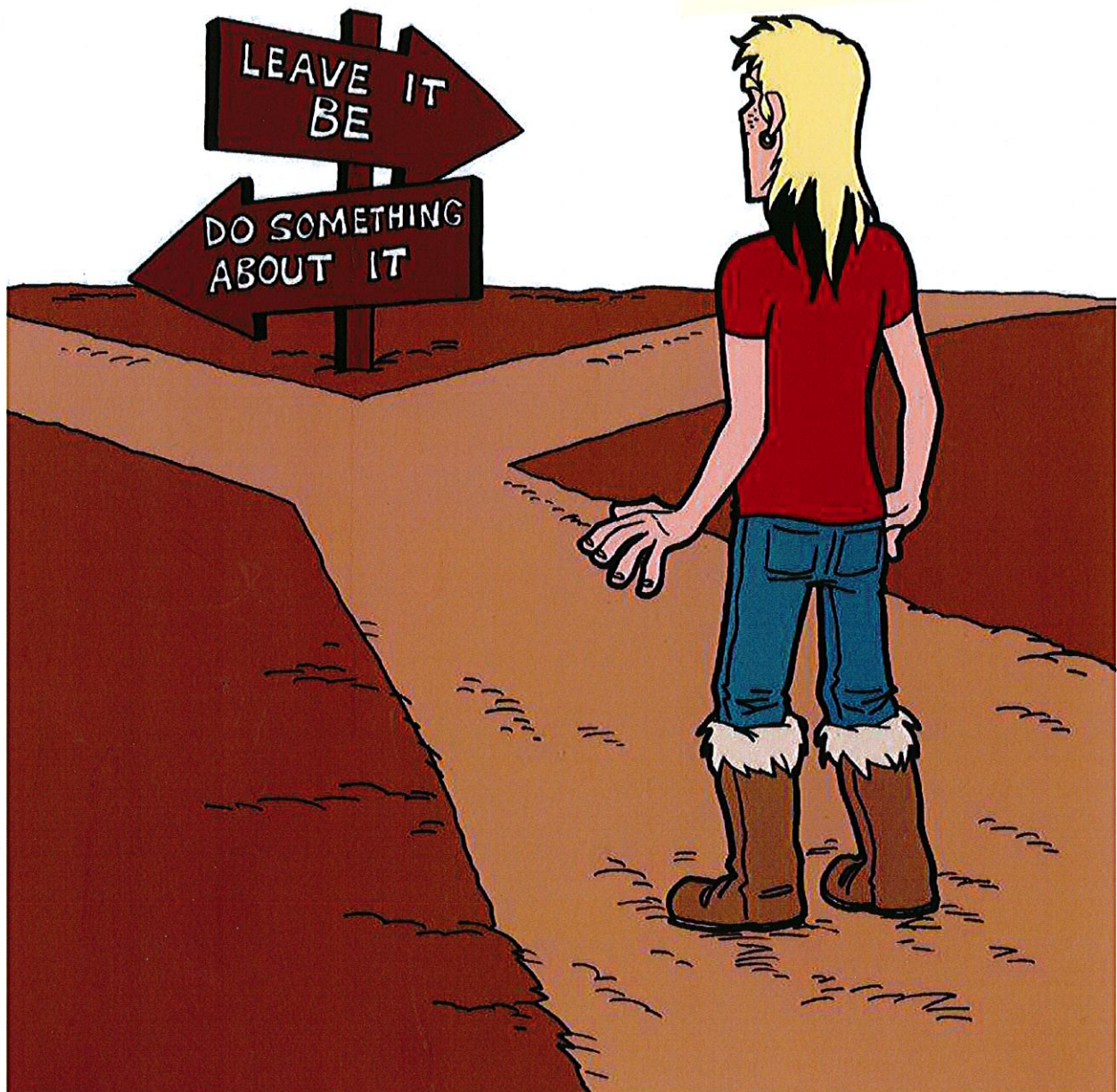


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## [PROFILE]

### *Personal Review of Offences File - 2.0*

An evidence-based, best practice motivational program for treatment resistant juveniles who present with substance misuse related offending behaviour.

# ACKNOWLEDGEMENTS

The Juvenile Justice Alcohol and Other Drug (AOD) treatment pathway concept and its design, including the authorship of the Personal Review of Offences File (PROFILE) program was developed and written by Geoff Wilkinson.

All original artwork, resources, and worksheets within the PROFILE program were conceptualised by Geoff Wilkinson, then illustrated by Chris Gray, Craig Cooper, and John Horvath.

The 'Treatment Needs/Motivation Scales' (TCU MOTForm) was developed by the Institute of Behavioral Research, Texas Christian University. (2008). TCU MOTForm and scoring guide. Retrieved from <http://www.ibr.tcu.edu/pubs/datacoll/Forms/adc-MOT-sg.pdf> The TCU MOTForm is used with permission.

Thanks to the many expert consultants who spent time contributing to the development of this program whilst delivering it including: Suellen Lembke, Joshua Rosenthal, Diana Casablanca, and Julie Rowe, and to Catherine Brennan for editing this manual.

PROFILE was first trialled in 2009, revised in 2012, and then re published in 2013 as Profile 2.0

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# PROFILE

The word '**PROFILE**' stands for: '**P**ersonal **R**eview of **O**ffences - **F**ILE'.

PROFILE is an evidence based program designed to motivate pre contemplative and treatment resistant juveniles who have Alcohol and Other Drug (AOD) misusing offence patterns towards a stage of preparation within the Stages Of Change cycle.

The desired outcome for a participant of PROFILE is that they would make an informed decision to willingly participate in a pro social skill building, strengths based, goal focussed, behavioural management AOD offense related treatment program - **X-ROADS**.



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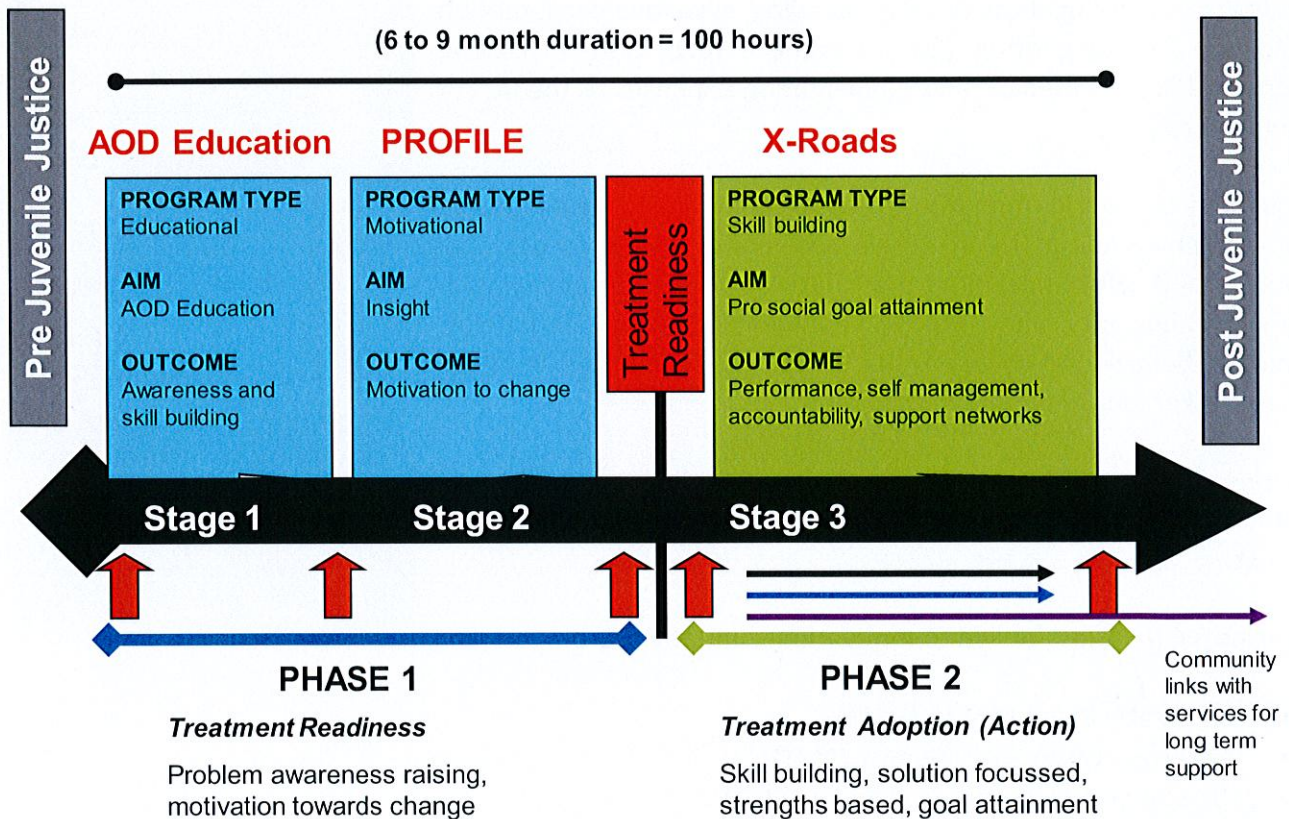
# PROGRAM CONTEXT

Approximately 80% of juveniles who come into contact with Juvenile Justice in NSW have Alcohol and other Drug (AOD) related offending behaviour. In order to address this, the NSW Department of Attorney General and Justice / Juvenile Justice has an evidence-based, best practice, comprehensive treatment pathway for juveniles presenting with substance misuse related criminal behaviour. (Illustrated below).

The AOD treatment pathway is designed around the stages of change and consists of two phases of treatment. The first phase is designed to promote treatment readiness in pre contemplative clients with a view to them reaching preparation for change. The second phase is a comprehensive treatment regime leading clients from preparation to change and into action and maintenance.

The two phases of the treatment pathway are broken into three components, each relating to the specific stages of the change cycle. Firstly, there is an AOD education program that provides vital information on alcohol and other substances, including harm minimisation strategies. Secondly, there is the PROFILE program aimed at motivating clients towards treatment readiness. Thirdly, there is X-ROADS, a multi faceted skill building treatment program, which includes family involvement and a range of therapeutic techniques. The red arrows along the pathway indicate pre and post program assessment administration.

## Treatment Pathway



## PROGRAM TARGET GROUP

All participants will have scored as medium to high on the Youth Level of Service / Case Management Inventory: Australian Adaptation (YLS/CMI:AA) with special consideration to substance misuse as a significant risk factor.

