diaphragmatic breathing
- repetitive prayer
- meditation
- progressive muscle relaxation body scan
- yoga stretching mindfulness imagery
- repetitive exercise.

All these techniques have two basic components. The first is a mental focusing device, such as the repetition of a word, sound, phrase, prayer, image; or a physical activity (such as watching your breath). The second is adopting a passive attitude and disregarding distracting thoughts.

Unfortunately, our experience has taught that most of the foregoing techniques require the individuals to engage in activities that many declare as boring. Most require individuals to practice the technique frequently before they become proficient in their use. Many antisocial individuals will not engage in such time-consuming activities.

In the R and R2 MHP program we teach participants a technique, diaphragmatic breathing, that is based on the research of Benson and Stuart (1992). Most individuals will find the technique acceptable because, it requires little expenditure of time or effort, it is a technique they can use in almost any situation, and they can immediately notice it works.

The strategy of central control is introduced and demonstrated in this session in a group exercise. To achieve this successfully the group must be quiet and serious. Some participants may tend to make fun of the exercise to cover their anxiety or embarrassment. We suggest asking all participants to turn their chairs to face the wall, so they are not in direct eye contact with others.

The assignment at the end of the session is to practice the techniques learnt in Sessions 4 and 5, control self-talk and central control. It is essential participants practice central control in relatively calm situations, before practicing in tense situations. Participants are instructed to gradually modify their practice from calm to tense situations.

Learning to control emotions is an important skill for participants to master as it will improve the likelihood of their engagement in a rational thinking process.

We advise facilitators to check regularly that participants are practicing and applying the new skills they have learnt. Specifically, we recommend facilitators:

- enquire at each session whether participants have been practicing, and ask for specific feedback
- frequently enquire as to how quickly participants have been able to calm down by using the techniques
- practice the techniques whenever appropriate during subsequent sessions using situations which arise in discussions, or situations suggested by participants. The participants can learn to practice it anywhere, and at any time, so it becomes a skill that is always there for them.

Targets of treatment

Targets of treatment for this session are as follows:

- Participants recognise when they get anxious
- Identify when and where they are likely to feel anxious
- Learn the central control technique
- Learn they can control their feelings and stay calm, by controlling what their body is doing.

3.6 Session 6: Improving impulse control

Session 6 is the third session in the neurocognitive skills module. Learning to control one's emotions and engage in a rational thinking process requires the inhibition of impulsive responding. Many people with mental health problems prefer short-term reward and immediate gratification. Their disorganised thinking and lack of engagement in a constructive decision-making process means they are unlikely to plan. These characteristics are associated with problems of executive function and linked to prefrontal cortical functions. They make judgments without analysis of the situation, and without consideration of the possible consequences of their intended actions. This is not to say they do not think. They do think, but this is often unskilled and antisocial. As a result, they often make errors and/or mistakes in their thinking. A faulty thinking process will inevitably lead to problems.

Individuals with mental health problems may act on an immediate thought or idea because they are averse to engaging in a thinking process, especially one involving consequential thinking. They may also become irritated and frustrated with the problem-solving process, and instead take a 'short cut' solution which may not be the best. Others have more direct difficulty with self-regulation of their emotions and/or impulses. They know they should not behave or respond in a certain way, but cannot inhibit the urge to do so. This is especially problematic if they act out in a verbally aggressive or physically aggressive way. This session focuses on teaching participants methods to improve impulse control using role-play techniques.

Training techniques

Session 6 begins with a psychoeducational component. The facilitators teach participants about the two aspects of impulsiveness:

1. Cognitive impulsiveness is a cognitive inhibitory process, resulting in planning deficits, forgetfulness, poor time management and impetuous behaviour.
2. Motor impulsiveness is a behavioural process, resulting in premature responding and over rapid responsiveness. This is usually associated with an excessive attraction to immediate reward.

The neurocognitive skills module includes sessions that will help participants develop control of both cognitive and motor impulsiveness. Earlier sessions introduced techniques to overcome concentration and memory problems, and later sessions teach and apply constructive planning strategies which help develop control for 'cognitive impulsiveness'. The focus of this session is to introduce and teach strategies to cope with problems more associated with 'motor impulsiveness'.

The session begins with a thumbs-up group exercise, which is based on a stop signal paradigm requiring an individual to inhibit a response after a stop signal. The aim of the exercise is to cue a prepotent response by training the individual to respond in a certain way to set instructions (e.g. thumbs up, thumbs down, run along). Facilitators then change the instructions and tell participants they should only respond to the instructions if these are preceded by the word 'now'. The exercise will demonstrate how participants have difficulty inhibiting the prepotent response by putting their thumbs up or down when the cue word (i.e. now) has not been given.

Methods are introduced to help individuals identify situations in which they may be vulnerable to responding in an impulsive way. A paradoxical training technique is applied by facilitators encouraging participants to think about what they would do to make an individual respond more impulsively a particular situation. This teaches individuals they can control behaviour. In the task the facilitators invite participants to consider how to make things worse. This is not to teach them how to induce bad behaviour, but to teach them if they can make behaviour worse, they can make it better by avoiding what makes it worse and applying opposing techniques.

Strategies of self-monitoring and self-restraint are outlined to encourage participants to engage in a thinking process. Stop and think and self-instructional training techniques are introduced to maximise self-control by engaging participants in self-talk to give themselves instructions to inhibit fast action and to guide problem resolution. Coping statements are built into the self-instructions to replace overly negative self-statements with more positive self-statements, and reward statements to reward participants for successful coping.

In the session, participants rehearse a stop and think process by engaging in role-plays using a four-step process: stop, think, go and reward. This process is cued by visual prompts ('STOP', 'THINK', 'GO' and 'STAR' signs) to inhibit thoughtless responding and encourage a stop and think process.

The role-play involves participants acting as movie directors who are making a movie which has a negative, antisocial ending. Participants decide when to stop the scene to change the ending so it is more positive and prosocial. The selected ending is constructed by the whole group working as a team. There are various possibilities and alternative endings, just as there are many personal and social consequences of most behaviours. Participants learn they can control their behaviour by engaging in a thinking process that guides acceptance or rejection of potential problem solutions.

Targets of treatment

Targets of treatment are as follows:

- Learn that self-talk can help participants feel calm and in control. This involves coping statements to help them feel better about mistakes or problems, instructions to correct themselves and guide themselves about what to do next, and reward statements to reward themselves for successful coping.
- Learn a procedure that will help them to 'stop and think'. This involves a four-step process: stop, think, go and reward.
- Learn that engaging in a thinking process will help participants think of alternative ways of behaving instead of acting on impulse.
- Learn that it is important to reward themselves for engaging in this process. This may simply be done by telling themselves they have done a good job.

3.7 Session 7: Scanning for information

Session 7 is the second session in the problem-solving module. If participants do not know what their problem is, they are not likely to be successful in solving it. Many of the participants will believe that if they have a problem, they will automatically know what the problem is. They are not alone in this thinking. Unfortunately, in many instances most of us do not have a clear understanding of many of the problems we experience, and often what we think our problem is, is not what it really is. Consequently, our efforts to solve it fail because we try to solve a problem that is not the one we face. Moreover, the problem we try to deal with is often only part of a larger problem.

Professionals who have studied counselling or therapy learn that a key part of their job is to help clients clarify what their problems are before they try to ascertain the cause(s) of the problem or try to help them find a solution. There is little point in discussing possible solutions to problems if we (and they) are not sure which problem we need to try to solve.

Anyone who has ever taken their car to a mechanic knows too well that a key to successful car repair is giving the mechanic all the information about what the car is doing or not doing. Mechanics should know what the problem is before they begin to fix it. If they do not have enough information about the problem, their work will probably be pointless and expensive. The same is true when we take our body to a doctor - we hope the doctor will try to obtain all the necessary information to clarify what our complaint is before sending us to the surgeon. The surgeon probably shares our hope.

Training techniques

In Session 7, facilitators will impress upon participants that, before they try to solve a problem, they must make sure they know what the problem is, and that they realise what they first assume or feel the problem to be, is often not what it really is.

After realising one has a problem or is about to experience one, an important step in effective problem solving is calmly, clearly and objectively stating what the problem is. Facilitators will teach participants how to do that in later sessions, but they must first teach them how to obtain reliable information to enable them to accurately determine what the problem is.

In this session facilitators teach participants that they must scan to obtain all the information. They must also make sure the information is valid. To do so they must distinguish between what are the facts and what is someone's opinion (or their own opinion). This is achieved using the 'SARA' model of problem solving. 'SARA' is a key component of problem oriented policing. It has been implemented and evaluated in crime prevention programs in both North America and the UK (Cohen, 2001; Eck, 1999; Shmelder et al, 2002).

Many, if not most, interpersonal conflicts stem from individuals failing to realise what they disagree with is not a matter of fact, but of opinion. The opinions hardest for the person to recognise as opinions, are those connected to one's core values. Often such opinions are considered fact, when there is little support for the position, or when it is impossible to prove or to disprove. In Session 7, facilitators will use many exercises teaching participants to recognise the difference between fact and opinion, including role-playing techniques.

One of the exercises involves engaging participants in a role-play about two people having a disagreement. Participants are asked to distinguish between the facts and opinions of the situation. The aim of the role-play is for participants to see that facts are necessary to ensure what we say is correct. Opinions may or may not be correct. Most disagreements and conflicts occur because people consider their opinions to be facts.

Targets of treatment

Training targets for this session are for participants to learn the following:

- Recognise when they have a problem, and to watch for the cues which tell them they have or are about to have a problem
- Realise that most problems usually involve themselves and other people
- Recognise the difference between facts and opinions
- Examine the problem carefully before acting, because what participants at first think may be the problem, may not be the real problem
- Learn that opinions and feelings are also important, but these must not be confused with facts
- Awareness of their own opinions and feelings, and to help them better manage them especially when they are in an argument with someone.

3.8 Session 8: Problem identification and thinking of solutions

Session 8 is the third session in the problem-solving module. When faced with problems, many participants have a limited repertoire of alternative solutions to deal with them. They seldom take the time to study the problem and consider alternative responses. Instead, they automatically respond to the problem in the same way they have responded to problems in the past. Their response is likely to be both rapid and ineffective. It is also likely to be antisocial.

The program aims to teach participants that they can, and should, think of new solutions, particularly prosocial solutions. Thinking of new solutions to a problem requires seeing the problem in new ways.

Many antisocial individuals with mental health problems or severe mental illness evidence cognitive rigidity - they stubbornly cling to their ideas regardless of contrary evidence. They persist in conceptualising new situations or problems in terms of views they developed from former situations, without considering the appropriateness, objectivity or adequacy of the old view for the new circumstances.

This cognitive inflexibility will give participants major difficulties in comprehending social problems, complex situations, or changing circumstances. It may also lead them to persist in behaviours that yield little benefit, but frequent punishment - consequences appearing to minutely influence their behaviour.

Cognitive inflexibility also leads to repetitive inappropriate or antisocial behaviour. The problem may be more than a lack of prosocial values. It may reflect a failure to develop alternative views of their world or conceptualise alternative ways of achieving their goals or solving their problems.

Rigid thinking may give participants a low level of tolerance for stress. When faced with change in their environment, their inability to change their thinking or to synthesise the new information with their former cognitive set, may lead to their being overwhelmed and may engender maladaptive and inappropriate behaviour.

They are often viewed as inflexible, stubborn, and unwilling to consider the ideas of other people. They may respond poorly to advice or counselling not only because of poor attitudes or poor motivation, but because their inability to alter their perspective makes them, in effect, impervious to new ideas - particularly other people's ideas.

Such perseveration of thinking may not be a matter of temperament - it often indicates they have a basic difficulty in forming alternative conceptualisations. They are 'imprisoned by their own ideas' and unwilling to consider other ideas, or other people's ideas. It may not be they are unwilling, they may be unable.

Additionally, many participants may be highly judgmental. They may have strong biases and fixed notions about what they think is worthwhile, and what they think is useless. Because of this, they frequently evidence a rush to judgement in which they accept or reject an idea without appearing to give it any more than an instantaneous consideration. In doing so, they fail to see the advantages and disadvantages of the idea.

Training techniques

Following on from 'SARA', and consistent with Shure's (2001) I Can Problem Solve model, having taught participants to scan and obtain information about the problem, and the thoughts and feelings of those involved, the facilitators will have laid the foundation for teaching, in Session 8, the analysis step in problem solving.

Having previously taught participants to interrupt a behaviourally impulsive response and engage in a stop and think process, facilitators must now teach more about interrupting a faulty thinking process. This means teaching participants to take the time to exercise skills that will enable them to clearly understand the problem.

Facilitators will point out how participants view and understand a problem will determine how they think they might try to solve it, and that an adequate analysis of a problem is essential to determining all the possible solutions.

This step requires participants to clearly identify the problem so they can then begin to think of appropriate solutions. Facilitators will teach participants to do so by making a statement of the problem that includes all the important (and no irrelevant) facts.

Alternative Thinking

People usually engage in sets, or learned patterns, of behaviour whether they be adaptive or maladaptive. In this session facilitators will be teaching participants an alternative to their rigidity - their tendency to one track thinking. (They believe the way they have always reacted to problems is the only way to act).