After the initial indication for AOD treatment via the YLS/CMI:AA, the Treatment Needs / Motivation Scales (MOTForm) is to be administered to assist in determining whether the client is treatment ready or not. (Please refer to the Program and Client Assessment section) The MOTForm is supportive evidence for the AOD domain within the YLS/CMI:AA which enhances the best possible outcomes for a client's case management and program referral placement.

PROFILE is designed for pre contemplative and contemplative clients presenting with offending behaviour that is directly related to substance misuse. The relationship between the two is addressed directly in this program. PROFILE **is not** designed for offenders who do not misuse substances, and for substance abusers who do not offend. (Please refer to inclusion and exclusion criteria)

## PROGRAM EVIDENCE BASE

### THEORIES OF MOTIVATION

High risk behaviours that members of society engage in such as smoking, sun tanning, drink driving, speeding, excessive consumption of alcohol and using drugs (just to name a few), end up costing billions of dollars in medical and rehabilitation expenses to the rest of society every year.

Throughout the world, numerous initiatives have been developed to raise awareness about the extensive detriments caused to personal wellbeing and safety (including the safety of others) by engaging in high risk behaviours, and propose healthier and safer alternatives. Promoting behavioural change is not only in the best interests of the high risk-taker, but to society in general.

Theories of motivation are not exclusively applied to matters of health, but also to behavioural change in general, including criminal conduct.

The principal theories applied to motivational initiatives are:

- The Health Belief Model (HBM)
- Protection Motivation Theory (PMT)
- The Elaboration Likelihood Model (ELM)
- The Trans-theoretical Stages of Change Model (SOC)



Theories of Motivation are the foundation for programs and campaigns aimed at promoting behavioural change in persons who commit crime and misuse alcohol and illicit drugs.

Nearly 80% of clients in Juvenile Justice NSW have offending behaviour directly related to their substance misuse.



The key principles distilled from the above theories underpin programs and initiatives that have proven to successfully motivate pre contemplative people towards change. The key elements taken from these theories are combined, structured, and sequenced in the following manner to develop an effective motivational program:

1. Highlight the varying **threats to personal wellbeing** that are attracted to self by persisting in the high risk behaviour.
2. Gauge the **seriousness or severity** of the threats as perceived by the individual.
3. Gauge the personal **vulnerability or susceptibility** of suffering from these threats as perceived by the individual.
4. Propose a safer and **beneficial pro social alternative**. (Efficacy, framed as an 'approach goal')
5. Highlight the **vast benefits** to self by adopting the new behaviour and desisting from the high risk behaviour.
6. Gauge **the urgency** in which a person may want to adopt the new behaviour.
7. Promote the **personal ability** of an individual to achieve the suggested change. (Self efficacy)
8. **Provide assistance** to those willing to give change a chance.
9. The message is delivered by **a credible source**.

(For detailed explanations of the abovementioned theories, please refer to the 'Evidence base: further information' section at the rear of this manual.)

## MOTIVATIONAL INITIATIVES

The following motivational initiatives have been developed using these theories. They have also proven to be highly successful.

A motivational anti violence and knife crime program used in the UK: **DROP THE WEAPONS**

**CHOOSE A DIFFERENT ENDING. 21 films, ten different endings.**

London teenagers were carrying knives, believing that they offered protection. The Metropolitan Police wanted to communicate that the knives was fake.

21 films were created for YouTube asking decisions technology enabling viewers to choose what happened next. Carry a knife? Go to a party? Steal an opportunity?

**TIMBER ATON HIM WITH IT**  
**HURLE HIM IN THE LAB**  
**STARV HIM IN THE CRUISE**

After experiencing the consequences of their choices, viewers could 'Choose a Different Ending'.

The possible endings for the film and their life.

Seeded online and by mobile, the campaign employed social media, video, in-game posters, blogs, posters, radio and TV.

The response: 10% awareness, 2.641.167 views.

Search Engines   Posters   In-Game Posters   Blogs   Social Networks   TV & Radio

## Target audience

The 'Choose a Different Ending' viral video was one part of a campaign involving a thirty-second online trailer, a ten-second web trailer and a multiple ending TV advert. The campaign 'Drop the Weapons' was aimed at adolescents who either carried weapons as a matter of habit or were contemplating doing so.

The overall aim of the campaign was to see a reduction in the number of young people being involved in knife fights and carrying weapons around London.

## Audience interaction

The 'Choose a Different Ending' components were designed to emphasise the concept of choice to the target audience. The ads and viral videos highlight the potential consequences of carrying a knife. However, they also show that going out with a weapon is not inevitable, and the ultimate decision rests with the individual.



Due to the interactive nature of the viral video, the user/target audience is forced to think about knife crime and the choices they are being asked to make. Each decision is then brought to life in the video, offering an insight into the consequences of carrying a knife. This is a good example of a campaign initiative that can only work online as it relies on audience interaction. It was developed by young people.





A motivational anti substance misuse campaign used in Australia: **QUIT today for tomorrow**

**SMOKING CAUSES MOUTH AND THROAT CANCER**  
Health Authority Warning

**MOUTH CANCER**

Smoking is the major cause of cancers affecting the mouth and throat. These cancers can result in extensive surgery, problems in eating and swallowing, speech problems and permanent disfigurement.

You **CAN** quit smoking. Call **Quitline 131 848**, talk to your doctor or pharmacist, or visit [www.quitnow.info.au](http://www.quitnow.info.au)

**SMOKING CLOGS YOUR ARTERIES**  
Health Authority Warning

Smoking narrows your arteries, causing them to become clogged, and can lead to heart attack, stroke, peripheral vascular disease, gangrene of the feet and impotence.

You **CAN** quit smoking. Call **Quitline 131 848**, talk to your doctor or pharmacist, or visit [www.quitnow.info.au](http://www.quitnow.info.au)

**SMOKING DOUBLES YOUR RISK OF STROKE**  
Health Authority Warning

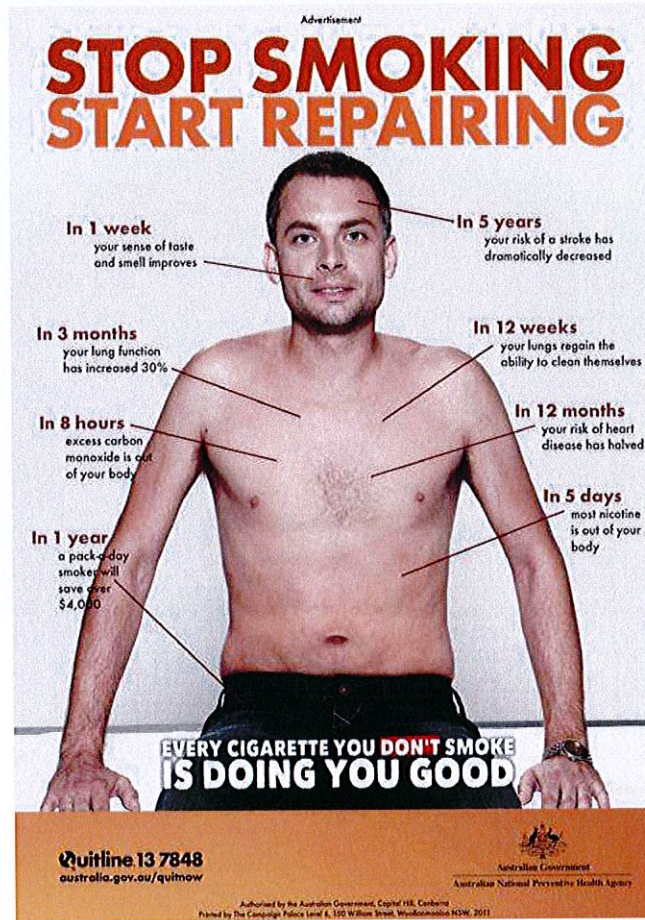
**MINOR STROKE**

Smoking narrows the arteries to your brain, causing them to become blocked. This causes a stroke that can result in permanent paralysis, inability to speak, disability or death.

You **CAN** quit smoking. Call **Quitline 131 848**, talk to your doctor or pharmacist, or visit [www.quitnow.info.au](http://www.quitnow.info.au)

Above, the threats attracted to self via persistence.

Below, the benefits attached to desistance.



**Have these campaigns worked?**

The 'Drop the Weapons' campaign saw an 11% reduction in violent knife crime over a 2 year period, and remarkably, as depicted below, the QUIT initiative saw the following results:

**The proportion of people who successfully quit and what contributed to their quitting**

Anti-smoking television commercials	46%
NRT or other medications	21%
Advice from health professionals	21%
Self-help materials	13%
Telephone Quitline	7%
Internet sites	5%
No aid contributed	33%



*Note: Respondents could nominate more than one aid.  
Source: CBRC Victorian Household Survey Brennan et al, 2007*

## PROGRAM AIMS AND DESIGN

PROFILE contains 5 modules + an optional choice of 2 educational games. Each module contains strategically designed worksheets aimed at assisting a young person to identify treatment needs and reasoning towards **desisting from persisting** in self defeating behaviour by adopting self edifying pro social and healthy alternatives. The program uses **motivational interaction techniques** aimed at raising discrepancies in a young person's attitudes towards criminal conduct and substance misuse.

Each module contains 5 key sections:

- 1) Check in
- 2) Purpose driven activity
- 3) Selected video footage as **recommended viewing** (an adjunct to the program)
- 4) Exploring time
- 5) Check out

- ✓ Each module is designed to be delivered in approximately **45 minutes**.
- ✓ The activities contained in each module comprise of an array of multi modal and strategically designed concept driven activities aimed at **enhancing a young person's understanding** of the change process and motivation towards change options available to them.
- ✓ **PROFILE is designed for young people with low literacy levels**. Reading and writing are not required to participate in the program. All of the artwork in this program has been strategically designed to gather relevant information for treatment and to help an offender gain insight into their behaviour with a view to changing. The worksheets have been developed to promote responsivity with juvenile clients in an Australian context.
- ✓ Each module is designed to be **motivational and promotes reasoning** towards making informed and constructive decisions in relation to personal change in thinking patterns, lifestyle choices (including criminal involvement) and substance use.
- ✓ PROFILE has **3 assessment instruments** for outcome measures and evaluation purposes.

PROFILE is therefore an evidence-based motivational program aimed at enhancing an offender's treatment readiness and motivation towards constructive pro social change by:

- 1) Highlighting the realistic **threats to personal wellbeing, freedom, and safety** by living a high risk substance misusing criminal lifestyle.
- 2) Highlighting the **seriousness and severity** of the consequences attached to these threats.
- 3) Highlighting the **personal relevance, susceptibility and vulnerability** of these threats.
- 4) Highlighting the great **efficacy** or diverse benefits of making changes.
- 5) Promoting **self efficacy** and personal strengths to achieve change.
- 6) Facilitating **detailed offence mapping** and personal introspection into current self defeating behaviour and thinking patterns, including underlying antisocial attitudes, with a view to;
- 7) Highlighting **how substance misuse is related to offending behaviour**.
- 8) Determining an individual's **urgency for change** to occur.
- 9) **Providing assistance** and a means by which people can make changes (X-Roads program).

Many offenders behave in ways that they cannot easily explain. This program aims to assist participants to learn more about themselves and gain a level of insight into some of the underlying reasons for their anti social and self defeating behaviour. This program aspires to a pro social healthy outcome by exposing participants to achievable beneficial alternatives as compared to continuing behaving in the same manner.

PROFILE therefore aims to bring about insight and self awareness into each participant's thinking patterns as it relates to problem recognition with their offending behaviour and substance misuse. Participants should gain an enhanced and demonstrable understanding of the causing and surrounding factors influencing their offending and substance misusing behaviour.

The desired outcome is treatment readiness and motivation to change shown by a participant's decision to progress into the X-ROADS treatment program.

## PROGRAM AND CLIENT ASSESSMENT

Collecting information or data is highly relevant because:

- It informs **our practise** as clinicians.
- It informs **the content** of the programs and interventions that we provide to our clients.
- It provides **a database** of information that is reportable to Government and other funding bodies in relation to the reduction of recidivism and AOD use in our client population.
- It assists **a client** in their understanding **of their needs and outcomes**.
- It provides **outcome measures** on client progress and treatment effectiveness.
- It informs program **training needs** for staff.
- It aligns to, and complies with **'evidence based best practise'** standards worldwide.

Collecting PROFILE program pre and post assessment data might appear to be burdensome in light of other pressing issues such as background reports, etc. However the only means that we have available to record whether a program is actually serving its purpose and whether a client is transitioning according to anticipated outcomes is by gathering data. It is also the mechanism via which we can report data to funding bodies that financially sustain the role of Juvenile Justice counsellors throughout NSW.

Every activity that people perform is pre and post assessed. Even seemingly 'unimportant' outcome matters (in the bigger picture of things) such as brushing your hair is determined by a pre and post measure. And such is the case with most activities; such as repairing a flat tyre, becoming fitter, losing weight, or even cleaning a window. Success or progress is based entirely on pre and post outcome results.

How much more should the importance level of assessment be when we are considering a young person entering the criminal justice system. A young person's entire future is what is at risk! A young person seldom has the understanding of an adult, and of the significant repercussions held before their future and wellbeing, as compared to a trained adult counsellor who is seeking their best interests for a best-outcome future life prospective.

**CIMS:** The program assessments are located in CIMS and are a **compulsory** part of program integrity. The CIMS system will not allow you to enter a program as being completed without administering the pre and post program assessment data.

The principal assessment instrument used with the PROFILE program is:

### The Treatment Needs & Motivation Scales (MOTForm)

(1)	(2)	(3)	(4)	(5)
Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 1. You need help with your drug and alcohol use  | [ | ] |
| <input type="checkbox"/> 2. You need to be getting help now   | [ | ] |
| <input type="checkbox"/> 3. You have family members who want you to get help right now  | [ | ] |
| <input type="checkbox"/> 4. A program may give you a chance to solve your drug and alcohol problems                                       | [ | ] |
| <input type="checkbox"/> 5. Your drug and alcohol use is a problem for you  | [ | ] |
| <input type="checkbox"/> 6. A drug and alcohol program is not likely to be helpful to you   | [ | ] |
| <input type="checkbox"/> 7. You need help with your emotional problems  | [ | ] |
| <input type="checkbox"/> 8. Your drug and alcohol use causes you more trouble than it's worth   | [ | ] |
| <input type="checkbox"/> 9. You are concerned of the legal problems if you don't do an AOD program  | [ | ] |
| <input type="checkbox"/> 10. Your drug and alcohol use is causing problems with the law   | [ | ] |
| <input type="checkbox"/> 11. Your drug and alcohol use is causing problems concentrating or doing your work properly                      | [ | ] |
| <input type="checkbox"/> 12. It is urgent that you find help for your drug and alcohol use  | [ | ] |
| <input type="checkbox"/> 13. You will give up your current friends and preferred hangouts if it would help your drug and alcohol problems | [ | ] |
| <input type="checkbox"/> 14. You feel a lot of pressure to do a drug and alcohol program  | [ | ] |
| <input type="checkbox"/> 15. You need to access individual counselling sessions   | [ | ] |
| <input type="checkbox"/> 16. Your drug and alcohol use is causing problems for your family or friends                                     | [ | ] |
| <input type="checkbox"/> 17. You expect to be sent to jail or prison if you are not doing a drug and alcohol program                      | [ | ] |
| <input type="checkbox"/> 18. Doing a drug and alcohol program gives you hope for recovery   | [ | ] |
| <input type="checkbox"/> 19. You need to access educational or work training services   | [ | ] |
| <input type="checkbox"/> 20. Your drug and alcohol use is causing you problems in finding or keeping a job                                | [ | ] |
| <input type="checkbox"/> 21. You want to be in a drug and alcohol treatment program right now   | [ | ] |
| <input type="checkbox"/> 22. Your life has got out of control   | [ | ] |
| <input type="checkbox"/> 23. You need to be doing group counselling sessions  | [ | ] |
| <input type="checkbox"/> 24. Your drug and alcohol use is causing problems with your health   | [ | ] |
| <input type="checkbox"/> 25. You are not yet ready to do a drug and alcohol program   | [ | ] |
| <input type="checkbox"/> 26. You are tired of the problems caused by drugs and alcohol  | [ | ] |
| <input type="checkbox"/> 27. You would only consider doing a program because you are required to  | [ | ] |
| <input type="checkbox"/> 28. Your drug and alcohol use is making your life become worse and worse   | [ | ] |
| <input type="checkbox"/> 29. You have serious drug and alcohol related health problems  | [ | ] |
| <input type="checkbox"/> 30. You now want to get your life straightened out   | [ | ] |
| <input type="checkbox"/> 31. You currently need to access medical care and services for drug and alcohol problems                         | [ | ] |
| <input type="checkbox"/> 32. Several people close to you have serious drug and alcohol problems   | [ | ] |
| <input type="checkbox"/> 33. Your drug and alcohol use is going to cause your death if you do not quit soon                               | [ | ] |
| <input type="checkbox"/> 34. You have legal problems that require you to do a drug and alcohol program                                    | [ | ] |
| <input type="checkbox"/> 35. You are not ready for a drug and alcohol program   | [ | ] |

## SCORING INSTRUCTIONS

Numbers for each item indicate its location in the administration version, in which response categories are 1=Strongly Disagree to 5=Strongly Agree; ® designates items with reflected scoring. Scores for each scale are obtained by summing responses to its set of items (after reversing scores on reflected items by subtracting the item response from "6"), dividing the sum by number of items included (yielding an average) and multiplying by 10 in order to rescale final scores so they range from 10 to 50 (e.g., an average response of 2.6 for a scale becomes a score of "26").

**Note:** Item 36 has been removed from the Australian Adaptation version of the MOTForm. This is because we require our counselling staff to administer the form via interview rather than allowing the client to fill in or self administer the form by themselves. Item 36 is therefore not necessary.

## TREATMENT NEEDS/MOTIVATION SCALES

### A. Problem Recognition (PR)

- 5. Your drug use is a problem for you.
- 8. Your drug use is more trouble than it's worth.
- 10. Your drug use is causing problems with the law.
- 11. Your drug use is causing problems in thinking or doing your work.
- 16. Your drug use is causing problems with your family or friends.
- 20. Your drug use is causing problems in finding or keeping a job.
- 24. Your drug use is causing problems with your health.
- 28. Your drug use is making your life become worse and worse.
- 33. Your drug use is going to cause your death if you do not quit soon.

### B. Desire for Help (DH)

- 1. You need help with your drug use.
- 12. It is urgent that you find help immediately for your drug use.
- 13. You will give up your friends and hangouts to solve your drug problems.
- 22. Your life has gone out of control.
- 26. You are tired of the problems caused by drugs.
- 30. You want to get your life straightened out.

### C. Treatment Readiness (TR)

- 2. You need to be in treatment now.
- 4. This treatment gives you a chance to solve your drug problems.
- 6. This kind of treatment program is not helpful to you. ®
- 18. This treatment program gives you hope for recovery.
- 21. You want to be in drug treatment.
- 25. You are ready to leave this treatment program. ®
- 27. You are at this treatment program only because it is required. ®
- 35. You are not ready for this kind of treatment program. ®

### D. Pressures for Treatment Index\* (PT – not scored as single scale)

- 3. You have family members who want you to be in treatment.
- 9. You are concerned about legal problems.
- 14. You feel a lot of pressure to be in treatment.

- 17. You expect to be sent to prison if you are not in treatment.
- 29. You have serious drug-related health problems.
- 32. Several people close to you have serious drug problems.
- 34. You have legal problems that require you to be in treatment.
- \* Formerly labelled External Pressures

#### E. Treatment Needs (TN) Index

- 7. You need help with your emotional troubles.
- 15. You need individual counselling sessions.
- 19. You need educational or vocational training services.
- 23. You need group counselling sessions.
- 31. You need medical care and services.

#### F. Accuracy

- 36. Please fill in the 'Uncertain' box as your response for this question.

The TCU MOTForm Scales may be used for personal, educational, research, and/or information purposes. Permission is hereby granted to reproduce and distribute copies of the form for non profit educational and non profit library purposes, provided that copies are distributed at or below costs and that credit for author, source, and copyright are included on each copy. No material may be copied, downloaded, stored in a retrieval system, or redistributed for any commercial purpose without the express written permission of Texas Christian University.

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### THE EXCEL SCORING SPREADSHEET FOR THE MOTFORM

The following page is an example of the scoring instrument that has been developed for use with the MOTForm. As the responses are entered into the spreadsheet, the scoring is calculated automatically. Each domain becomes populated with the scores. In addition, the indications or interpretations of these scores are then automatically populated in writing to provide counsellors and managers with clear indications for program referral and case management.