Facilitators will stress the necessity of avoiding impulsive decision making. They will teach participants that if they take time to think and analyse the problem, they will be able to think of many possible solutions rather than only the first one that occurs to them. Facilitators help participants to realise their usual way of responding to problems may be neither the only way nor the best way.

Facilitators teach participants that by taking a little time to think of other possible solutions they increase their chances of finding a good one, or the best one.

They teach participants to think of as many alternative solutions as they can. It is important facilitators stress what matters is the quantity of the possible solutions they can generate, regardless of their quality. This is a brainstorming session designed to help them generate thoughts, to be creative, not restrictive, rigid or impulsive. This is a staged process and facilitators will teach participants how to assess the quality of the solutions in subsequent sessions.

In this session, we have applied a technique developed by Edward de Bono (1980) and used in his ‘CORT’ program, to teach what he refers to as ‘lateral thinking’. This is creative thinking that enables the generation of new ideas, in contrast to more conventional thinking that tends to inhibit the production of ideas because of its dependence on fixed cognitive patterns. Many of de Bono’s techniques can be effectively used to help participants broaden their perception, enlarge their view of situations and people, and to think about more aspects and different ways of looking at them.

Facilitators teach the de Bono technique in the following manner:

1. Present the group with an idea, a proposal or a problem
2. Ask them to express their thoughts on it
3. Introduce them to a tool (PMI – Plus, Minus, Interesting) which enables them to consider it in a way that goes well beyond their previous thinking approach
4. Have them practice using the tool
5. Discuss the principles of the thinking process they have learned. Remember, it is not the content of the items which is important, it is the thinking which must be the focus of the session. The content is only a vehicle to stimulate thinking. It also gives participants something to think about during the time they take to stop and think.

The goal of this session is to teach participants to make their thinking deliberative rather than responsive, reasoned rather than reactive, open rather than closed minded, and responsive to a broad rather than a narrow perception of the situation. It has an additional purpose – to give participants a technique for examining the thinking of others.

This is reinforced in the homework assignment, by asking participants to examine others’ thinking. This will improve their awareness of their own thinking (through comparisons) and foster the development of ‘social perspective taking’.

Targets of treatment

Training targets for this session are for participants to learn the following:

- there are two skills involved in analysing problems: first, understanding the problem, and how to solve the problem; second, to recognise it is vital to get all the important facts and disregard irrelevant facts or opinions
- the PMI tool (Plus, Minus, Interesting); use it to facilitate participants to see all sides of an idea or problem solution and evaluate whether it is good or not.

3.9. Session 9: Detecting thinking errors

Session 9 is in the critical reasoning module. Throughout the program, you have been attempting to teach participants, among other things, to be open minded, as opposed to rigid, biased or egocentric in their thinking. You have stressed 'social perspective taking', in other words, thinking about what others are thinking.

Facilitators have presented critical thinking, primarily as a technique to help participants deal effectively with suggestions by others which might lead to antisocial behaviour. Many of these cognitive skills are taught in a different and more subtle manner in this session, which introduces participants to how they can apply critical reasoning skills and avoid being pressured or persuaded by people to do things they do not really want to. They can also use these skills to avoid being conned by people into illegal activities or dubious enticements aimed to defraud or manipulate them (e.g. 'get rich quick schemes').

While participants are antisocial individuals who have either engaged in antisocial aggressive behaviour, or have shown they are developing a propensity towards it, it should also be remembered they suffer from mental health problems causing them to experience cognitive vulnerabilities. Following long periods accommodated in institutions, many may lack confidence and feel anxious about: their ability to cope in a world which may have made considerable technological advances; the loss of professional and social support provided by the institution; and, in some situations, a potential vulnerability arising from social isolation and/or their return to a geographical area where they may experience notoriety and/or retaliation for past offences.

It may be difficult to break with past dysfunctional relationships and old habits. They may lack strength to resist peer pressure to reengage in a drug and/or offending culture.

Throughout the program, you have been teaching individuals how to think. An essential aspect of this is learning to think critically. Critical thinking does not mean finding fault with something or someone. Rather, it refers to a quality of thinking: thinking carefully, logically and rationally. The adjective, critical, is meant to indicate that the individual who uses such thinking can, and does, judge or evaluate their thinking and the thinking of others to ensure it is logical and rational - that the conclusions which are arrived at, or are presented, are without flaws in logic, and based on sufficient and correct information, rather than on biases, unwarranted assumptions, distortions of facts, or untested opinions.

Many antisocial individuals have never acquired critical thinking skills. Their thinking is driven by emotions rather than rationalisations. As a result, they evidence many erroneous beliefs and unreasonable attitudes which they cling to stubbornly and rigidly, impervious to new information (or advice or counselling) because they are unable to critically evaluate their own opinions.

Ironically, the same lack of critical reasoning may make them easily misled by others because they are unable to adequately judge the reasonableness of information and suggestions presented to them.

As participants become skilled at thinking critically, they will be in a better position to evaluate their own, and others, ideas, attitudes and actions. They will also tend to withhold judgments and consider all the evidence in a careful and orderly manner.

Training in critical reasoning fosters:

- intellectual curiosity (asking why, how, who, what, when and where)
- objectivity (relying on evidence and valid argument rather than emotional and subjective impressions)
- flexibility (avoiding dogma, rigidity and thinking one has all the answers)
- sound judgment (accepting conclusions as true, only after adequate evidence is available)
- open mindedness (considering statements even though they contradict cherished beliefs)
- relevance (avoiding irrelevancies)
- persistence (in seeking evidence)
- decisiveness (accepting conclusions only when evidence warrants it)
- respect for other points of view (humility and accurate consideration of contradictory views).

The acquisition of critical thinking skills will immeasurably improve ability to use all the social-cognitive skills taught in this program. Social behaviour will also improve because participants will learn to react to the statements of others (even contrary statements) rationally rather than emotionally, and to reason with others rather than argue with them.

We have been highly selective in developing the critical reasoning session and have included only those aspects of a comprehensive critical reasoning program which we feel will be of maximum benefit to most participants offenders. Our approach to teaching critical thinking reflects our approach to other cognitive skills; that is, to have offenders learn not by being told how to do it, but by doing it.

Training involves group discussions in which clients practice skills in four areas:

1. Persuasion - the ability to critically assess ideas presented to them by others (so they are less likely to be manipulated or conned).
2. Thinking errors - learning to detect errors in their own thinking, and that of others, which can lead to wrong conclusions (their own and others).
3. Assumptions, facts and inferences - learning to check the basic concepts (words, facts, opinions, etc.) being used in their thinking, and others' thinking, so they can fully understand what is being said.
4. Open mindedness - learning to suspend judgment and consider views, issues and arguments, other than one's own, before reaching a conclusion.

Training techniques

The skill we are going to practice is called critical reasoning. It's a skill which will help participants to recognise when someone - anyone - is trying to persuade them by manipulating information they are giving; they are being conned. Most of the cognitive skills taught so far in the program involve critical reasoning. Facilitators should not view the critical reasoning exercises as distinct, separate skills. The session should be viewed as an opportunity to practice and consolidate many of the skills taught in previous sessions.

It is important to reinforce the participants as they stop and think; tune into their own thinking and that of others; consider various points of view; obtain all the facts; and modify their views in light of the opinions of others. Training involves group discussions in which participants practice skills in identifying thinking errors - the ability to critically assess ideas presented to them (both by others and by themselves) so they are less likely to reach erroneous conclusions or be misled, or manipulated by them.

Targets of treatment

Training targets for this session are to help participants learn the following:

- to avoid being persuaded to do something they do not want to do, or something that can get them into trouble, they must check other people's ideas before accepting them
- learn this can be achieved by questioning ideas using 'Skilled Thinking' problem-solving skills including:
  - distinguishing between fact and opinion, asking questions
  - seeking more information by considering all the factors (CAF) and not just the one being presented, to think of consequences and alternatives
  - thinking about the motives of others, what do they really want and why?

3.10 Session 10: Recognising thoughts and feelings – nonverbal behaviour

Session 10 is the first session in the social skills and values module. An essential component in the development of positive interpersonal relationships is the recognition and understanding of the feelings of others. Unfortunately, this is a commonly underdeveloped skill in this population. In extreme situations, some people are so egocentric their behaviour is governed exclusively by how they feel and not at all by how others feel.

Consequently, participants are often handicapped in interpersonal problem solving because they fail to recognise, or they misinterpret, how others think or feel. As a result, they may fail to realise when they are about to encounter an interpersonal problem. Participants may fail to recognise the most obvious cues that should alert them to the possibility of problems arising. When they do recognise there is a problem, they often react without an adequate understanding of the problem because they are not aware of the feelings involved. To solve an interpersonal problem, it is essential we determine what the individuals involved are thinking and feeling, so we understand their position and can predict their reactions and determine how best to respond to them. However, people frequently do not express their thoughts and feelings verbally, so we must attempt to assess them based on other cues - including the cues they give through their body language.

Training techniques

In this session, the facilitators teach participants about the importance of nonverbal communication and how to interpret the nonverbal behaviour of other people (body language, facial expressions, gestures, body postures, etc.). Participants are taught, to identify and attend to the thoughts and feelings they have, and that others can understand nonverbal communication is important in interpersonal problem solving. A lack of skill in nonverbal communication can create problems for participants because they may misinterpret the feelings and intentions of other individuals. For example, it has been found that many antisocial individuals misinterpret the innocent body language of others as hostility. Their misattribution may trigger aggression or even violence, or they don't recognise expressions of fear and anger, and misinterpret these as signs of acquiescence.

In addition to teaching participants to use nonverbal communication skills to help them assess the thoughts and feelings of other people, facilitators also teach participants to be aware of how their own nonverbal behaviour may be interpreted or misinterpreted by others. Many participants do not realise their body language leads others to misinterpret their own feelings and intentions. The messages their body sends to others is frequently not what they wish to convey. Their postures, facial expressions and other aspects of their body language often turn people off. They may be rejected by others because of such nonverbal behaviour, even when they themselves have no intention of alienating other people.

Part of the problem is that many participants have difficulty in recognising or even considering how they themselves are feeling, because they are not tuned into their own internal states - their thoughts, feelings, and physiological responses.

A key focus of every session is to move the participants beyond an egocentric perspective (in which they judge people and events only in terms of how they affect themselves), to a consideration and appreciation of the feelings and needs of other people. Accordingly, facilitators are asked to help participants recognise the value in interpersonal conflict situations, of trying to understand how other people feel, and how people are likely to respond to the actions they are considering.

In Session 3, facilitators taught participants how to recognise when they have a problem or are about to experience one. In Sessions 4 and five 5 taught them to remain calm while trying to deal with problems. In Session 7 they taught them to identify what the problem is, they need to scan for reliable information by asking the right questions and to ensure they differentiate between fact, opinion and feeling. Facilitators continue in Session 9 to teach participants to scan for information. Specifically, to scan for information about their own and other people's feelings on the matters involved. A key skill in dealing with people is recognising and considering how other people think and feel.

Many of the exercises throughout the program are designed to teach participants to engage in a process of introspection by self-monitoring, and to think about their thinking and their feelings. If participants do not recognise their feelings, it is unlikely they will be able to control them. Session 9 aims to engage participants in exercises in which they must think about what they are feeling as well as about how they can communicate those feelings to others through their body language. This is a skill that will not only help them in problem situations, but also in their everyday lives.

Some of the content of this session is taken from The Diversity Tool Kit (Gardenswarts and Rowe, 1993) which was developed by experts in intercultural training. Facilitators must make it clear that nonverbal communication is by no means an exact science.

Many gestures and postures are easily misinterpreted. There are many cultural differences in how people communicate nonverbally that must be considered in interpreting what various forms of body language mean. On completion of these exercises, participants will see, in a fun way, how important nonverbal behaviour is, but they will also learn how one can easily be led astray without adequate information.

Targets of treatment

Training targets for this session are to help participants:

- learn that feelings and thoughts are communicated by body language
- use body language, and read body language correctly - this involves paying close attention to postures, gestures, facial expressions and tone of voice
- learn it is important to practice these skills as it is easy to misinterpret body language
- avoid making assumptions about what a person is feeling or thinking as these may be wrong, but to stick to the facts of what they know
- to remember there are cultural differences in how people express feelings.

3.11 Session 11: Recognising thoughts and feelings – social perspective taking

Session 11 is the second session in the social skills and values module. There is little sense in teaching cognitive skills (or any other kind of skills) to antisocial individual unless one also teaches values. Otherwise, the program may only produce skilled antisocial individuals.

The R and R2 MHP program does not promote prosocial moral judgment by cajoling, lecturing or preaching. We engage participants in dialogues, in which they are led to realise the values we wish them to adopt are not simply society's rules that they believe are designed only to control them personally. We want them to understand and appreciate these values enable them to develop more satisfying relationships with other people. The values have value for themselves as well as for others.

We agree with those who argue that in our complex society there is no universally accepted system of values. There is considerable disagreement about fundamental principles or morality and ethics. Values which may be correct for one group may be repudiated by other groups.

Values are relative to subgroups and even to individuals within subgroups. Values are also relative to place and circumstances, and change frequently in a rapidly changing world.

We believe there is one universal value all individuals should adopt: concern for the feelings of other people. It is this value we believe must be taught to people with antisocial behaviour. It is this value that is the focus of our program, and the primary target of our values enhancement approach.

Our general approach to teaching social perspective taking and empathy is to continually challenge the participant's egocentric feeling and thinking, and to guide and stimulate participants into considering the views, wishes, attitudes and feelings of other people. This is reinforced at the end of each session with the dilemmas game.

Moral emotions

A recent development in the study of values has been a shift away from a moral reasoning model that views values as cognitions, to a model that views morality as an emotional process. As Haidt (2001; 2007) has argued, moral judgment is as much, or more of, an emotional process as it is a rational process. The new understanding of the relationship between values and emotions is discussed in detail in Time to Think Again (Ross and Hilborn, 2006).

Some writers suggest that emotional reactions are the driving force of moral judgment, and that moral reasoning is often post-hoc rationalisation (Haidt 2003). Haidt defines a moral emotion as those emotions linked to the interests or welfare either of society , or at least of other persons. As he points out:

> Whether the moral emotions are ultimately shown to be the servants, masters, or equal partners of moral reasoning, it is clear that they do a tremendous amount of work in the creation and daily functioning of human morality (Haidt, 2003).

The increased interest in moral emotions is part of the move to a more positive psychology (Seligman and Csikszentmihalyi, 1999) in which the emphasis is on positive youth development. Research makes it clear that youths need to develop a good understanding of their own emotions as well as a better perception of what others are thinking and feeling - those are the cornerstones of prosocial values.

Many individuals with mental health problems, especially youth, are frequently overwhelmed by their emotions. Many others are not tuned into their emotions. They are not aware their thinking is frequently coloured and/or clouded by their feelings and that their behaviour is controlled by their feelings. Others are unable to differentiate between different emotions and are unable to label them. They feel them, but they do not know what they are.

The implications for value enhancement are quite clear. The development of moral emotions is more important than the traditional emphasis on moral reasoning. It is vital that a person's feelings be explored as much as their moral reasoning, in fostering the development of their concern for other people's thoughts and feelings.

The distinction we are making is like the distinction John Braithwaite (1989) pointed out between shaming that stigmatises, and shaming that can be redintegrative. We want the person who has engaged in antisocial behaviour to feel appropriate shame over their actions, without experiencing social exclusion or stigmatisation. This distinction is critical for models of restorative justice. It is also critical for value enhancement. The evaluation of one's behaviour must be done by the individual, it is unlikely to occur when imposed by authorities, particularly those who do not have the respect of the transgressor.

We do not increase motivation by telling participants they are bad or immoral. Such stigmatising does not work in the treatment of substance abusers, smokers, or overeaters; nor does it work with antisocial behaviour.

We want participants to start to reflect on their thoughts, feelings and actions, as well as the thoughts, feelings and actions of others so their interpersonal perspective taking is improved. The consequence of such increased competency is an increase in moral emotions.

Training techniques

Session 11 is designed to ensure participants are engaged in activities requiring them to think about the feelings of others. We expose them to social and cognitive conflict by creating situations in which they find they are in conflict with themselves about what they believe is just and fair, and in conflict with the ideas of others. In these situations, the participants come to seriously question and examine their values and, more important, they are impelled to consider the points of view of other people.

The primary objective of this session is to teach social perspective taking. The facilitators engage participants in an activity designed to stimulate them to think beyond their narrow egocentric perspective, by considering the points of view of others i.e. the characters in the dilemma and the other members of the group. To aid participants in remembering to think of other people's point of view, in this session the facilitators introduce participants to the OPV (Other Peoples' Point of View) thinking tool (de Bono, 1980). When participants do not consider the point of view of others, facilitators must always encourage them to do so; though when they do, the facilitators must reinforce them positively.

Session 11 presents a specific values enhancement component in an exercise involving a step-by-step process. Participants are presented with a moral dilemma about an elderly couple, Joe and Thelma. They are invited to consider what the individuals in the moral dilemma are feeling, and to reflect on what they themselves feel as they consider the moral dilemma. Each participant states their position and the reasons for taking that position. If necessary, additional information is provided by the facilitators, which is designed to increase the likelihood that there will be conflicts of opinion within the group and, therefore, a basis for discussion.

The session provides excellent opportunities for the facilitators and participants to observe the thinking and feeling skills of others. The moral dilemma provides participants with good practice in avoiding impulsive thinking, critical reasoning, and problem solving (particularly defining the problem, and considering alternatives and consequences). Accordingly, without interfering with the primary purpose of the discussion, facilitators should take advantage of the opportunity to reinforce participants when they use the social reasoning skills they have been taught in other sessions or, when they do not, remind and encourage them to apply these techniques.

Some of the best discussions are those which continue after the session finishes, that is, when a participant talks to other participants or non-participants about the issues or simply talks to him/herself. We have selected this particular dilemma because its impact tends to linger.

Alternative dilemmas

We recommend facilitators substitute another dilemma if the one presented is not appropriate to the group. Bear in mind that a substitute should be provocative and likely to engender conflict in the group.

Remember, the content is not the important matter. The purpose is to tune participants into thinking, (and feeling) about the thinking and feelings of others (social perspective taking); then reflect or think about their own thinking and feelings.

Targets of treatment

Training targets for this session are for participants to:

- learn that a moral emotion is when we hear or see what someone has done and we have an emotional reaction making us want to do something about it
- recognise that some moral emotions are positive, while some are negative
- recognise their own feelings so they can separate feelings from thinking
- learn that to get along with other people and respect them, it is important to try to understand the other person's thoughts and feelings, and not simply think of their own feelings
- learn to use the 'OPV' thinking tool. This means thinking about 'Other People's Point of View'.

3.12 Session 12: Consequential thinking

Session 12 is the fourth session in the problem-solving module. We aim to teach participants to think before they act, as opposed to what they usually do which is to act rather than to think. All too often when an idea or a desire strikes them, they respond without stopping to consider whether, or how, they should respond. When faced with a problem or conflict, they are less likely to think about the situation and more likely to react to it.

Of course, participants use their automatic thinking, as most of us do, most of the time. The problem arises not only because their thinking is automatic but because it is likely to be unskilled. They have not yet learned skilled thinking, or practiced it enough to become automatic. They will often make poor choices that may be antisocial or even criminal in nature.

Reacting is often more rewarding than reasoning (at least in the short-term). It is also easier to do. Their experience may have taught them that the faster they act, the faster the anxiety associated with the problem goes away (at least for the moment). Stopping to think and analyse the situation may serve to prolong the anxiety, particularly if the participant lacks the ability to use analysis and reflection to think of an adequate solution to problems.

Many participants appear to fail to think before they act; they also fail to think after they act. They do not reflect on their behaviour and its effects, and, therefore, even when they experience negative consequences such as punishment they do not learn to modify their behaviour. Many lack the cognitive skills for long-term and short-term planning. Their thinking is not for years ahead, sometimes not even for minutes ahead.

It is untrue to suggest that participants will not think of the potential consequences of antisocial behaviour. They tend to think only of the short-term and positive consequences. Moreover, they often think only of the consequences for themselves, not for others.

One of the aims of R and R2 MHP program is to help participants gain self-control by teaching them to deliberately create a delay between impulse and response. They are trained to insert between impulse and action, a temporal gap which allows them time to think through the situation and their possible responses to it. This will provide participants with an opportunity to use verbal mediation or self-talk to regulate their behaviour, that is, to think through alternative responses verbally, or to intentionally rehearse them before acting. We teach them that reflection and reasoning can guide their feelings and behaviour, and help them control their environment. However, it is essential to teach them not only the benefits of such thinking for themselves. We must also teach them to go beyond that egocentric position to consider the benefits of their thinking, for others.

Training techniques

In previous sessions facilitators taught participants to start to engage in alternative thinking. That is, to think of many possible solutions to a problem to increase the likelihood they might think of a good one. In this session, they are taught that one way to judge the adequacy of potential solutions is to think of the consequences of these solutions, that is, the immediate and longer-term advantages and disadvantages of their actions for themselves, for other people, and for society. The goal is to help participants understand how to arrive at the best solution.

In this session, facilitators teach participants to consider consequences of their behaviour – both immediate and longer-term consequences. Although participants will be taught to think of the consequences of their intended actions, they will also be helped to enlarge their perspective beyond the immediate by thinking about the long-term consequences of their decisions and their actions. This is achieved by introducing two thinking tools; ‘C and S’ (Consequences and Sequels) and ‘CFO’ (Consequences for Others). Participants rehearse using these thinking tools by applying them to a problem the facilitators have previously selected from the problem list submitted in their assignment for Session 3. It is important the problem selected be anonymous. Nevertheless, this personalises the program and participants will be aware they are working together to resolve a real problem (and most likely one that is common to many of the participants).

Practicing thinking of consequences and sequels both for themselves and others continues in the session as participants are led to consider the plight of a young woman, Susan, whose child has been placed in care because she has a drug problem. Participants discuss how Susan can resolve her problem, and are encouraged to pay attention to the short-term and long-term consequences of the solutions considered.

Facilitators will teach participants that, although the short-term consequences of a decision or action may be attractive, the long-term sequels may be bad. By taking a long-term perspective, they may come to realise their immediate decisions or actions are less attractive. Similarly, by recognising positive long-term sequels, participants may be motivated to complete less attractive steps towards achieving them. Good long-term sequels may make an idea with negative short-term consequences much more attractive.

To broaden the participants' perspective well beyond the egocentric, facilitators will teach participants to consider the consequences of their behaviour, not only for themselves and for others, but for society.

Targets of treatment

Targets of treatment for this session are:

- Learn to consider the implications of problem solutions. This includes thinking about both the short-term and long-term consequences.
- Learn to use the 'C and S' thinking tool. This means thinking about consequences and sequels.
- Learn to use the 'CFO' thinking tool. This means thinking about the consequences for others.

3.13 Session 13: Recognising thoughts and feelings – empathy

Session 13 is the third session in the Social Skills and Values module. Research reviewed in 'Time to Think Again' (Ross and Hilborn, 2007) established that many antisocial individuals are egocentric – they see the world only from their own perspective and are unaware or unconcerned about how others think or feel. Their preoccupation with their personal needs and desires leads them to frequently act in ways that disregard the needs or the feelings of others. Their egocentricity is reflected in their lack of concern of how their behaviour affects other people – including the people who are harmed by their antisocial acts. It also means they are perceived by others as not taking responsibility for their behaviour. This characteristic prevents them from forming close personal relationships that can help them when they are having difficulties and can serve to discourage them from engaging in antisocial behaviour.

Facilitators stimulate participants throughout the program to think about the thinking, feeling and behaviour of others, both in the group and beyond, to foster social perspective taking – a prosocial skill that is a requirement for the development of prosocial competence and is the antithesis of egocentricity. In this session, facilitators take this one step further by discussing victimisation, both primary and secondary.

Training techniques

Throughout the program, facilitators have been building on the skills they have taught, and participants have practiced these in discussion and debate in the dilemmas game. In this exercise, participants have engaged in a process of creative thinking, and have practiced consequential thinking and listening skills. Session 12 requires participants to develop their debating skills further by including two provocative exercises that encourage them to think about the perspectives and feelings of victims.

The first exercise is the balloon debate. This exercise encourages creative thinking, debating and listening skills. The balloon debate is one in which a group of participants attempt to win the approval of their co-participants. It involves a hypothetical situation in which the participants, who have taken on the role of a famous person of their choice, imagine they are in a hot air balloon which is too heavy and rapidly losing height. Each participant must justify why they should not be thrown out of the balloon, even though doing so would save the remainder of the passengers.

In the balloon debate, the group is divided into two subgroups - survivors and victims. Each subgroup is asked to consider their feelings and thinking, as well as the feelings and thinking of the other group. The facilitators lead participants to compare the answers generated by the two subgroups in order to lead them to understand the feelings of others who are less fortunate (the victims), and the feelings of guilt the survivors might feel. The object of the exercise is to develop empathy. It is also designed to lead participants to recognise feelings of guilt.

These concepts are developed in a second exercise when participants view a mock television interview of a woman who is a victim of an armed robbery. In small group discussions, participants consider the feelings of the victim and her feelings towards the armed robber. The exercise introduces participants to the issue of secondary victimisation by encouraging them to think beyond the vignette and consider how the outcome might affect the victim's life in the longer term, and whether there were additional victims of the crime.

Participants are encouraged, in exercise two, to take the perspective of a person, who is someone else (i.e. not themselves), who has been hurt physically and emotionally. They are asked to think about the wider social perspective. The exercise is designed to lead participants to think about the needs and feelings of others, and develop an awareness of how their own behaviour affects other people, rather than viewing the world only from their own perspective.

Targets of treatment

Training goals for this session are:

- Learn that what we say, and do, has an impact on others. It affects those directly involved but may also indirectly affect others.
- Recognise that if participants do or say something they don't feel good about, they may feel sorry.
- Identify that feeling sorry or feeling remorse is a passing feeling – when we feel this way we can move on and put the experience behind us.
- Learn that when we do something negative to another person it affects how we feel badly about ourselves, this is called guilt. This differs from remorse in two ways:
    1) guilt usually involves a judgment we make about our own behaviour
    2) guilt doesn't go away quickly. It can be long lasting. This means we may feel bad about ourselves for a long time.