**Note:** The Excel scoring spreadsheet for the MOTForm has been superseded because it has now been built into CIMS. It remains in this book for your reference and for use at any time in which the CIMS system may be down and at such a time when an assessment outcome is required urgently for program referral.

# TREATMENT NEEDS / MOTIVATION SCALES

QUESTIONS	RESPONSES
1	2
2	3
3	2
4	3
5	3
6	4
7	3
8	2
9	1
10	2
11	3
12	4
13	5
14	4
15	3
16	2
17	3
18	2
19	3
20	4
21	3
22	2
23	1
24	2
25	3
26	4
27	5
28	5
29	3
30	2
31	1
32	4
33	5
34	2
35	4
36	3

CIMS ID	123456
Facilitator ID	654321
Client Ethnicity	Pacific
Location	JJC Orana
Pre or Post Assessment	Pre
Date	1/01/2012
Gender	Male
Age	17
Any comments?	Literacy assistance required

## INDICATIONS

- A. Client doesn't believe he has a problem
- B. Client doesn't desire help
- C. Client doesn't feel ready to start treatment
- D. Client feels he/she is pressured into treatment by:
  - peers
  - just general pressure
- E. Client doesn't really perceive treatment needs  
Client feels he/she needs:

SCALE INDEX	SCORE
A. PROBLEM RECOGNITION	31.11
B. DESIRE FOR HELP	31.67
C. TREATMENT READINESS	23.75
E. TREATMENT NEEDS	22.00
F. ACCURACY	TRUE

### Instructions

1. Enter responses in the 'RESPONSES' column. At least half the items



## PROGRAM INCLUSION, EXCLUSION & REMOVAL CRITERIA

### Indications from the Youth Level of Service /Case Management Inventory: AA

The Youth Level of Service / Case Management Inventory: Australian Adaptation (YLS/CMI: AA) is used as a tool to help Juvenile Justice staff make informed decisions about formulating a case management plan for offenders based on risk assessment. Clients who score as medium to high (specifically in the domain for AOD use) are eligible for participation in this program.

Clients who score as 'low' are to be referred only to Stage 1 (AOD education) of the treatment pathway.

Clients scoring as medium to high in the AOD domain are then to be assessed using the MOTForm to determine treatment readiness. Those whose scores indicate as treatment ready are to be referred directly to the X-ROADS program, and those whose scores indicate **not treatment ready** should be referred to PROFILE.

### Inclusion criteria

1. Clients who have criminal charges that are directly related to their substance misusing behaviour. For example: Persons who commit a crime to sustain a habit, such as break and entering premises, shoplifting, assaults, robberies, etc in order to obtain goods or money to pay for substances. Another example is any person who becomes intoxicated with any substance and then goes on to commit a crime. Such would be the case of a person becoming drunk or using methamphetamines and then committing an assault.

### Exclusion criteria

1. Clients charged with drug related crimes, but who are not substance misusers. For example: Any person who is charged with cultivation, manufacturing, supply, possession, importation, etc, but is not actually a substance user themselves is not eligible for participation in this program.

Alternative program referral for such clients is as follows: Clients presenting with scenarios such as those mentioned above are to be referred to CHART.

2. Clients who present with substance misuse that is not related to their offending behaviour. For example: Persons who misuse substances 'after the fact'. Meaning those who may commit an armed robbery, break and enter premises, assaults, etc, not for the purpose of maintaining or contributing towards their substance use. Persons such as these will often present as committing crimes completely calculated and sober for the purpose of financial gain only, however then misuse substances (such as getting completely drunk) as a celebration 'after the fact'. They do not have criminal conduct related to their substance misuse and are not eligible for participation in this program.

Alternative program referral for such clients is as follows: Clients presenting with criminal conduct such as sexual offences who also misuse substances but in a manner unrelated to the crime are to be referred to the Sex Offending Program (SOP). Clients presenting with violence related charges also misusing substances but in a manner unrelated to the crime

are to be referred to the Cognitive Self Change (CSC) program, or the 'Violent Offending Program' (VOP), and CHART.

3. Clients presenting with any form of intellectual disability that would impede them to comprehend the content of the program. (Make adaptations and deliver on an individual basis).

## Removal criteria

1. Clients who present a risk to other persons participating in the program should be excluded from group participation. For example: Persons who are gathering information on other participants in order to 'stand over them', manipulate them, or otherwise endanger their wellbeing.

Alternative program delivery method: To deliver the program to the individual only. This type of client will also require additional counselling in order to address their behaviour to either prepare them for possible group integration at a later date, or to continue program delivery on an individual basis.

2. Clients who present as violent within the group or individual counselling context or who threaten violence towards other participants and/or the facilitator are to be dismissed from the program.

## PRE PROGRAM ASSESSMENT MEETING

Prior to delivering this program it is extremely important to administer the MOTForm with the client. The administration of the MOTForm requires only 10 minutes with each client, plus an additional 5 minutes to enter the data electronically.

IF the MOTForm was administered in conjunction with the YLS/CMI: AA it can now be used as the 'Pre' program score. If the YLS/CMI: AA was administered without the supporting evidence of the MOTForm then it must be done at this point.

All MOTForm client responses must be entered into CIMS (or the Excel spreadsheet) and saved.

**As the facilitator of an offense focussed AOD intervention it is imperative that the assessment process be followed carefully and diligently.** This process is highly relevant. The delivery of this program without collecting data is tantamount to delivering an 'evidence based' program, but not complying with 'best practice' standards.



# Module 1: THE PATH I AM TRAVELLING

## AIMS & PRINCIPLES

1. To highlight the 'threat' factors that exist for people choosing to live a high risk criminally involved substance misusing lifestyle.
2. To examine the client's journey up to the present day and highlight the threats they have brought to themselves through criminal activity and an escalation in substance use.
3. To take the client through a future oriented look at what might lie ahead for them if they continue or persist in their current behaviour.

## ICE BREAKER ACTIVITY TO COMMENCE PROGRAM

How are you feeling today?



The illustrations above, and many others, are located in your resource pack and at the rear of this manual.

- Place the pictures on the floor or table.
- Tell the participants that you are aware that they are commencing a new program and that there can be mixed feelings towards this.
- Participants are allowed to be completely honest about their feelings and attitudes.
- Ask the participants to choose a picture that best depicts how they are feeling today about starting a new program.
- Acknowledge what the participants share and do not debate it. All responses are valid.
- Create a discussion about the different attitudes that are shared amongst the group.

## 1.1 THE CHECK IN

The check in for each module allows time for the facilitator to provide a context for the content of the day's topic and the desired outcomes for the participants.

For module one there are several unique aspects to the check in that are not required for the following modules. As the facilitator, you must ensure to do the following:

- Introduce yourself.
- Introduce each of the participants to each other if you are in a group setting.
- Set group rules and expectations. (Ask the participants what they feel will make the group a 'safe' place to share personal information)
- Provide a context for the PROFILE program. This means explaining to the participants that the intended/desired outcome of this program is that they continue on into the X-ROADS program.
- Explain that each module or meeting will take approximately 45 minutes.
- Explain how often the participants will have to attend. For example: on a weekly, twice weekly basis etc.
- There are 5 modules + the possibility of a board game.
- There is an **Achievement Certificate** for those who complete the program.
- Explain the regulations relating to confidentiality and disclosure.
- Throughout the program they will be viewing real interviews with former offenders that have been in the same place that they find themselves today.
- Describe the types of behaviour that will result in a participant being removed from the program.
- Explain how case notes etc will be stored.
- Explain that there is a continuum of treatment. This implies that should any participant commence the program at one location and then be transferred to another location then they will be able to resume the program without having to repeat it, and also an opportunity to enter **X-ROADS**.

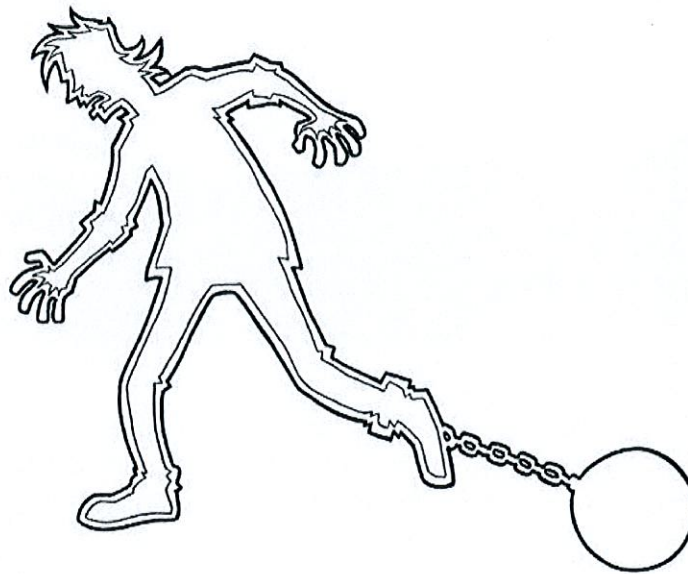
Because the participants are entering into a new program it can be expected that there will be mixed feelings in the room regarding participation. Understanding this, we commence the program by allowing the participants to express their feelings towards the process that they are about to commence.



## 1.2 THE COMMENCING ACTIVITY

PROFILE is a program that highlights the threats (or heat) to our personal wellbeing and safety, and also highlights ways that we can 'beat the heat' and make ourselves safer and improve our lifestyle and our future opportunities. The 'heat' can be many things. The 'heat' is all those things that 'cramp our style' and make life difficult and uncomfortable for us.

Let's begin by talking about why you are here. You have done some things and behaved in certain ways that have brought you to the attention of the Police and the legal system. Let's have a look at the illustration below.



Let's imagine that coming into contact with the wrong side of the law and being mandated into the supervision of Juvenile Justice is like having a 'ball and chain' attached to you. The reason that you are in front of me today is part of this 'ball and chain'.

1. What did you do to earn yourself a 'ball and chain'?
2. What is it like to have a 'ball and chain' attached to you?
3. There are a number of discomfoting things attached to having your freedom threatened, or having your 'wings clipped'. What are the implications? (Curfews, reporting, program attendance, restraining orders, not seeing your family, not being able to go where you want to, not being able to choose what food you eat, etc).
4. What is it like finding out that there are lots of other people that have a 'ball and chain' too?

## 1.3 THE EXPLORING TIME

### Part 1: What I have been doing

We are now going to explore each participant's personal journey that has led them to where they are now. We have just spoken about our 'ball and chain', and now we are going to look backwards at the path that has led to this. Hand out the following worksheet to the participants.



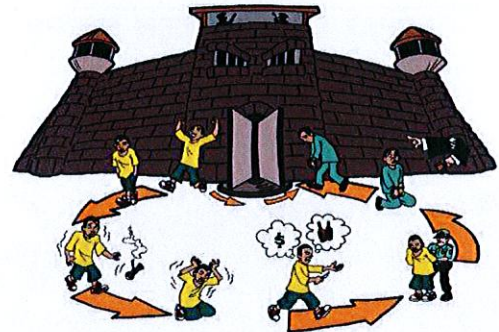
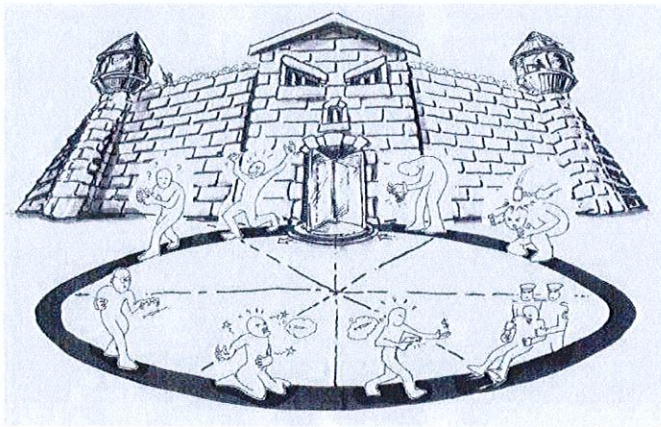
1. Ask the participants to write down the name of the charge that they received just above the ball and chain. Next ask the participants to write or draw what substances they were under the influence of when they committed the crime. They can do this next to the circle on the left hand side.
2. Now ask the participants to go the middle of the pathway or road and write or draw a previous crime that also brought them into contact with the Police. What substances were they under the influence of at the time? Write it down or draw it.
3. Finally, ask the participants to go the far left hand side of the page on the pathway or road and write or draw a crime that was previous to those already mentioned that also brought them into contact with the Police. What substances were they under the influence of at the time? Write them down or draw them.

#### *Processing the worksheet*

1. What do you notice about the path you **have been** travelling?
2. Have the substances you have used **changed** over time?
3. Has your **substance use increased** over time?
4. Has your **criminal behaviour increased in severity** over time?
5. Have **the consequences** to you been more serious and severe each time?

## Part 2: The Revolving Door or Merry-go-Round

Let's have a look at another illustration that was drawn by an offender that was in prison for killing someone. Choose one of the following illustrations and place it on the floor or on the table.



1. What does this drawing illustrate?
2. Do you think that this actually happens in real life?
3. Have you ever seen this happen to someone?
4. Have you ever heard of a 'Gate Arrest'?

A **'Gate Arrest'** is when the Police wait for an offender at the front gate as they are being released from prison and rearrest them on the spot. (This often occurs when the Police have a strong dislike for a person who is constantly causing trouble). As an example, the Police may know that an offender has committed perhaps 10 Break, Enter, and Steal crimes, but choose to only charge them for three. The offender knows that if he is charged with all 10, it is likely that a judge will allow all 10 sentences to run concurrently, not consecutively. In the Police's eyes, this is tantamount to the offender getting 10 crimes for only the price of one (or 3). The Police would prefer that each crime might attract its own sentence, such as getting 1 year for each crime, rather than 2 years for all combined. As a means of 'exiting' (or red carding) someone from society, the Police will charge the offender with the 3 crimes because they know that this is enough to get them locked up, but will hold off on all the others until the sentence has been fully served. As the offender is released from detention, the Police will be there waiting. They will explain to the offender that they have 'new evidence' on previous crimes, and will then proceed to arrest and charge the offender once again for another 3 crimes. This process can go on time and time again until an offender spends a great many years in prison. This is a lot of unwanted **heat** for an offender.



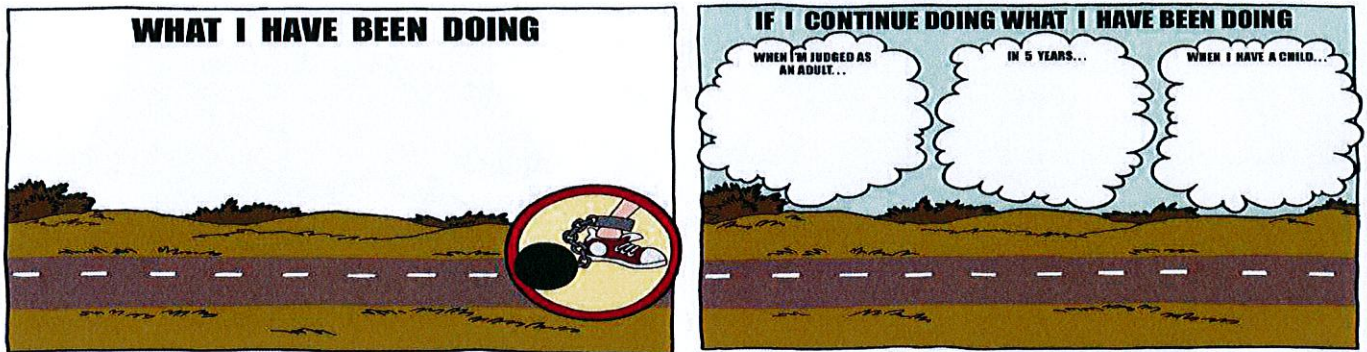
We want to seriously warn our clients that this is highly likely to occur to them if they continue behaving as they have been. Unfortunately, this is a road well trodden. There's a lot of history in this truth. This is a serious threat to their wellbeing. It is also avoidable! Get off the merry-go-round before it starts turning. Beat the Heat! The law is not going to leave you alone when you break it. You need to leave the law alone!

**VIDEO CLIP 1: Jason: 'Doing drugs and crime go hand in hand'**

**VIDEO CLIP 2: Jason: 'The revolving door'**

### Part 3: If I continue doing what I have been doing

We are now going to look into the future. The following illustration is a continuation of the road or pathway. Place the following worksheet next to the first one as seen below. We are now going to have a think about what the future might look like if your lifestyle and behaviour doesn't change.



Ask the client to focus on the cloud on the left hand side of the page. The caption reads: "When I am judged as an adult".

1. What do you think might have happened to you if you were 18 when you committed the same offence that brought you into Juvenile Justice?
2. What do you think are some of the differences between the juvenile and adult systems?
3. Do you think that the sentencing is more severe in the adult system?
4. What would it be like to have charges against you if they stuck with you for life and would affect your chances of finding a job, etc?

Now focus on the middle cloud. The caption reads: 'In 5 years'.

1. Where might you be in 5 years time if you continue (persist in) misusing drugs and alcohol and committing crime?
2. How might things be different than the way they are now?

Lastly, focus on the right hand cloud. The caption reads: 'When I have a child'. Many people say that they never want their own children experience the bad things that they have, and that they will change their life when they have a child.

1. What do you think life would be like for a child of yours one day if you continue behaving as you have been?
2. How would you feel?
3. How would they feel?



## 1.4 THE CHECK OUT

At the conclusion of each module we have a check out. The check out is a time where you as the facilitator allow the participants to debrief about the process they have engaged in throughout the module.

In this module we have looked at 'the ball and chain'. We have also looked at the path we have been travelling and talked about what might happen if we continue (persist) travelling the same path into the future as adults. We also talked about the 'revolving door, or merry-go-round' syndrome and why it might be in your best interests to not get on it.

Participants need to leave the meeting in a contemplative or 'thinking mode', not on a cheerful mode. This is not a 'happy talk', it is a reality check. 'Happy talk' comes later. It would be similar to the case of someone lying on a beach without sunblock on, and who is completely unaware that sunbaking can lead to skin cancer. Imagine what it would be like for them to be told that their behaviour could lead to serious health problems. The message that our clients have just heard is similar. It is a 'wake-up call'.



Ask the participants the following questions:

- What was something that you found interesting from what we talked about today?
- What can you take away from today's meeting that will be useful to you?
- Does anyone feel the need to talk to me alone about anything that you have on your mind after today's meeting?
- What time and when is our next meeting?

It is understandable that on many occasions the module content will cause a diverse range of emotions to arise. As the facilitator you must ensure that the participants are feeling safe to depart from the meeting. You must ensure the following:

- That each participant has the opportunity to have further discussion with you should they feel the need to.
- That the participants are not in an emotional state that requires immediate attention, such as disclosure to self harm, harm others, or any other destructive or self defeating behaviour.
- That if required, any participant be given an immediate referral to any other relevant professional such as psychologists, nurses, medical practitioners, etc.
- That if the participant asks to see you alone to discuss something that you organise a time right there and then.

# Module 2: THE COST OF CONTINUING

## AIMS & PRINCIPLES

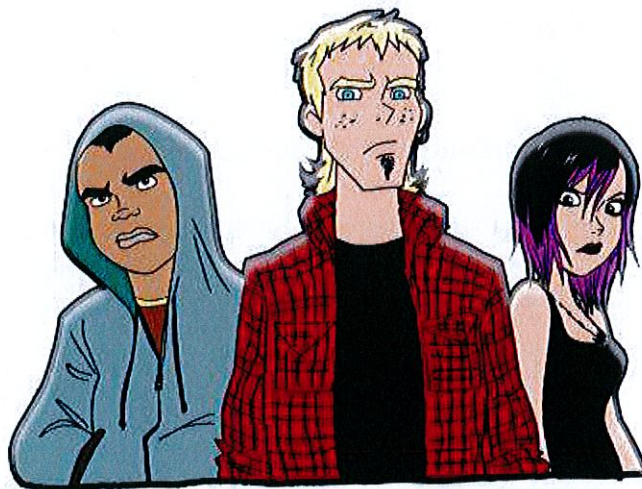
1. To move from the concept of having 'heat' or threats hanging over you, to **personal perceptions and appraisals** of this concept for each participant.
2. To highlight **how susceptible or vulnerable** they may be to these threats.
3. That participants consider **how severe or serious** the consequences could be if they choose to **persist**.