3.14 Session 14: Constructive planning

Session 14 is the fourth, and last, session in the neurocognitive skills module. Success in our goal-oriented society requires an ability to set targets of achievement and meet time-limited deadlines. This means individuals need to set realistic, achievable goals, and develop constructive plans. This requires the application of skills many participants will not have. They will need to initiate and organise constructive plans, create appropriate steps to achieve goals, monitor and adjust plans when necessary. This involves the skill to self-monitor performance by thinking divergently (e.g. to stand back and make an appraisal) and to think convergently (e.g. to focus on details). Participants must learn to shift their perspective. Often, they 'can't see the wood for the trees', but they need to learn to see both the smaller and larger perspectives, that is, they need to see the trees and the wood.

Participants are likely to perform better on structured tasks or work activities, when they know exactly what is expected of them and/or what they must do. They may succeed in situations in which they have clear instructions, especially when the task is straightforward or concrete. However, they have great difficulty in more complicated, unstructured situations in which they are solely responsible for initiation, planning and organisation. They are especially likely to procrastinate, or find it so difficult to organise themselves that they don't know where to start. They will quickly become exhausted just by thinking about the effort. In this session facilitators teach them to set goals, self-impose structure and organise tasks.

A major problem is that participants will frequently set unrealistic, overwhelming goals that seem impossible to meet. They do not break future long-term targets into separate goals, then break these down further into smaller achievable steps.

The role of the PAL is essential in motivating and encouraging the individual to complete homework assignments, and transfer skills learned in the group to outside of the group. Participants will need support to do this, as the skills they need to learn will not come naturally.

Resistance and procrastination will be easier to sustain than motivation and effort. However, successful achievement of plans and goals is a reward in itself. One of the facilitators' goals is for participants to experience the feeling of pride.

One important obstacle to this goal is that participants may not be able to stand back and identify their own strengths and weaknesses. They may have difficulty monitoring and evaluating their own behaviour. This failure to self-correct, or change behaviour, often leads to failure in education, work and social settings.

Training techniques

In this session, facilitators teach participants to make and achieve plans. They teach them to impose structure on their time, evaluate goals and set them out into smaller progressive steps to progress toward their goal. Participants are taught to self-monitor and review their progress, and to stand back and re-evaluate progress.

This is achieved in three exercises. Exercises one and two teach participants to identify aims, goals and steps. In the third exercise they will prioritise steps and schedule them in a diary or day planner. Facilitators teach the skills by introducing a new thinking tool, 'STEP-UP'. STEP-UP teaches participants to sequentially structure and prioritise tasks to be completed to achieve an overarching goal or target as follows:

Set goals

Transform goals

Estimate time for goals

Prioritise tasks

Use a schedule

Plan rewards.

An important component to the process is including in their plan, a reward system to positively reinforce their success. Learning to structure their time and adopt time management techniques will help participants take control and learn what it feels like to successfully finish tasks and achieve goals.

The session ends on an exercise requiring participants to make a diary plan for the week for 'Steven', who needs to complete a set of tasks during the week. To complete this exercise, participants need to study a script and make notes, identify Steven's goals, break these down into steps, then prioritise them. This exercise is completed in small groups with the facilitators observing and prompting, where appropriate.

The exercise is followed by a group discussion. If facilitators feel exercise four of this session is too complicated, or demanding, for participants to complete in small groups, it can be completed as a large group exercise with facilitators leading the exercise and helping participants to develop the week planner. If the exercise is to be conducted this way, facilitators need to have prepared beforehand a poster sized version of the diary week planner sheet.

Targets of treatment

Training goals for this session are:

1. Learn when planning, there must be a clear, achievable goal in mind.
2. Learn to achieve a set goal. Participants must break this down into smaller steps. Then they must estimate how long it will take to achieve each step, prioritise tasks and schedule a sequence in which they will do the tasks.
3. Recognise it is important to include breaks and rewards when making the schedule.

3.15 Session 15: Managing conflict

Session 15 is the fifth session in the problem-solving module. The behaviour of many of the participants will have in the past led them into conflict with other individuals. As a result, their interpersonal relationships are frequently strained and contentious. Sadly, even in today's enlightened society, mental illness is not without its stigma and inaccurate lay beliefs. Individuals with severe mental illness often must deal with the projected anxieties of others, including insensitivity, fear and anguish. These are emotions often masked by an uncaring attitude or a confrontational manner. This expectation, together with their cognitive limitations, may mean participants will be reactive and hypersensitive. They may misconstrue the intentions of others and perceive hostility, even where it does not exist.

Unfortunately, many participants lack necessary skills to deal with conflict in a calm and reasonable way. Their reactions may be thoughtless, oppositional and/or confrontational, which is unlikely to foster the cooperation of others. They may be viewed by others as provocative and this may foster hostility which, in turn, can lead the individuals to retaliate by engaging in antisocial behaviours that further escalate the conflict.

In this session, facilitators teach participants about the use of an effective technique for dealing with interpersonal conflict. The conflict resolution approach introduced is one we have developed based on the vast literature on ways to reduce conflict in schools, business (e.g. union management dispute resolution), courts (negotiation vs. litigation), and in international dispute resolution.

The research on violence conducted by Lockwood, Crawford and Bodine (1992) served as the conceptual basis for this session. These authors demonstrated that in the largest portion of violent incidents (an act carried out with the intention or perceived intention of physically injuring another person) the opening move involved a relatively minor affront and escalated from there. Lockwood et al. concluded that reducing the occurrence of opening moves is the most promising approach to preventing conflict from escalating. It is critical participants learn prosocial skills for dealing with conflict and that they be encouraged to exercise such skills as soon as they encounter conflict.

Training techniques

In this session, facilitators introduce participants to a method of conflict management teaching them how to apply most of the 'ST' skills they have been taught, to enable them to resolve the conflicts they encounter, in a prosocial way. This approach will offer them an alternative to the argumentative, belligerent, hostile, abrasive, possibly violent or physical solutions they may have used in the past. This is taught by facilitators selecting from the problem list (completed by participants in their assignment for Session 3) an appropriate interpersonal problem requiring conflict resolution. Again, it is important the problem selected be anonymous.

Participants are taught a sequence of negotiation steps that aim to reduce the conflict, and negotiate a solution based on compromise. These steps are then applied in exercises. The first one uses an example, 'Brian', which is about a young man who has had an argument with his brother over money. The second uses an (anonymous) interpersonal problem the facilitators select from the problem list. By using an appropriate problem from the problem list the facilitators personalise the program. It is essential facilitators select a problem commonly experienced by the group. In so doing, the participants can apply the skills learned during the program to take steps required to resolve the problem in a meaningful way. Participants will learn how to apply techniques to difficulties they will face in future.

Participants are taught it is important to use their critical reasoning skills to identify assumptions made by themselves and by others. Unless they can do this, they may be arguing about opinions and not facts. The session ends by teaching participants to consider alternative options open to the parties, that may avoid conflict and lead to compromise. They are taught to assert their view and negotiate a solution.

Targets of treatment

Training targets for this session are:

- Learn to deal with conflicts by using the 'ST' skills been taught in this program:
  - recognise there is a problem
  - stay calm
  - separate fact and opinion.
- Recognise the problem is not the person – the problem is the person's problem.
- Learn to clearly identify the problem and consider how people feel.
- Think of alternatives.
- Assertively negotiate a solution that works for both parties, using the negotiation steps outlined in the session.

3.16 Session 16: Making choices

Session 16 is the last session in the problem-solving module. In this final session participants draw on all aspects learned during the program in an analysis of a real life care scenario. Social perspective taking is emphasised throughout the session and is also designed to serve as a values enhancement exercise.

Our approach to the analysis of the example illustrates our view that problems should be viewed not only in terms of the individual's psychopathology, but also on a wider perspective including the cognitive, behavioural, and situational factors that are operative. The R and R2 MHP program is not a disease model, nor is it a deficit model. It is an educational model. The participants – and the student in this tragic example – are viewed not simply as maladjusted or immoral individuals, but as individuals whose cognitive emotional skills are not adequate to the task of enabling them to make prosocial choices that might lead to favourable consequences.

Training techniques

The example is a modification of a real event, when a disgruntled student shot and killed eighteen people in a school, then shot and killed himself. Facilitators lead participants through the story of the event in such a way that they can realise how the student's poor cognitive, emotional, and problem-solving skills created more problems for him and many innocent individuals.

Facilitators lead participants back to the beginning of the story and involve them in applying the 'ST' skills taught, to consider how the student and his school could have dealt with his problems so an effective and prosocial solution might have been found to deal them.

Participants are asked not only to critique the youth's problem-solving efforts, but to realise how the failure of others to adequately identify his problems and consider the possible consequences of his actions, magnified his problems with tragic results. They are led to realise the far reaching negative consequences of the student's poor problem-solving skills and his egocentric values.

They are then asked to generate alternative solutions to his problems. In doing so, they are asked to follow the steps in the 'SARA' model. Next, they develop a plan to achieve a constructive goal using the STEP-UP technique. Participants deconstruct the event, then reconstruct it, using the time management, organisation, planning and scheduling techniques taught earlier in the program. They are led to apply tools taught in earlier sessions: Other Person's Point of View (OPV) and Consequences and Sequels (C and S).

Endings

This is the final session of the main program and facilitators must acknowledge that participants will have bonded and formed relationships as they progressed during the program. Even participants with varying backgrounds will have learned that they share much in common with other members of the group. Facilitators should address the completion of the group's journey with a final fun exercise which aims to end the program on a positive note. For this exercise all participants (and facilitators) have a piece of paper, attached with sticky tape, to their back. Participants are invited to write something positive on the paper about the group member. This may include something they have been impressed by, something they have particularly learned from a person or it may simply say how they feel about them. Participants end up with a list of positive comments about themselves, on the piece of paper.

Graduation

Facilitators should conclude the program with a brief graduation ceremony as deemed appropriate by the agency. This might include a formal presentation of the certificate of achievement and/or some other tangible reward to reinforce participants for their efforts and accomplishments.

Targets of treatment

Targets of treatment for this session are:

- Recognise that one poor judgment can lead to a chain of problems, each one being worse than the last.
- Learn that by following the 'SARA' problem solving steps and applying a constructive plan using 'STEP-UP', problems can be prevented from ending in tragedy.
- Reflect on previous sessions during which participants have learned to:
  - stop and think before acting
  - control their emotions
  - develop better social relationships and think about life from a different person's view
  - evaluate what they hear i.e. what is fact and what is opinion
  - resolve difficulties and challenges they may face in the future
  - make constructive plans to successfully achieve goals.

3.17 Booster sessions

Good practice in the delivery of many cognitive-behavioural treatment programs involve the provision of follow up or booster sessions. Accordingly, we have introduced a three-session booster program which runs as a supplement to the main R and R2 MHP program.

- Booster Session 1: Improving attention, memory and emotional control.
  This session draws on material taught in Sessions 1, 2, 3 and 4 of the main program.
- Booster Session 2: Problem solving.
  This session draws on material taught in Sessions 6, 8 and 13 of the main program.
- Booster Session 3: Constructive planning.
  This session draws on material taught in Sessions 14 and 15 of the main program.

The purpose of these sessions is to remind participants of the skills they learned from participating in the main program and to further consolidate and reinforce these skills. The booster sessions provide additional and longer-term support to individuals who are learning new skills. As in the rest of the program, the booster sessions involve practicing coping strategies and participation in role-plays. Additionally, the booster sessions review the lessons learned in previous sessions, by drawing on material brought to the sessions by the participants themselves. For example, participants are asked to anonymously hand in three problems to the facilitators and these problems form the basis for applying and rehearsing problem-solving techniques. This makes it possible for the booster program to be run many times, as the material will differ and specifically relate to that group.

The frequency with which to run the booster program is at the discretion of the providing agency. For example, it could be run at frequent intervals of six months or more, or on an ad hoc basis. We recommend boosters be run six to twelve months following completion of the main program, and are repeated on an annual or biannual basis.

Booster sessions are run in a similar format to the main program. Each session is preceded by an introduction for facilitators section, which briefly outlines the session and lists all the material required to run it. There then follows the training procedure. The booster sessions have their own participant workbooks. The PAL's role is not explicitly included in the booster program although there is no reason why this may not be continued. However, exclusion of PAL meetings mean the booster program may be run more intensively, for example, once a day for three days.

Booster Session 1: Improving attention, memory and emotional control

This session reviews how to improve concentration and memory skills. It is important to reiterate these skills to ensure the participants are focused on what is being taught within the sessions. The participants are reminded of strategies to help overcome and control internal and external sources of distraction. This is achieved, for example, by introducing motivational and self-instructional techniques and by outlining how to make changes to the environment to make it one that will optimise performance. Facilitators review the various techniques and generate discussion about which techniques have been tried by participants; what was helpful; what was less helpful and why. The booster sessions introduce an information sharing model with participants exchanging their experiences.

The second half of Booster Session 1 reviews the emotional control techniques: control self-talk and central control. The goal is to remind participants they, and not other people or circumstances, are in charge of their feelings and behaviour. Although control self-talk is presented as an anger management technique and central control as a strategy to cope with anxiety, facilitators should emphasise that both techniques will help participants to cope with strong emotions, whether these be anger, anxiety, fear, excitement etc.