## 2.1 THE CHECK IN

The check in for each module allows time for the facilitator to provide a context for the content of the day's topic and the desired outcomes for the participants.

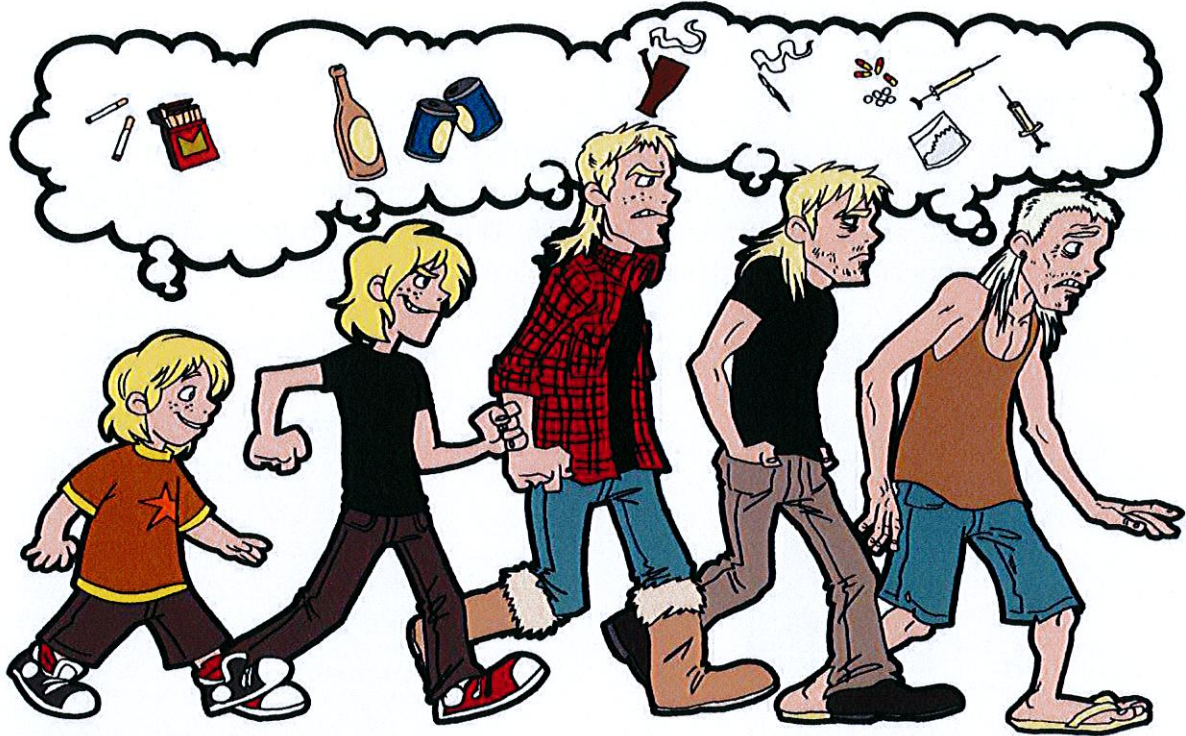
As facilitator you must ensure to do the following:

- Ask the participants if anything has come up for them after they have had time to think about the content from the previous module.
- Set the context for today's module.
- Provide an overview of the content that you will be covering in today's module.
- Go over the group rules.
- Go over the concept of disclosure and confidentiality.



## 2.2 THE COMMENCING ACTIVITY

We begin by looking at an illustration about the evolution of using and abusing drugs and alcohol.



1. What is this picture all about?
2. What do you notice about the substances as time goes on?
3. Do you think that this is a true story?
4. Have you ever seen this happen to someone?
5. Do you think that the youngest person in the picture ever thought that he would end up like the last person in the picture?
6. Do you think that the person at the end of the picture likes what he has become?
7. Imagine he could look back and talk to himself at a younger age. What do you think he might say to the younger versions of himself?

Highlight to the participants that a lot can be learned from older people who have travelled the path that they are currently on. They will all be older people one day, and will have a lot more insight into life than they do now.

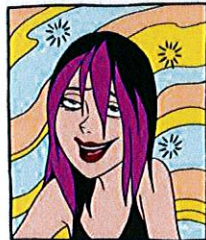
## 2.3 THE EXPLORING TIME

The exploring time in module 2 has three parts. The underlying topic is persistence with the way that we have been behaving. Firstly we look at the good stuff, secondly we look at the bad stuff, and lastly we weigh it all up.

### Part 1: The Good Stuff

We are now going to talk about the good aspects of getting drunk, doing drugs, and doing crime. There must be plenty of good things about it, otherwise why would anyone do it! The following illustrations are used as starting points to get the conversation started. Once the illustrations have been talked about, move on to writing additional things that the participants can think of to add to the topic.

#### SUBSTANCE ABUSE GOOD ASPECTS



HIGH AND HAPPY



YOU CAN DO ANYTHING



WITH THE PARTY CROWD



FORGET PROBLEMS

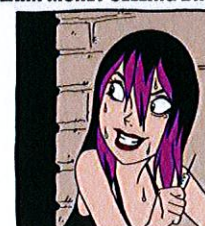
#### CRIME GOOD ASPECTS



EARN MONEY SELLING DRUGS



BE AN OUTLAW



FUND YOUR DRUG HABIT



DON'T HAVE TO WORK

Firstly, look at the **substance abuse** - Good Aspects illustration.

1. What is your drug of choice?
2. Why do you like it?
3. Are there any other reasons that using is good that aren't on the picture? Write them down.

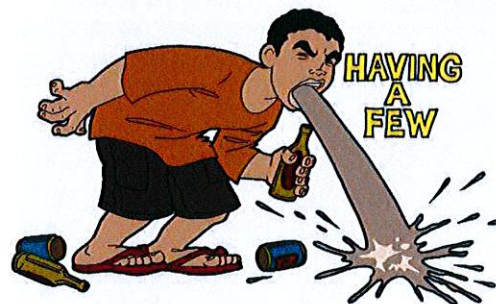
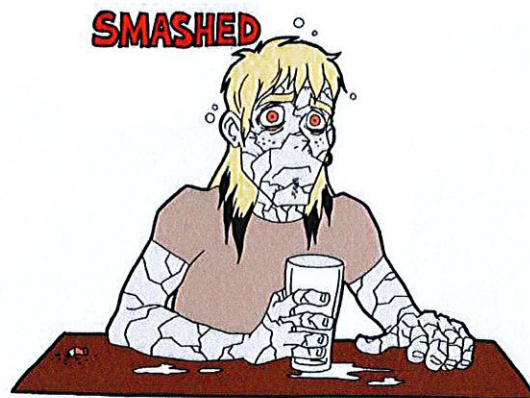
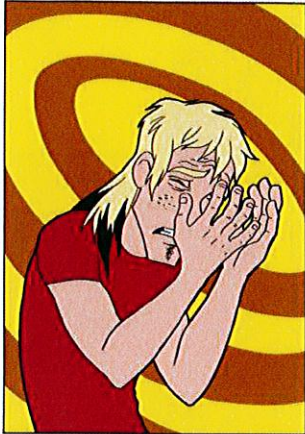
Secondly, look at the **crime** – Good Aspects illustration.

1. Why is crime exciting for you?
2. Do you like it or is it just a necessity?
3. Are there any other reasons that make crime good that aren't on the picture? Write them down.

## Part 2: The Bad Stuff

The bad stuff that can happen with drugs, booze, and crime can't be described as 'not so good stuff'. It's plain and simple BAD! Overdosing, brain damage, psychosis, mental illness, revenge killings, drug debts, Police chases, prison fights... death. We begin talking about the bad stuff by using a set of discussion prompt cards. Some of these are depicted below.

### CARD SET 1



These cards are designed to be exaggerated and funny, yet serious. Much drug use is associated with attempts at 'having fun', however the end results can be far from fun.

Place the cards on the floor or table. Ask the participants to look at the cards.

1. Has anyone ever had experiences like any of these?
2. What was the worst 'bender' that you ever had?



### VIDEO CLIP 1: Jason: 'The normal progression'

Next we are going to look at some other illustrations and talk more about the negative aspects of drugs and crime.