Booster Session 2: Problem solving

This session reviews problem solving techniques. Participants are reminded of techniques to help prevent them from acting on impulse and engage instead in rational decision making and considering alternative possibilities. Participants practice stop and think and self-instructional training techniques in the movie director role-play. These techniques are reintroduced to rehearse self-control and inhibit rapid action and reaction. Participants then shift from resolving role-play problems in the first half of the session, to real life problems with relevance to the group, in the second half. For the second half of the session, facilitators must select appropriate problems from the participants' problem list generated from the Booster Session 1 homework assignment. We suggest that facilitators supplement problems generated by the participants with some they have collected from previous sessions, in the event some are unsuitable for the purpose.

Participants are reintroduced to the PMI (Plus, Minus, Interesting) thinking tool to evaluate the quality of each problem solution. Facilitators also revisit the 'C and S' (Consequences and Sequels) and 'CFOs' (Consequences For Others) acronyms to remind participants to evaluate solutions by thinking of the impact that solutions will have on themselves and others.

Booster Session 3: Constructive planning

This session covers a lot of material. It is important that facilitators are efficient in their time management. This also means facilitators will be able to model structure and time management to participants. In this session, facilitators need to cover three important exercises. The first being an exercise about Richard, a man who needs to organise himself by setting goals and steps, and then prioritise them to plan a course of action. In the second exercise, participants apply these skills to their own problems (one selected from the problem list completed for Booster Session 1 homework assignment). The third exercise is the balloon debate, which takes place after the break.

The first half of this session refreshes participants on constructive planning techniques. This will involve participants being asked to plan the solution to a problem, by setting goals and breaking them down into smaller achievable steps.

To achieve this aim, facilitators must select appropriate problems from the participants' problem list generated from Booster Session 1 homework assignment, that is, one which can be broken down and involves an aspect of planning.

Participants are reintroduced to the 'STEP-UP' thinking tool which is a cue to aid participants, and progressively work towards achieving a determined goal, by sequentially structuring and prioritising tasks and rehearsing time management skills. This includes a reward for the successful completion of intermediate steps. Practicing to structure time in this way will reinforce feelings of control, and teach participants mastery, that is, what it feels like to finish tasks and achieve goals.

It is important the session ends on a positive note. Our objective is not to leave participants feeling unhappy. Our objective is for participants to feel they have developed better control over their thoughts, feelings and behaviour. We aim to empower participants by developing their self confidence in making change for the better, and direct their future in a positive way. The second half of the session revisits the popular balloon debate exercise which encourages participants to practice creative thinking, debating and listening skills, in a fun way. The balloon debate also gives participants the opportunity to practice social perspective taking and to develop greater insight into the feelings of others.

The booster sessions end with an important homework assignment. Participants are asked to make a list of goals they wish to attain in the coming months, and break these down into small achievable steps. They are asked to make plans, prioritise steps and schedule these in their diary. The assignment can be reviewed in future booster sessions attended by the participant, with facilitators paying special attention to pitfalls and obstacles that have prevented them achieving their goals. It will be important that participants have set realistic and achievable goals. The greatest reward will be success.

4. The role of the PAL

The R and R2 MHP program adds a new component to the original R and R program, with the introduction of the PAL (Participant's Aid for Learning). The role of the PAL is very important and will strongly influence how much the participant will benefit from the program.

4.1 The mentoring role

The PAL is a coach who works in partnership with the participant (and with the facilitators) to help the program be more productive. The mentoring role is essential and designed to respond to several major shortcomings that research has identified as common among offender rehabilitation programs (Ross and Hilborn, 2006):

- **Generalisation** – although the performance of participants attending treatment programs may indicate they have acquired the social competencies and values that the program aims to teach, participants may not transfer these skills to their life outside of the group. By attending regular meetings with their PAL, participants will be supported and encouraged to apply and rehearse their newly acquired skills beyond the classroom.
- **Attrition** – many offenders fail to complete programs they enter. They frequently fail to attend sessions or complete the required out of class assignments. This is problematic for programs delivered in community settings. PAL's can help to alleviate this problem by encouraging participants to attend sessions or, where appropriate, ensuring they do so by supporting them in homework assignments and by helping to maintain interest and motivation. By learning that real gains can be achieved in their daily lives, participants will be more motivated to attend. Success reinforces success. The coaching role has been reported to be successful in improving completion rates in personality disordered forensic patients (Jones and Hollin, 2004).
- **Isolation** – the failure of many programs that seek to help antisocial individuals acquire prosocial skills has been attributed to the fact that some settings and regimes, such as correctional settings, may not be conducive for treatment, by imposing too much time in the cell and providing little time for individuals to seek support from peers or staff (Friendship, Falshaw and Beech, 2003). PAL's can help counter the social isolation of the institution. The PAL also provides a bridge between facilitators and participants, as well group sessions and daily routine. This fosters collaborative, multidisciplinary team work in addition to erecting supportive scaffolding around the individual.

The primary role of the PAL is to encourage and support the participant in transferring skills learned in the group to their everyday life beyond the group. PAL's can also function as prosocial models for participants. A growing body of research demonstrates that one factor which contributes to the effectiveness of programs designed to reduce antisocial behaviour, is prosocial modelling (Andrews and Bonta, 1994; Lambert and Bergin, 1992; Strupp and Howard, 1992; Trotter, 1999). PAL's who communicate empathic understanding, genuineness, positive regard and respect, warmth, and concreteness of expression can promote client change. Those core characteristics are basic to effective helping relationships (e.g., Wallace, 1986). They are also basic elements in developing the client's motivation for change (Miller and Rollnick, 2002).

4.2 Appointment of the PAL

We strongly recommend that participants are involved and/or consulted in the appointment of the PAL. Best practice would be that the participant is asked to propose a PAL prior to commencing the program. A PAL can be a parent, spouse, friend, partner, probation officer, mentor, tutor, nurse or other staff member in an institution or an agency involved in the supervision, or care, of the participant. Proposed PAL's must be contacted by the facilitators to determine their suitability, to confirm their availability, and to explain the role of the PAL. Once the PAL has been selected and approved, PAL's should be contacted by the participant to confirm their agreement. This sets the stage for a collaborative alliance.

However, care must be taken in the assignment of the PAL, as not only must they have the appropriate skills to effectively take on the role, they must also be individuals who can adopt an appropriate style, that is, they must not intimidate or pose any threat to the safety of vulnerable participants. PAL's must encourage participants to recognise that they can make gains themselves. Their role is that of supporter and helper who aims to foster confidence and 'self-efficacy'.

This cannot be achieved if the PAL is overbearing or pressurises the participant, and/or takes a judgmental or authoritarian stance.

For individuals with literacy problems, the role of the PAL may need to be extended for the PAL to read and revise session summaries and homework assignments.

For staff taking on the PAL role, we do not envisage that this role will add additional obligations beyond the remit of their normal working practice. Acting as a PAL is not intended to be a chore or a time-consuming task. The PAL is not expected to attend sessions with the participant. Indeed, the PAL is not allowed to attend the group sessions for reasons of confidentiality. However, the PAL must have regular contact with the participant, as it is a minimum requirement that they meet once between each session to discuss the previous session and the homework assigned in that session. The frequency of contact between the PAL and participant will be determined by the frequency of the group sessions. It is up to the participant to work at the program both in and out of sessions. Nevertheless, this is a minimum requirement, as the more time and effort PAL's can give to supporting participants as they move from theory to practice, and apply the skills in their daily life, the better the outcome will be for the participant.

If a PAL is unable to meet with the participant for some reason, or must stop undertaking the PAL role, then a PAL substitution can be made. However, it is preferable to maintain as much consistency as possible throughout the program.

4.3 The PAL's guide

The role of the PAL is to support and encourage the participant outside of the sixteen-session program. The PAL's task is to help the participant transfer the skills they are learning in the group into their daily life. To achieve this, the PAL is provided with the PAL's guide which gives a short outline of each session, the homework assignment, and suggested questions that will form the basis for discussion and encourage the participant to transfer skills and knowledge. The outline of each session in the PAL's guide is deliberately brief as the intention is for the participant to tell the PAL about the session. However, the PAL should not discuss session content with the participant before the session is delivered.

The PAL's guide specifies the following:

- Set appointments to meet with the participant between each session, and ask the participant to tell them a bit about the session. The best way of learning a subject is to teach it to someone else, so the PAL encourages the participant to teach the PAL what the participant learned in the session.
- Help, in an important way, by making suggestions as to how the participant can apply what they have learned from the session to their daily routine. The aim is for the participant to introduce new techniques and skills into their everyday life (the PAL's guide gives ideas about how this can be achieved). This helps the transfer of skills and makes the program seem more personal.
- Participants have an assignment to complete each week. The PAL reminds participants of their assignment and checks it has been completed before the next session. However, the homework assignment is the responsibility of the participant and the PAL should not force the participant to do it, or watch over them while they do it. If the participant wants their help, that's fine – but the PAL shouldn't do it for them. They remind participants to do it and support them by asking if they need any help, but they do not do it for them.
- The PAL ensures the participant is prepared for the next session, and checks they have scheduled the time and the date into a diary, and reminds him/her to arrive punctually.
- It is important the PAL gives the participant positive reinforcement in the form of encouragement and praise, when they notice them making the effort to practice new skills.
- PAL's who establish high quality relationships with participants by demonstrating enthusiasm, genuineness, empathy and caring, can be important elements in the success of the program.

The PAL is not expected to have in-depth knowledge of the skills and techniques the participant has learned in the sessions. Facilitators should inform both participants and PAL's that it is the participant's responsibility to teach the PAL what they have learned within the session. This is done not only because the best way to learn something is to teach it to someone else. It is also done because it engages participants in playing the role of a teacher who has skills they can impart to others. The role reversal from participant to teacher also increases the participants' self-efficacy - they find they can teach skills to other people. This leads the participants to view themselves as individuals who have the skills the facilitators have taught them.

Feedback from the PAL's to the facilitators will help the facilitators monitor individual needs and progress. It will be helpful for facilitators to know, for example, if a participant is having difficulty understanding a concept or is lacking in motivation outside of the group. Feedback also provides facilitators with the opportunity to make minor modifications or adaptations to their style of delivery. However, we have not prescribed or recommended a set amount of contact between facilitators and PAL's, nor the mode of contact, nor the structure (i.e. whether this be on an as needed basis or more formal with regular meetings). We leave this to the discretion of the organisation or agency delivering the program, as we believe it is for the individual agency to determine what is most appropriate (and practical) regarding contact between facilitators and PAL's.

5. The role of the facilitators

The success of all R and R programs depend in large on the quality of the facilitators. Facilitators should not view themselves as lecturers providing information, missionaries inculcating values, therapists trying to counsel people, or as entertainers there to provide stimulation and enjoyment for the participants' leisure time. Facilitators must be teachers in all the positive senses of that term.

Facilitators must not only be task givers but also group leaders and resource persons. They must listen as well, and as often, as they speak. They must not only provide structure to the group but manage it. They must stimulate, challenge and encourage. Most importantly, they must empathise and reinforce effort.

A manualised program

The highly structured R and R2 MHP program with its detailed and scripted program manual, has been designed in such a way that individuals with good cognitive, emotional and interpersonal skills, and motivation can effectively deliver the program. The manual provides detailed, step by step instructions for delivering the R and R2 MHP program. However, it must not be viewed as a cookbook that provides a recipe anyone can follow to the letter, and expect to deliver an effective program. The manual describes the essential ingredients for the program and indicates how these ingredients should be prepared and served. However, a successful program requires more than that. It requires a good cook who knows not only how to follow a recipe but also how to modify it to suit the characteristics of their clientele, and how to present it in a form that is appetising.

Training DVD

We have supplemented the program materials with a training DVD. We strongly recommend new facilitators watch the DVD several times before delivering program sessions, and at periodic intervals review the DVD to ensure program integrity. It may be helpful to watch the training DVD with colleagues to discuss aspects of the training and/or compare past experience. The DVD was filmed at a real training workshop run by Dr Young, one of the program authors, and attended by professional staff. All members of staff attending the workshop gave consent for the training to be filmed and used for this purpose.

5.1 Training and accreditation

This section describes the Cognitive Centre of Canada's training requirements to deliver the R and R2 MHP program, the training models they provide and the accreditation process. First, we define the roles and training requirements for facilitators, co-facilitators, instructors and associates as follows:

- Facilitators – individuals accredited by the Cognitive Centre of Canada to deliver the program to clients.
- Co-facilitators – individuals trained in program delivery by the Cognitive Centre but have not yet been fully accredited as facilitators. Co-facilitators assist facilitators in the delivery of the program (facilitators may also serve in the co training role when required).
- Instructors – experienced facilitators who have been accredited by the Cognitive Centre of Canada to train staff in their agency, on the delivery of the program to clients. Instructors may train staff only in their own agency and do so with the knowledge and approval of the Cognitive Centre. The instructor must ensure a program kit has been ordered from the Cognitive Centre of Canada for each trainee. Accreditation involves the applicant arranging and co-teaching a training workshop for new trainees with Dr Young or Dr Ross.
- Associates – experienced facilitators accredited by the Cognitive Centre of Canada to train individuals in their own or other agencies. They may do so only with the knowledge and approval of, and under contract to, the Cognitive Centre of Canada. The associate must ensure a program kit from the Cognitive Centre of Canada has been ordered for each trainee.