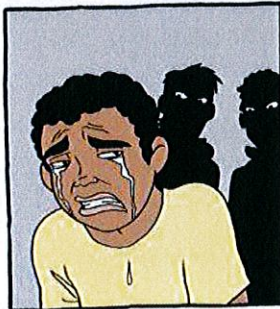
## SUBSTANCE ABUSE BAD ASPECTS



**ADDICTION**



**TURN TO CRIME**



**USED AND ABUSED**



**OVERDOSE**

## CRIME BAD ASPECTS



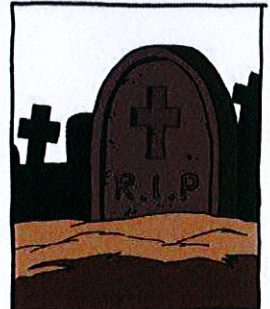
**RISK OF VIOLENCE**



**HARM TO BODY AND MIND**



**GO TO PRISON**

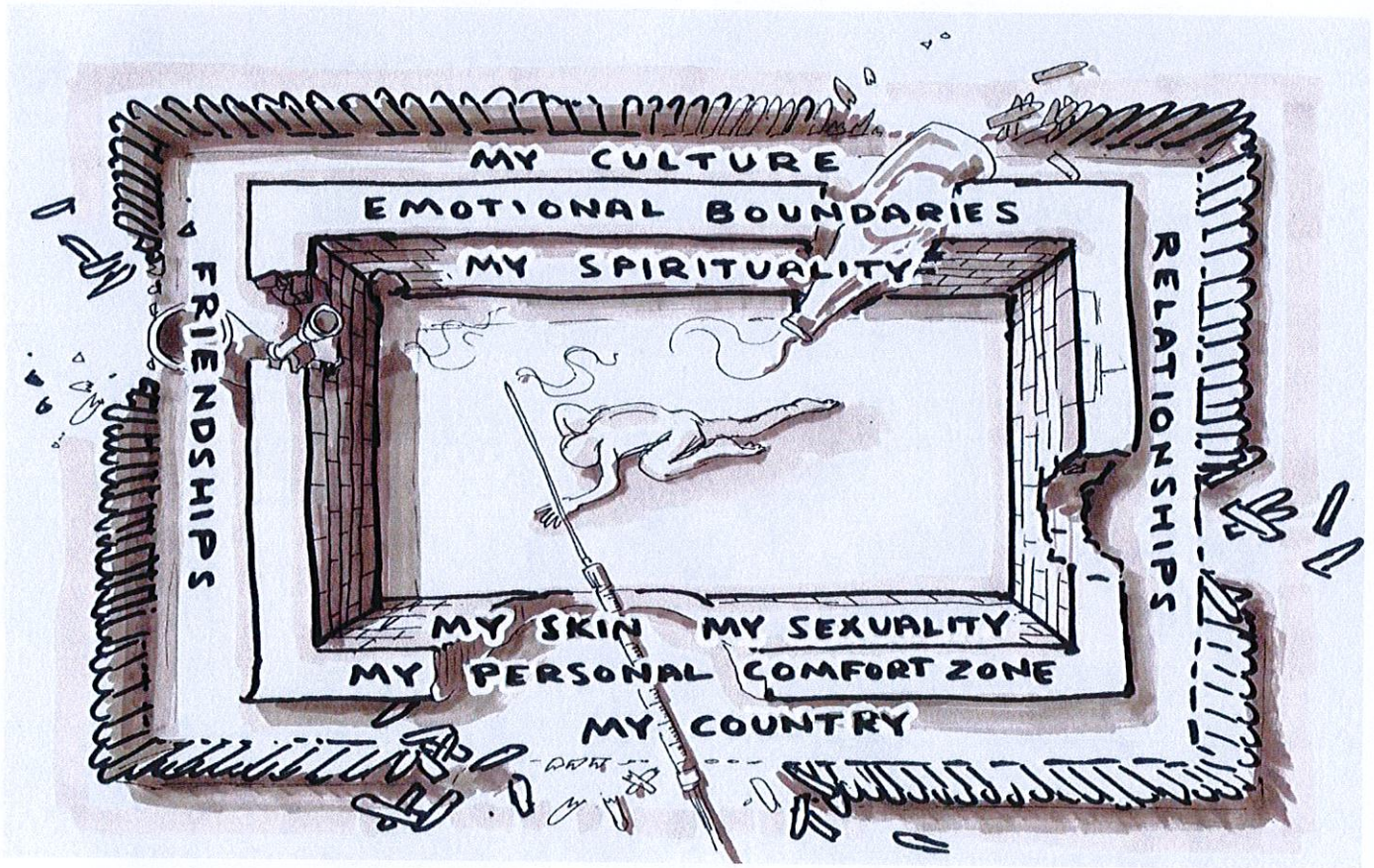


**EARLY DEATH**

Create a discussion about the two illustrations.

1. What are some of the negative things about using drugs?
2. What are some of the negative things about doing crime?
3. What is the link between these two topics?
4. Are there any other things that you can think of that aren't in these pictures? Use a whiteboard or butcher's paper to note down the comments and suggestions from the participants.

We are now going to have a look at a drawing that was done by a former inmate that was in prison for killing someone under the influence of alcohol.



Place the drawing on the floor or on the table. Create a discussion. The topics that should be covered are: boundaries, broken boundaries, invasiveness, destruction of morals, beliefs, standards, and values.

1. What do you think this drawing is about?
2. What do you think the walls mean?
3. Why do you think that the artist drew this?



**VIDEO CLIP 2: Jason: 'The reality check PART 1'**

**VIDEO CLIP 3: Jason: 'The reality check PART 2'**

## CARD SET 2



These are real photos of young people that have been abusing methamphetamines. These are photos that have been taken by the Police in the USA, but have been given permission by the people in the photos to be used. They want people to see what can happen to you when you abuse drugs.

1. What are your thoughts on these photos?
2. Have you ever seen this happen to someone?
3. Can you guarantee that this will never happen to you?



**VIDEO CLIP 4:** Dr John Merrick, State Coroner's Office 'Drug related deaths'  
**VIDEO CLIP 5:** State coroner's office 'Crossing George St'  
**VIDEO CLIP 6:** State coroner's office 'You don't know what you're buying'  
**VIDEO CLIP 7:** State coroner's office 'Getting out of prison and using'

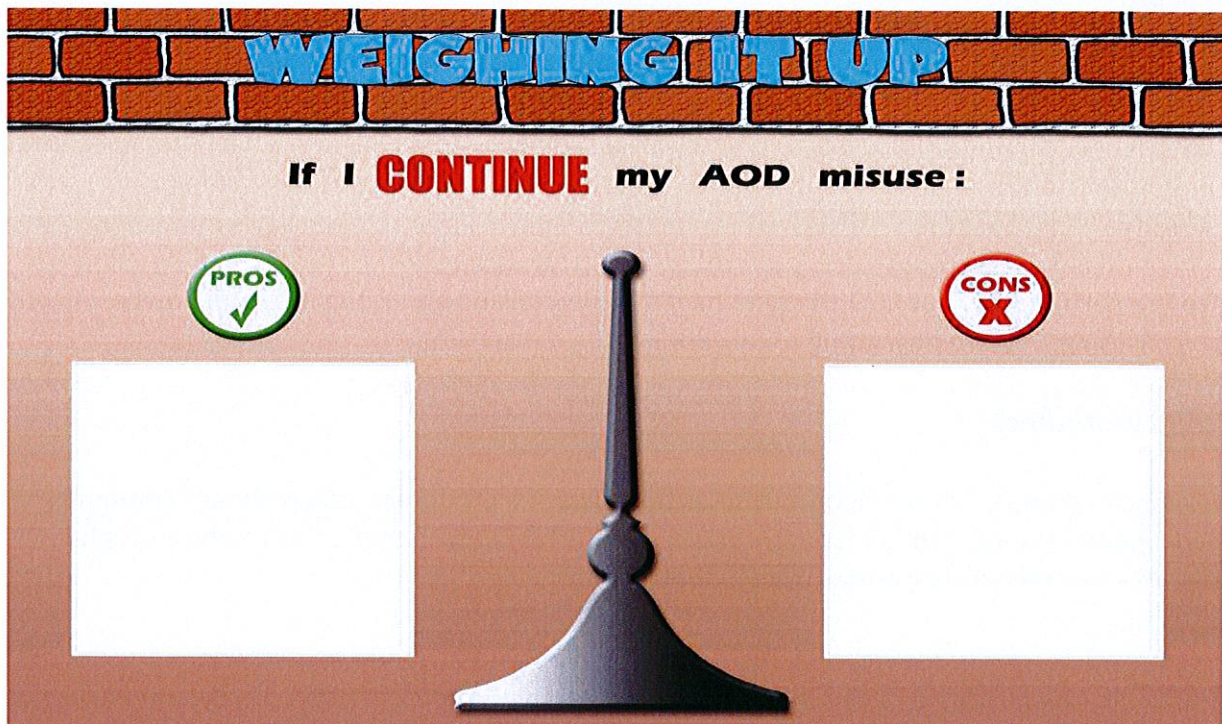


### Part 3: Weighing it all up

The final part of the exploring time is spent taking the participants through a cost / benefit analysis. The aim of this is to personalise the content of the discussions that have been held today.

#### *The First Worksheet*

Begin with the AOD misuse scale, as seen below. When working in groups, use the floor space to facilitate a group discussion about: 'continuing substance misuse' in a general sense. The personal worksheets can be filled in later so as to obtain each individual's reasoning.



It is only natural that resistant criminal justice clients will begin by talking about the positive aspects of continuing misusing substances. Therefore;

- Guide the participants in discussion around these perceived positive aspects.
- Ask the participants to then label each aspect as either: a 'long term' positive (LT), or as a 'short term' positive (ST). It should become evident that most of the benefits for continuing to use will have short term effects that require constant renewing.
- Ask the participants to then rate the perceived positives on an importance scale of 0 to 10, where 0 = not important at all, and 10 = extremely important. When doing this exercise in groups there will inevitably be participants who have conflicting rating scales based on their life experience, knowledge, and maturity levels, etc. Use this discrepancy to highlight the fact that each participant is different and has a different level of importance attached to the need (outcome expectancy) that is being fulfilled by continuing to misuse substances.

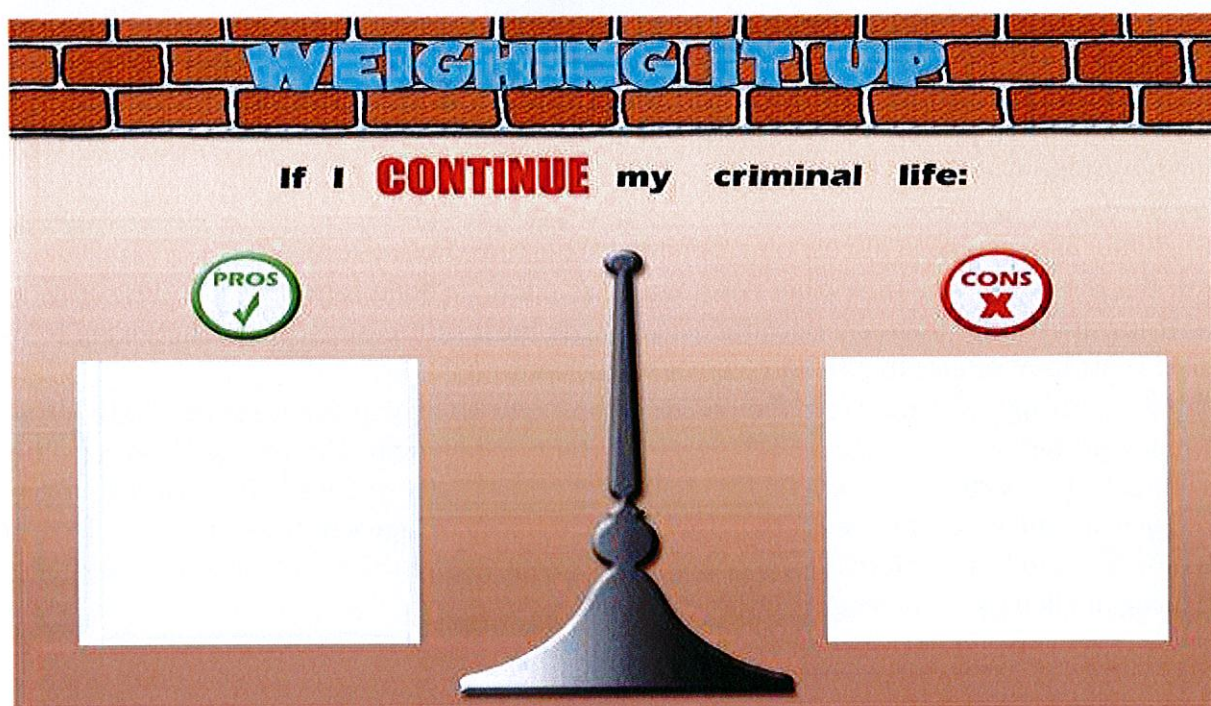
### The Negative Aspects

- Tell the participants that there is obviously a negative reality to consider when talking about continuing substance misuse.
- Guide the participants in discussion around these negative aspects as you write them on the scale.
- Bring any 'overlooked' issue into the discussion (OD, death, brain damage, etc).
- Ask the participants to label each aspect as either: a 'long term' negative consequence (LT), or as a 'short term' negative consequence (ST). It will become evident that there are a lot of long term negative consequences attached to continuing substance misuse. Highlight to the participants that this means that there are many long term bad things in exchange for relatively few short term good things.
- Ask the participants to then rate the negative aspects on an importance scale of 0 to 10, where 0 = not important at all, and 10 = extremely important. When doing this exercise in groups there will inevitably be participants who have conflicting rating scales based on their life experience, knowledge, and maturity levels, etc. Use this discrepancy to highlight the fact that each participant is different and has a different level of importance attached to risking coming in contact with negative consequences.