The best and most economical way for individuals to hone their skills in delivering the program (or any other program) is to practice delivering it. The R and R2 MHP program materials have been designed to serve as a 'workshop in a book'. They articulate the principles and practice of the program, provide detailed step by step instructions for teaching each session, and provide a script to guide the delivery of the program to clients in a manner that maintains program integrity. The detailed instructions enable managers and program evaluators to assess program integrity by observing whether the program is being delivered in a manner consistent with the program principles and practices. The program kit includes a DVD that presents Dr Young modelling the delivery of parts of the program.

However, training in the delivery of the program is an essential prerequisite for effective program delivery to clients, and this can be obtained through a variety of onsite and distance learning training programs that can be designed and arranged to suit the requirements of agencies or individuals. All training must be arranged through the Cognitive Centre of Canada.

Only accredited facilitators, instructors and associates may order replacement materials.

NOTE: It is both unethical and unwise for individuals to deliver the program who have not been trained in its delivery by Dr Young , Dr Ross, or one of their experienced instructors or associates.

The following program demonstration and training models are available:

- **Program demonstrations**
  Dr Young and/or Dr Ross conduct one-day presentations several times a year in various locations in various countries, during which the program model and the research on which it is based are described, and the delivery of key parts of the program are demonstrated by the authors and/or their highly trained associates. Demonstrations involve some members of the audience playing the role of clients. Video presentations of program delivery are also presented and discussed. Registered participants may order a personal copy of the copyrighted program materials from the Cognitive Centre of Canada, that will enable them to deliver the program to two to three groups of clients. This will enable them to gain experience in delivering the program a few times to clients in their agency, before applying for accreditation, in order to assess, at first hand, the benefits of the program for their clients and to enable the agency to decide whether they wish to adopt the program.
  Note: Only accredited facilitators, instructors and associates can order replacement materials that will enable an agency to deliver the program beyond the three times made possible by the materials ordered at the one-day demonstration. Attendance at a one-day demonstration does not accredit individuals as facilitators. However, participants may earn accreditation as facilitators from the Cognitive Centre of Canada by participating in one of the following two training programs.

- **Training leading to accreditation**

  - **Distance learning**
    Individuals who have attended a one-day demonstration and wish to obtain training and accreditation as a facilitator, may do so through a distance learning model which enables training on an individual basis. After delivering the program to two or three groups of clients, using the materials ordered at the one-day demonstration, the individual sends videos of their delivery of five assigned sessions to the Cognitive Centre. These videos are carefully assessed by Dr Young or Dr Ross who provide detailed feedback on the individual's delivery.
    Note: If the agency's practice does not allow videotaping of clients and/or in scenarios where clients do not agree to being videotaped, the video need not include audio footage of clients but video footage only of the individual delivering the program.

  - **Training workshops**
    Intensive three-day group training workshops conducted by Dr Young, Dr Ross or their associates can be arranged, to accommodate the needs of individuals or agencies. These workshops are designed for individuals who have not attended a lecture/demonstration, or for those who have attended a lecture/demonstration and wish to receive additional training leading to accreditation in a group format.
    During the workshops, selected sessions from each of the program modules are modelled by one of the program authors, or one of their associates, and participants practice preparing and delivering other sessions to the group members who assume the role of clients.

- Participants receive detailed feedback on their presentations not only from the workshop leader but also from other group members.
  These workshops can be conducted either onsite or at other locations that enable reasonable travel for participants. To ensure adequate individual attention can be given to each participant, workshops are limited to 15 places.
  Each participant attending a training workshop receives a personal copy of the facilitator's kit. Each participant receives a certificate of completion from the instructor at the end of the workshop. Following the workshop, participants may apply to the Cognitive Centre of Canada for accreditation as a facilitator. This will be granted on the recommendation of the workshop lead instructor.

- **Follow up training**
  Onsite, small group (12-15), follow up or booster training sessions (one or two day) can be arranged on request. These enable one of the program authors, or one of their associates, to observe and provide feedback to individuals who have earned accreditation. The instructor observes the individuals, either in live or in videotaped presentations, delivery of selected sessions and provides, in group or private, feedback to the presenter. These sessions are also observed by other individuals in the group and all participate in group discussions that give additional feedback and reinforcement to the presenter.

- **Accreditation as an instructor**
  In order for agencies to be able to train other members of their staff, selected individuals who have adequate experience in delivering R and R2 MHP program may apply for accreditation by Dr Young or Dr Ross as instructors who can train new facilitators in their agency, by applying to the Cognitive Centre of Canada with proof of facilitator accreditation; videotapes of assigned samples of their program delivery; a current C.V.; and a history of their experience in delivering the R and R program. They must arrange and co-teach a workshop with Dr Young or Dr Ross. Everyone they train must have a personal copy of the program materials. Trainees can subsequently proceed to earn accreditation through participation in distance learning or by attending a training workshop.

- **Accreditation as an associate**
  Selected instructors may be appointed by Dr Ross or Dr Young as associates authorised to represent them in the training of prospective facilitators in other agencies. Associates operate under contract to the Cognitive Centre of Canada. Each trainee (i.e. those attending training conducted by associates) must have a personal copy of the program materials and can subsequently proceed to earn accreditation through participation in distance learning or by attending a training workshop.

Requests for training

Further information about training and/or requests for training must be directed to the Cognitive Centre of Canada, the publisher of the R and R2 materials.

Cognitive Centre of Canada Suite 204, 200 Rideau Terrace Ottawa Canada K1M0S3

Phone/Fax: 613 741 8928 email cognitivecentre@gmail.com

Dr Ross, University of Ottawa email rross@uottawa.ca

5.2 Facilitator characteristics

Development of the R and R programs have always been guided by the assumption that in order to have a major impact in reducing antisocial behaviour, an effective rehabilitation program must be able to be delivered not only by highly specialised mental health professionals, but by line staff. There are simply not enough psychiatrists, psychologists or social workers (or enough funds to support them) to enable a program which requires their services to be delivered to enough clients to enable the program to achieve a major impact in reducing antisocial behaviour.

In accordance with that perspective, R and R2 MHP program has been designed so it can be delivered, not only by mental health professionals, but by a wide variety of individuals, regardless of their academic or professional background, provided they are trained to deliver the program, and have the following abilities and personal characteristics:

- Above average verbal skills.
- Ability to relate positively and empathetically to participants (particularly those who are antisocial), while maintaining a relationship which does not compromise the rules, regulations and mission of the parents, teachers, or social agency involved in the supervision or treatment of the clients.
- Sensitivity to group dynamics, an ability to stimulate groups, promote interest and high activity levels while maintaining adequate control.
- Ability to confront participants without demeaning them.
- Above average interpersonal skills, in particular the social/cognitive skills facilitators wish participants to acquire for example, empathy (vs. egocentricity), effective problem solving, effective organisation and planning skills, well developed values, rational and logical reasoning, and openness to new ideas (vs. rigidity).
- Experience in managing groups of individuals who may be poorly motivated, hostile or aggressive.
- Humility – willingness to consider views (of both participants and program developers) which may jibe with their own.
- Understanding of the program model.
- Enthusiasm.

Teaching, not preaching

The goal of all R and R programs is not simply to communicate information. Limiting training to providing information is not likely to be an effective means of improving the participants' prosocial competence. Facilitators involve participants throughout the program in a process in which they are led to question the effectiveness of their current approach to problems, and to question their value assumptions about a range of interpersonal and social issues.

The R and R2 MHP program is primarily based on the principles of experiential learning. However, a variety of training materials and teaching techniques have been built into the program to optimise the learning of a broad range of participants with different learning styles. In general, the program has been designed to enable participants to learn cognitive skills and values through a discovery process rather than a didactic process. It is designed not only to have participants know about these skills and values, but to practice them both in the group, and in and out of class assignments, so they become an integral part of their thinking and behavioural repertoire.

5.3 Style of delivery

The ideal atmosphere for the R and R2 MHP program group is markedly different from that of many other educational or training programs. It is stimulating, but unsettling. It is thought provoking, but frustrating. The program materials and activities were carefully selected to ensure they will stimulate conflict for participants between antisocial beliefs, attitudes, values and behavioural choices, and prosocial alternatives. They were also chosen for their potential for stimulating conflict and debate among the participants. Exposure to conflict is essential for cognitive growth (Ross and Hilborn, 2006).

Facilitators ask many questions but give few answers. Facilitators frequently leave issues unresolved. It is neither the issue nor the answer that is important. It is the process of reasoning that matters. When answers are provided and closure is achieved, thinking ends.

To stimulate a high level of cognitive activity, sessions are conducted at a brisk pace and participants may become argumentative, loud and emotional. However, the sessions must be controlled. The facilitators must always maintain control, not only to prevent the participants from becoming unruly, but to focus the attention of the participants.

Facilitators should facilitate but refrain from taking an active part in discussions. It may take a long time to settle an issue a facilitator could have settled in minutes. Facilitators must balance the need to cover the session materials in a timely way, yet give participants time to think and let them settle their own differences of opinion and do their own arguing. The facilitator's job is to encourage participants to think, not to do the thinking for them.

Although many interesting issues are discussed, the focus of the discussions should not be the issues per se. Facilitators must continually focus the group's attention and activity on the targeted cognitive process, no matter how fascinating the discussion of the issues become. They must not go off on a tangent or allow the participants to do so. If this happens, facilitators should reorient the group to the process by means such as summarising the discussion, asking questions, and/or drawing attention to the PowerPoint slide.

If, in any session, participants question the value of debating an issue, this may indicate they have become too focused on the content of the session rather than on the process or skill being taught. Facilitators should explain the purpose again and make it relevant by using examples that relate the skill to situations or experiences familiar to participants.

R and R2 programs are client centred not facilitator centred. Facilitators should not express their personal opinions except in the following circumstances:

- they need to do so to stimulate thinking
- participants are genuinely interested in knowing what the trainer thinks. If the trainer is pressed to state their opinion after an issue is settled, then a direct answer is in order
- if participants' arguments lead facilitators to change their opinion on an issue, they should tell them they have changed their view, whether or not they are asked.

Although facilitators should avoid expressing their own opinions, this does not mean they should refrain from telling a participant what are prosocial alternatives to the antisocial views the participant may voice. Facilitators must lead participants to recognise when their view is antisocial and should suggest a prosocial alternative. For example, when playing the dilemmas game, the group might vote for the antisocial position to win. In that case, facilitators should summarise the debate from both positions' perspective and state his or her opinion of the prosocial position. Participants should be reminded that the objective is to vote for the most favourable position. Participants must leave the group knowing what the correct course of action would be if they were to be in that situation.

5.4 Prosocial modelling

Research reported by Andrews (1980) and confirmed by Trotter (1999) has clearly demonstrated the value of prosocial modelling in working with involuntary or resistant clients. Facilitators who wish participants in the R and R2 MHP program to acquire prosocial skills, attitudes and behaviours they are teaching must always model the interpersonal cognitive skills and values they wish the participants to acquire.

Facilitators must model the empathy they seek to instil in their clients. When participants feel they are understood they are more able to share their perceptions and feelings with others. Moreover, when they perceive empathy being expressed by facilitators, they become more open to challenges by the facilitators about their values and behaviours.

The facilitators' expression of empathy may also lead participants to become more comfortable in examining their ambivalence about change, and less likely to deny their problems or blame others for them.

Facilitators' expression of accurate understanding of the participants' experiences facilitates change. However, empathy is not enough. Trotter (1999) has reported research that indicates prosocial modelling is more important than empathy in motivating antisocial individuals to develop prosocial attitudes and behaviour.

There are two core components of effective prosocial modelling.

1. **Reinforcement**.
   Effective prosocial modelling requires deliberately and clearly reinforcing, with strong and emphatic statements of approval, the client's prosocial verbalisations and prosocial behaviour. Reinforcing prosocial behaviour requires facilitators to possess a wide variety of reinforcers and should include not only explicit complimentary verbal comments but also nonverbal communications such as eye contact or approving smiles. They should make clear, the reason why their approval is being offered and specifically indicate what it is that is being approved.
   Many participants will have received little encouragement, reinforcement or even recognition when they have evidenced prosocial attitudes or behaviour in the past. It is more likely they will have received reinforcement by their peers for their antisocial verbalisations and behaviours. The participants' antisocial verbalisations and actions have most likely drawn the attention of others. In R and R2 programs, facilitators must reverse this process. Specifically, facilitators must reinforce participants for their expression of prosocial sentiments, attitudes, values or behaviour.
   Facilitators must reinforce participants for both achievement and effort. It is not necessary for a participant to give a correct answer in an exercise to receive a congratulatory, supportive or encouraging comment from the facilitators. We wish to encourage participants to think, not require that they think perfectly. Although participants cannot always give correct answers, they can and must be reinforced for trying, or for raising interesting, important points or ideas.
   Participants should not be criticised for producing poor ideas, but encouraged to produce better ones. However, the impression should not be created that any answer will do, since participants would then feel the answers are not important. Participants who give absurd answers or silly answers indicating they are not putting much serious effort into the session should be corrected.

2. **Correction of antisocial verbalisations and behaviours**.
   Empathy is not the same as sympathy. Research indicates empathy may be essential but when empathy is misguided then facilitators need to correct this, or empathy may reinforce the individual's antisocial beliefs, attitudes and behaviour by creating the impression they are accepted (Andrews and Kiessling, 1980). Correcting requires facilitators to draw attention to the negative consequences of antisocial behaviour and verbalisations, not only for the perpetrator, but also for their victims and society. It includes the facilitators' rejecting participants' excuses and rationalisations for antisocial acts, and rejecting the participants' verbalisations of their acceptance of rule violations, or statements that indicate their approval of behaviours that reflect disregard or disrespect of the law. These are factors known to reliably predict future antisocial behaviour (Andrews and Bonta, 1994; Gendreau, Little and Goggin, 1996). They comprise a set of attitudes, values, beliefs, and behaviours that minimise the value of prosocial activities, such as education, work, stable relationships, and law-abiding behaviours; or justify the use of violence, aggression, alcohol and drugs, and other antisocial behaviours (Gendreau, Goggin, and Paparossi, 1996).
   Facilitators should not simply ignore antisocial expressions or behaviours. Facilitators should indicate they do not approve of such behaviour. However, they must do this not with a 'big stick' but with a quick subtle jab that makes the disapproval clear, but equally avoids giving the behaviour undue attention. Facilitators should elaborate the reason for their disapproval and lead the participant to suggest prosocial alternatives.
   Correcting can be accomplished by verbal statements of disapproval, or by nonverbal communications such as a frown or decreased interest that communicates disapproval.
   Correcting does not mean demeaning. It does not require confrontation. It requires challenging participants to think about their behaviour and their values. It involves supporting and encouraging participants as they examine their own conduct and ask themselves if their behaviour reflects antisocial values.
   Correction should be done in such a way as to complement the goals of training. For example, the facilitators might comment on how the participant could have used another (socially skilled) way of expressing their point, or note that the behaviour does not seem to contribute to the group problem solving activity, or suggest they would be more likely to have their position accepted by choosing an alternative means of expressing their point of view.
   Correcting must be conducted within the context of a caring, genuine and empathic relationship, such that facilitators can minimise client retaliation, lowered motivation, or withdrawal from the program.

Expressing disapproval is more effective in an atmosphere of trust and mutual caring, particularly when reinforcing statements well outnumber disapproving ones. The aim of correcting the participants' antisocial behaviour is not simply to reprimand, but to encourage participants to engage in a cognitive process – to stimulate them to think again.

5.5 Prosocial role taking

One very effective way to increase the motivation of participants is to encourage and invite them to share in the training tasks. It is not necessary, for example, that facilitators lead all the discussions, or for that matter, all the sessions. Whenever possible, facilitators should have the participants lead discussions or conduct part, or all of, a session (provided they have sufficient competence). There are enough tasks to be performed in the sessions to make it possible for most participants to be assigned responsibility for some. As much as possible, participants should be encouraged to identify with the program and to feel they have an important role to play in it. It is essential that each participant feels she/he is an active participant in training. Participants are likely to get more out of their training if they are treated as helpers rather than helpees. Such assignments may increase achievement, since, as the adage reminds us, the best way to learn something is to teach it.

Research in social psychology suggests that if you can subtly get people to behave in ways in which they do not normally behave (as modelled by others, e.g. facilitators), they will come to attribute to themselves the characteristics of people who behave in these ways. This can be achieved by involving participants in assuming teaching roles in the group.

We also recommend, wherever practical, that arrangements be made to engage participants in voluntary activities such as community service workers, helpers, teachers or peer counsellors, with individuals who may have problems even more severe than their own. They should be encouraged to use the problem-solving skills they have learned in the program, while acting in these roles. Many participants, when placed in such roles, come to see themselves in a very different light - they come to see themselves as prosocial rather than antisocial. Moreover, they often come to appreciate the value of prosocial behaviour - they begin to recognise the rewards it can bring them. Finally, they can acquire and practice social skills that can serve as alternatives to their antisocial behaviour.

5.6 Setting rules

Facilitators and/or the facilitators' agency, during the initial interview, must establish and communicate to each participant any rules the facilitator or his agency have established for the program, including how facilitators will respond to unexcused absences or failure to do assignments. Rules might also be established regarding how to respond to racist, sexist, and other remarks or behaviours that demean other participants.

Session 1 includes a rules exercise. By participating in the exercise, participants will feel they have been involved in the creation of the group rules. This will prevent participants from instantly rejecting the rules simply for the sake of being oppositional. The rules are included in the participant workbook as a point of reference for them. In addition to those suggested, participants should be given the opportunity to propose additional rules relevant to their group and that they believe are essential. We suggest this be done not as a formal part of the first session but at any time the need arises.

Although the program introduces some basic rules, our view is that the number of rules should be kept to a minimum. We believe many participants who at other times would engage in antisocial behaviours or verbalisations, will not display them during the program but will refrain only because program rules forbid it. Consequently, during the program, facilitators lose the opportunity to correct such antisocial behaviour and thereby lose a valuable educational opportunity. For example, we have deliberately left out a rule where only one person speaks at a time, so that when this occurs the facilitators can discuss with the group the advisability of establishing a one at a time rule and can do so in a cooperative way through which participants can learn the value of rules. To foster the conflict required to develop cognitive, emotional and behavioural skills, the group atmosphere must be fast paced, lively, argumentative, and emotional. Too many rules may limit the heated discussions that are essential to the learning process.

Many programs impose a rule that matters discussed in the group must be confidential. Our experience tells us that such rules are bound to be broken either deliberately or accidentally. Such breaches are highly disruptive to the group process. Our view is that participants should be told the truth, that confidentiality cannot be guaranteed.

It is most important that facilitators reinforce the rules throughout the sessions. We recommend facilitators remind participants to switch off their cell phones at the beginning of every session in order to minimise potential distractions and sources of irritation.

5.7 Overcoming motivational problems

The R and R2 MHP program has been developed for use with both youth and adult populations, but must be run in age appropriate groups. When conducted with younger participants, facilitators should bear in mind that all adolescents are in transition. As such, they may evidence a considerable amount of ambivalence in their attitudes and behaviour. For example, at times they demand to be treated as adults and to enjoy the independence and autonomy of adulthood, whereas, at other times they are dependent and seek the support of adults. These, and other apparently contradictory behaviours, are normal characteristics of adolescents as they experiment with new roles in their path to adulthood. Another characteristic of normal adolescence is their rejection of authority and opposition to adult inspired values. Adolescence involves much experimentation, testing of limits and risk taking.

It is important to distinguish between the occasional experimentation and emotional lability and volatility demonstrated by most youths, and the enduring patterns of dangerous or troublesome behaviours exhibited by some youths.

The program is designed to be delivered to youths as well as adults, and this subset of youth may be moving into patterns of antisocial behaviours which involve more extreme risk taking and greater opposition to adult prosocial values and behaviours. Engaging such youth in the development of new and more prosocial competencies is a delicate and sensitive task. Accordingly, facilitators can expect youthful participants to initially display little motivation and much resistance to the facilitator's attempts to engage them in the program. Yet motivation will be a key factor in their progress.

Throughout the development of R and R2 MHP, the authors paid considerable attention to means whereby the training procedures, techniques and materials would optimise the motivation of reluctant participants. The authors were also guided by the research of Miller and Rollnick (2002) whose model of motivational interviewing provides a theoretically sound and practically effective way to motivate resistant and ambivalent clients in the treatment of their addictions.

Motivational interviewing espouses some general principles which we suggest will be helpful to overcome ambivalence:

- **Avoid arguing with the participants**
  Motivational interviewing research indicates the use of argumentation or heavy confrontation simply causes most individuals to feel attacked, to participate less fully in the training, to resist the facilitator's advice, and to take a point of view in opposition to that of the facilitator. Confronting participants has also been shown to increase the rate of program dropout. Challenging them is much more likely to engage them. Most individuals tend to rebel against prescriptive authorities (agents of control, parents, teachers, etc.) who try to foist information on them in vain efforts to change their behaviour. Therefore, criticism of participants is often fruitless and even counterproductive. Most of the individuals referred to R and R programs have already experienced much criticism and reprimand from various people, and few have benefited from them. Most adolescents have become inured to them, or have learned ways of making adults frustrated or angry when they ignore (or twist) the adult's words. In R and R programs, the participants should be arguing, not with the adult facilitators but with each other. The facilitator's role is to ensure such arguing is not demeaning, but is respectful and constructive in exposing participants to views that may not gel with their own. The goal is to encourage them to try to understand the differing views of others.

- **Support self-efficacy**
  Believing that change is possible is an important motivator in making a change in one's behaviour. Facilitators are urged to continually, but subtly, remind participants not only that change to a prosocial lifestyle is desirable, but that it is possible. They must make it clear that participants are responsible for learning and practicing the prosocial cognitions, values and behaviours being taught in the program. They should also focus their efforts on helping participants stay motivated, and supporting a sense of self-efficacy.
  The facilitator's efforts in supporting the individuals' self-efficacy can lead to participants developing learned optimism (Seligman, 1995) or a belief in their ability to cope. Such a belief can serve as a replacement of the learned helplessness and low self-esteem that underlies so much of the antisocial participants' bravado and recklessness.

- **Roll with resistance – don't resist it**
  Effective facilitators do not fight client resistance, they roll with it. In R and R programs, the participants' statements of resistance are not criticised in a direct manner. Instead, the facilitators use the participants momentum to further explore their own beliefs and attitudes. Such an approach avoids reinforcing participants by giving attention to their negative attitudes, and rewarding them for being argumentative with facilitators. It also is much more likely than confrontation and criticism to decrease resistance and to promote their involvement in the program.
  Such an approach also tends to take the wind out of their sails, and prevents participants from receiving reinforcement from their peers for oppositional behaviour because they observe the facilitators does not retaliate.

- **Develop discrepancy**
  'Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be' (Miller, Sweben, DiClemente, and Rychtarik, 1995, p.8). In R and R2 MHP program, facilitators seek to develop that state, by leading participants to examine the discrepancies between their current behaviour and their future goals. When the participants come to realise their current behaviours are not leading toward the goals they are pursuing, they become more motivated to change. We can then show them how to start to make the change by setting goals and planning steps to achieve them.

- **Facilitator PAL liaison**
  It is intended that motivation to engage with the program, to complete homework assignments and transfer skills to daily life will be supported and maintained by the PAL. However, we have not prescribed or recommended a set amount of contact between facilitators and PAL's, nor the mode of contact, nor structure (i.e. whether this be on an as needs basis or more formal with regular meetings). We have left this to the discretion of the organisation or agency delivering the program as we believe it is for the individual agency to determine what is most appropriate (and practical) regarding contact between facilitators and PAL's. Nevertheless, we recognise that liaison between the facilitators and PAL's will be valuable, as PAL feedback will help facilitators monitor individual needs and progress. It will be helpful for facilitators to know, for example, if a participant is having difficulty understanding a concept or is lacking in motivation outside of the group. Feedback also provides facilitators with the opportunity to make minor modifications or adaptations in their style of delivery. Of course, it is natural for a person to feel apprehensive about attending a group program, especially if this means they will be meeting new people. On the other hand, others may look forward to this aspect. It is perhaps also natural to expect some people to lose motivation at some point during a sixteen-session program, especially if they are finding it emotionally demanding. It is important that facilitators (and PAL's) closely monitor and observe group members for attentional lags and/or loss of motivation. These can be overcome by briefly providing individual attention to a participant in situ, that is, within the group setting, and/or by meeting with the participant outside of the group to determine motivational constraints and methods to overcome them. Liaison with the PAL will also be helpful, so the PAL can follow up and if necessary apply motivational interviewing techniques in their sessions with the participant.

5.8 Session evaluation

It is important to evaluate whether programs are effective in modifying the target behaviours they intend to change. Indeed, professionals engaged in working constructively with people must have some basis on which they conduct their practice. Evidence based practice is important as this sets the foundation from which to select and deliver services. We suggest facilitators routinely use psychometric assessment tools to evaluate participants' progress. However, because of language and cultural differences in their use, we do not recommend specific tests. It is important that selected tests are sensitive to change over time (i.e. excluding those that draw on life time experiences and personality traits). We also suggest facilitators engage in session evaluation at the end of each session, by talking to participants and asking for their feedback, by engaging in a process of self-reflection, and/or by recording observations and feedback in the session record form (see appendix A).

The participants' evaluation of the session may be obtained informally through their responses to questions posed by the facilitators, such as 'what did you learn?', 'in what ways was the session valuable to you?', and 'can you apply these skills to your life?' By asking such questions facilitators are not trying to invite criticism but to indicate to participants that they are interested in their opinions. The questions indicate to participants that the program is not just something imposed on them but something in which they have a share, and that facilitators are willing to learn from them. The answers given may also cue the facilitators to clarify some matters at the time, or to raise them later. It will be helpful for facilitators to engage in a process of self-reflection by asking themselves the following questions:

- Did I achieve the goal of the session?
- Were there any unusual difficulties?
- What was the group atmosphere?
- What should be done differently in the next session?
- How could this session be improved?
- Which examples or exercises were most effective?

It is also good practice for facilitators to make notes of their observations during the program. This will help facilitators to assess whether participants have made progress across the sixteen sessions, according to the criteria areas the R and R2 MHP program aims to improve. Appendix A provides a suggested format, the session record form, and permission is granted by the authors for this to be reproduced and distributed.

In preparation for writing a full report, if this is required, it will be helpful if notes are detailed and give examples of strengths, weaknesses, successes and difficulties the participants have experienced during the program. Key issues to record will include the following:

- How well did they participate?
- How much did they appear to enjoy the session?
- How much did they achieve in terms of understanding the content of the session, acquiring the cognitive skill and appreciating how the skill could be beneficially applied outside the group?
- Did they evidence any of the cognitive skills taught in earlier sessions?
- Did they consider the views of others?
- Did they think of alternatives?
- Were they able to understand the material?
- Could they manage their emotions?
- Could they perform the behavioural skill involved?
- Did they evidence prosocial or antisocial attitudes, sentiments or values?

5.9 Report guidance

In many settings, it will be necessary for a full report to be prepared on completion of the program. The purpose of a report is to inform the reader of the group attended, the group paradigm, the objectives of the group and a summary of how these have been achieved by the participant. A suggested format it provided in Appendix B, and permission is granted by the authors for this to be reproduced and distributed. We also provide a completed example of a report in Appendix C.

The report should be divided into the following sections:

1. General progress of the participant:
   - attendance rate
   - level of participation
   - motivation to engage in the group process
   - general presentation and attitude
   - listening skills
   - interpersonal style.

   This section may also comment on any liaison between the PAL and facilitators, and the regularity of PAL meetings (if known).
2. Pre/post psychometric assessment results (if used).
3. A summary of the participant's performance and skills development within each module.
4. The summary and recommendation section should synthesise important aspects of the report and the participant's progress, summarising strengths and weaknesses, perspectives of the participant and observations of the facilitators. This section should include an interpretation of psychometric assessments, if used, and comment on whether these support the facilitators' observations regarding progress to date and future need. Finally, the section should conclude with recommendations for future needs, treatment and/or further training.

By engaging in this process, and adopting this style of report writing, it will become evident when participants are struggling with concepts or areas and how best these may be addressed, for example, in group or individual one to one sessions. It is most important to consider the future, as transferring skills from the group and generalising these to become automatic life skills, will take practice and support. Furthermore, we recognise that skills acquisition and development is a lifelong process. Thus, the program includes booster sessions that will provide an ongoing forum of support for participants to reinforce and rehearse their newly acquired skills.

Appendices

- Session record form
- Program report
- Program report example

Note: Permission is granted by the authors for all items in the appendix to be reproduced and distributed.

R and R2 MHP
Session record form

Name of participant: _____

Name of trainer: _____

Name of PAL:

Session 1: Improving attentional control (Neurocognitive module)	
Date:	
Session 2: Improving memory (Neurocognitive module)	
Date:	
Session 3: Skilled thinking, feeling and behaving (Problem solving module)	
Date:	
Session 4: Managing thoughts and feelings - anger (Emotional control module)	
Date:	

R and R2 MHP
Session Record Form

Name of participant: _____

Name of trainer: _____

Name of PAL:

Session 5: Managing thoughts and feelings – anxiety (Emotional control module)	
Date:	
Session 6: Improving impulse control (Neurocognitive module)	
Date:	
Session 7: Scanning for information (Problem solving module)	
Date:	
Session 8: Problem identification and thinking of solutions (Problem solving module)	
Date:	

R and R2 MHP
Session Record Form

Name of participant: _____

Name of trainer: _____

Name of PAL:

Session 9: Detecting thinking errors (Critical reasoning module)	
Date:	
Session 10: Recognising thoughts and feelings – nonverbal behaviour (Social skills and values module)	
Date:	
Session 11: Recognising thoughts and feelings – social perspective taking (Social skills and values module)	
Date:	
Session 12: Consequential thinking (Problem solving module)	
Date:	

R and R2 MHP
Session Record Form

Name of participant: _____

Name of trainer: _____

Name of PAL:

Session 13: Recognising thoughts and feelings – empathy (Social skills and values module)	
Date:	
Session 14: Constructive planning (Neurocognitive module)	
Date:	
Session 15: Managing conflict (Problem solving module)	
Date:	
Session 16: Making choices (Problem solving module)	
Date:	

R and R2 MHP
Program report

Name of participant:	Reference:
Dates of group:	Date of report:
Name of trainer:	
Name of PAL:	

Program summary

The Reasoning and Rehabilitation 2 for Youths and Adults with Mental Health Problems (R and R2 MHP) is a new edition of the R and R, for individuals who have both conduct/antisocial behaviour problems and mental health problems.

The objective of the program is to teach participants psychological techniques to reduce symptoms commonly associated with mental illness (e.g. distractibility, attentional problems, impulsivity, rigidity) and reduce their antisocial behaviour by teaching them to identify their thinking errors and acquire skills in social perspective taking, critical reasoning, and alternative and consequential thinking. By learning behavioural and emotional control and through the development of listening skills, the participants will be better able to focus on other key aspects of the curriculum designed to help them develop the attitudes, skills and values required for prosocial competence.

The program can be delivered in community based education, social service or health agencies or in probation, prison or hospital settings. It has been designed for youths (age 13+) and adults, and is delivered in age appropriate groups of six to ten. R and R2 MHP program includes specific training techniques that target the cognitive, attitudinal, emotional and behavioural characteristics associated with mental health problems, that limit such individuals' ability to acquire prosocial competence or prevent them from benefiting from programs designed to help them acquire prosocial competence. The program has five modules presented over 16 sessions.

1. Neurocognitive module which introduces techniques to improve attentional control, memory, impulse control and develop skills in constructive planning.
2. Problem solving module which engages the individual in a process of skilled thinking as opposed to automatic thinking, scanning for information, problem identification, generating alternative solutions, consequential thinking, managing conflict and making choices.
3. Emotional control module which includes managing thoughts and feelings of anger and anxiety.
4. Social skills module which includes the recognition of the thoughts and feeling of others, both verbal and nonverbal, social perspective taking and the development of empathy, negotiation skills and conflict resolution.
5. Critical reasoning module which teaches that individuals have choices to make in life, that there are alternative possibilities, and trains them to identify thinking errors, to engage in a rationalised thinking process, in evaluating options, and in making good choices.

General progress (attendance, engagement with group and PAL, motivation, attitude, listening skills, interpersonal style)
Neurocognitive module (attentional control, memory, impulse control, goal setting and planning)

Problem solving module (skilled thinking, problem identification, alternative solutions, consequential thinking, managing conflict and making choices)
Emotional control module (managing thoughts and feelings of anger and anxiety)

Social skills module (social perspective taking, identifying verbal and nonverbal cues, empathy, negotiation skills and conflict resolution)
Critical reasoning module (the identification of thinking errors, evaluating options, making choices, detecting thinking errors, and the dilemmas game)

Summary and recommendations
Signature/s: Names of facilitator/s:

R and R2 MHP
Program report example

Name of participant: Mr. David Jones	Reference: 888966221
Dates of group: 31.03.06 – 14.07.06	Date of report: 24.08.06
Name of trainer: Jane Long and Kevin Johnson	
Name of PAL: Mr Kris Bobowicz (Primary Nurse)	

Program summary

The Reasoning and Rehabilitation 2 for Youths and Adults with Mental Health Problems (R and R2 MHP) is a new edition of the R and R, for individuals who have both conduct/antisocial behaviour problems and mental health problems.

The objective of the program is to teach participants psychological techniques to reduce symptoms commonly associated with mental illness (e.g. distractibility, attentional problems, impulsivity, rigidity) and reduce their antisocial behaviour by teaching them to identify their thinking errors and acquire skills in social perspective taking, critical reasoning, and alternative and consequential thinking. By learning behavioural and emotional control and through the development of listening skills, the participants will be better able to focus on other key aspects of the curriculum designed to help them develop the attitudes, skills and values required for prosocial competence.

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4. Social skills module which includes the recognition of the thoughts and feeling of others, both verbal and nonverbal, social perspective taking and the development of empathy, negotiation skills and conflict resolution.
5. Critical reasoning module which teaches that individuals have choices to make in life, that there are alternative possibilities, and trains them to identify thinking errors, to engage in a rationalised thinking process, in evaluating options, and in making good choices.

General progress (attendance, engagement with group and PAL, motivation, attitude, listening skills, interpersonal style)

Mr. Jones attended all 16 sessions offered. He appeared motivated to do his best to engage with the program and contribute to group discussions.

However, it was noted that sometimes Mr Jones had difficulties understanding some concepts and needed individual help and reassurance. This may reflect limitations in his intellectual functioning (his Full Scale IQ Score is reported to be 76).

Mr. Jones completed some pieces of homework, however not on a regular basis. He made valuable contributions to the group, but on occasion provided irrelevant and somewhat random answers and suggestions.

Neurocognitive module (attentional control, memory, impulse control, goal setting and planning)

Mr Jones engaged well throughout this module even though he required support and individual attention to understand the concepts, and apply the techniques taught in the module.

Mr Jones took cues from other group members regarding the memory exercises and struggled without the support of the facilitators. Mr. Jones enjoyed the impulse control run along exercise, and, with prompting, he identified some of the times when he is most likely to respond impulsively.

He generated appropriate examples of the self-talk and coping statements. He made suggestions about when he would find it helpful to apply these techniques and seemed to grasp their importance in keeping calm and controlling his impulse to act without thinking.

Mr Jones found the constructive planning session difficult and was unable to complete this task unaided. Whilst he appeared to understand the task of prioritizing, he required guidance to put this into practice.

Problem solving module (skilled thinking, problem identification, alternative solutions, consequential thinking, managing conflict and making choices)
Mr. Jones showed a good grasp of most concepts covered in the problem-solving module sessions. He demonstrated an understanding of methods for conflict management and feedback from his PAL that he had incorporated themes taught within the program into his daily live (such as self-talk and central control deep breathing). Mr. Jones could take on the perspectives of others, which is an essential component of conflict management, and he demonstrated the ability to compromise in order to resolve potential problems. He generated appropriate alternative solutions to problems and identified points within a problem scenario at which early intervention could be made to avoid the escalation of a problem. Mr. Jones acknowledged the consequences that may occur from bad decision making.
Emotional control module (managing thoughts and feelings of anger and anxiety)
Mr. Jones participated well in the emotional control module sessions and provided some useful contributions. He appeared to understand most of the content of these sessions, although he had difficulty distinguishing between anger and anxiety triggers. Mr. Jones completed the homework assignment for one out of the two emotional control module sessions, reporting back to the group that he had tested out the anger chain completed in the session and found that, for him, negative thoughts had preceded angry feelings. He said that he had found this helpful as he was able to talk himself out of an aggressive response by using calming self-statements.

Social skills module ('social perspective taking', identifying verbal and nonverbal cues, empathy, negotiation skills and conflict resolution)

Mr. Jones demonstrated an understanding of most topics covered in the social skills model. He remained attentive throughout these sessions and offered spontaneous contributions.

Mr. Jones provided appropriate examples and suggestions to help solve dilemmas. He engaged well in the balloon debate activity and appeared to enjoy it. He could take on others' perspectives appropriately and acknowledged how they may be thinking and feeling under certain circumstances.

Mr. Jones could identify some future consequences that an event may have on the person(s) involved, as well as on a wider network of people. He completed homework for these sessions appropriately.

Critical reasoning module (the identification of thinking errors, evaluating options, making choices, detecting thinking errors, and the dilemmas game)

Mr. Jones engaged fairly well throughout the critical reasoning module session. He grasped most of the material covered in the session, and made appropriate contributions when prompted.

Mr. Jones understood the need to judge the ideas put to him by other people, and he recognized the importance of considering all factors before making a decision. He was able to identify the shortcomings of an oversimplified statement and a generalization, and appreciated the need for two-sided information in order to make an informed decision.

Mr. Jones acknowledged how group pressure and advertising can influence people. Mr. Jones applied the material to his past experience, when he believed he had been manipulated to help and support local drug dealers. He discussed with other participants ways that he could avoid this happening again in future. Mr Jones also recognized that he may be susceptible to get rich quick schemes and discussed the importance of asking questions, and stopping and thinking before accepting something at face value especially when this seems to offer 'something for nothing'.

Summary and recommendations

Overall Mr. Jones engaged well with the program. He interacted well with other participants; he listened to what they had to say and made meaningful contributions to group discussions, sometimes drawing on personal experience. Mr. Jones did well in the problem solving and emotional control modules. He had difficulty, however, in putting a plan of action together.

Mr. Jones' intellectual limitations meant that he had difficulty understanding some of the concepts and required greater individual attention and support from group facilitators, nevertheless Mr. Jones appeared to benefit from the attending the group and stated that he had enjoyed it.

It is recommended that Mr. Jones is referred to attend the R and R2 booster program which is planned to commence in November 2006.

Signature/s:

J. Long K- Johnson

Names of facilitator/s: Jane Long (Therapist) and Kevin Johnson (Specialist)

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