Explain to the participants that now that you have finished talking about the 'ups and downs' of continuing substance misusing, you are now going to talk about criminal activity.

### The Second Worksheet

When working in groups, use the floor mat so as to facilitate a group discussion about: 'continuing criminal activity' in a general sense. The personal worksheets can be filled in later so as to obtain each individual's reasoning. The worksheet that is now used is shown below.



It is only natural that resistant criminal justice clients will begin by talking about the positive aspects of continuing to commit crime. Therefore;

- Guide the participants in discussion around these perceived positive aspects.
- Ask the participants to then label each aspect as either: a 'long term' positive (LT), or as a 'short term' positive (ST). Is it really true that criminal behaviour can have some long term benefits?
- Ask the participants to then rate the perceived positives on an importance scale of 0 to 10, where 0 = not important at all, and 10 = extremely important. When doing this exercise in groups there will inevitably be participants who have conflicting rating scales based on their life experience, knowledge, and maturity levels, etc. Use this discrepancy to highlight the fact that each participant is different and has a different level of importance (outcome expectancy) attached to the need that is being fulfilled by continuing to commit crime.

### *The Negative Aspects*

- Tell the participants that there is obviously a negative reality to consider when talking about continuing in criminal activity.
- Guide the participants in discussion around these negative aspects as you write them on the scale.
- Bring any 'overlooked' issue into the discussion.
- Ask the participants to label each aspect as either: a 'long term' negative consequence (LT), or as a 'short term' negative consequence (ST). It will become evident that there are a lot of long term negative consequences attached to continuing criminal involvement, and that these negative things tend to get bigger and worse the more that they happen. For example, a person's prison sentences tend to get longer and more severe the more often a person is charged. Highlight to the participants that this means that there are many long term bad things in exchange for relatively few short term good things.
- Ask the participants to then rate the negative aspects on an importance scale of 0 to 10, where 0 = not important at all, and 10 = extremely important. When doing this exercise in groups there will inevitably be participants who have conflicting rating scales based on their life experience, knowledge, and maturity levels, etc. Use this discrepancy to highlight the fact that each participant is different and has a different level of importance attached to risking coming in contact with negative consequences.

### *Concluding The Exploration Time*

Highlight to the participants that all of them have one thing in common: they all have substance misuse related criminal charges, even though the substances being used may be different, as well as the types of crimes that have been committed. Create a discussion about the issues that have come up in today's meeting and about the relationship between the two worksheets. Use the arms of the scale to tip the weighting towards either the positive or negative side. Generally common sense will dictate that participants will tip the scales towards the 'negative' side. Mention to the participants that although this seems to make sense, many people continue to do the same thing and get the same or worse results.

It only makes sense that if someone wants to get different or better results; then they are going to have to start doing things differently.

## 2.4 THE CHECK OUT

Today we have talked all about the costs of continuing abusing drugs and alcohol and being involved in criminal activity. We have gone one step further than talking about THE HEAT being on us, and talked about THE HEAT burning us. THE HEAT is all the threats that we attract to ourselves by behaving in certain ways. **After what we have looked at today, how likely to experience these things do you think you are if you continue doing what you're doing? How serious do you think that these consequences are?**

Ask the participants the following questions:

- What was something that you found interesting from what we looked at today?
- What can you take away from today's meeting that will be useful to you?
- Does anyone feel the need to talk to me alone about anything that you have on your mind after today's meeting?
- What time and when is our next meeting?

Once again, this **is not** a happy conversation that we have had with our clients. They are not meant to be happy and cheerful about the content discussed. This is serious business that can impact them negatively for the rest of their life. Once again, we want the participants to be leaving the meeting in a contemplative mode. If they are thrilled about the content you may not have personalised this session well enough...



It is understandable that on many occasions the module content will cause a diverse range of emotions to arise. As the facilitator you must ensure that the participants are feeling safe to depart from the meeting. You must ensure the following:

- That each participant has the opportunity to have further discussion with you should they require to.
- That each participant is **not** in an emotional state that requires immediate attention, such as disclosure to self harm, harm others, or any other destructive behaviour.
- That if required, any participant be given an immediate referral to any other relevant professional such as psychologists, nurses, medical practitioners, etc.
- That if the participant asks to see you alone to discuss something that you organise a time right there and then.

# Module 3: CRIME SCENE INVESTIGATION

## AIMS & PRINCIPLES

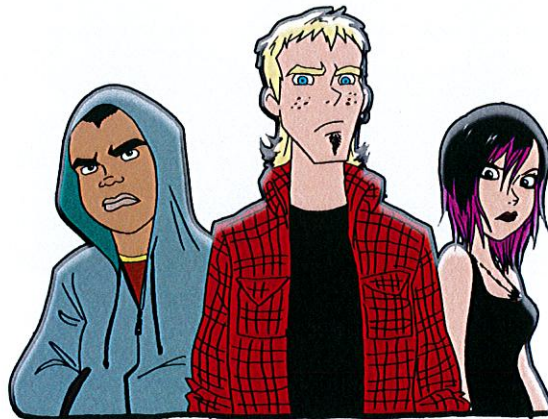
1. To highlight what is happening **behind the scenes** of the crime scene.
2. To highlight the **thinking patterns** of the perpetrator.
3. To highlight the **underlying attitudes** of the perpetrator.
4. To raise the topic of 'Why' this is all happening.
5. To develop a **crime impact map** including both the perpetrator and the victim.

### 3.1 THE CHECK IN

The check in for each module allows time for the facilitator to provide a context for the content of the day's topic and the desired outcomes for the participants.

As facilitator you must ensure to do the following:

- Ask the participants if anything has come up for them after they have had time to think about the content from the previous module.
- Set the context for today's module.
- Provide an overview of the content that you will be covering in today's module.
- Go over the group rules.
- Go over the concept of disclosure and confidentiality.



## 3.2 THE COMMENCING ACTIVITY

### The Life / Sport Analogy

Ask the participants what their favourite footy team is. Have a general discussion about why they like this team and who the best players are. Ask them what makes them think that they are good players, etc.

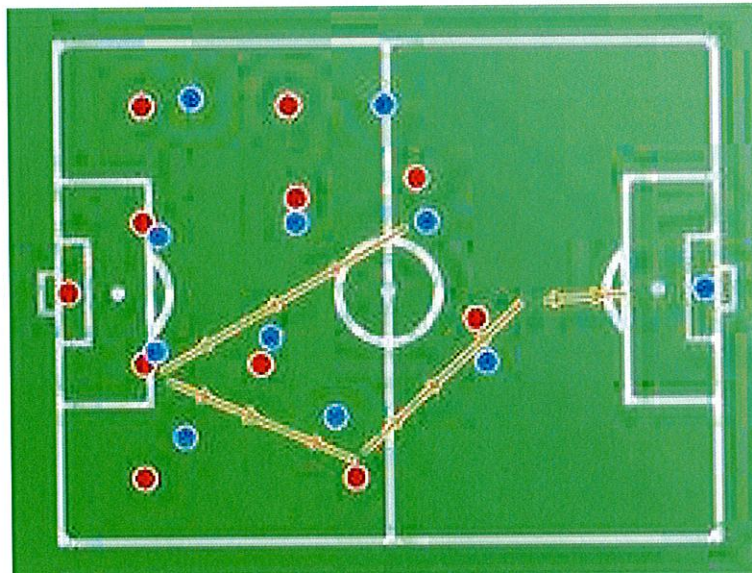
Sporting teams are made up of participants who act like a small community. All of the team members have the same common goal, and are only effective if they all work together. If one team member slouches, the whole team suffers. Let's look at some of the parallels between strong communities and strong teams. We will use a football, soccer, or rugby team as an example of this.

### What is the difference between a group of people and a team?

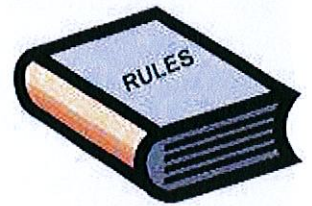
(Common goals and objectives, they all wear the same jersey, they stick together, etc. Then ask them to make the parallel to a community. What 'mob' do you belong to? Is it a community that is like a team? Explain.)

### What are some of the things that help make a good team?

(Training, teamwork, different roles and positions, good trainers and coaches, good leadership, good team attitude and team bonding, etc. Ask the participants to make the parallel between these attributes of a good team to a good community.)



Why is it necessary to have rules? Discuss the parallels between the need for rules in sports and in communities. (Discuss cheating, bad sportsmanship, role modelling, etc) There are clear lines or rules in games. You need rules to keep play fair.



### The concept of the referee

Why is it necessary to have a referee? What would happen if there were no rules? Discuss the concept of refereeing for teams and in the community. Who is the ref in the community? What would happen if they weren't there? Why is a 'video ref' helpful?



### The concept of the red card

What does a 'red card' mean? Why does it happen? Is there a red card concept in the community? Why does this happen? What would happen if it didn't exist? Is the 'red card' justified or do you think that it is unfair? What is your 'red card' story? You get a red card when you cross a line. Players know what the lines (rules) are.



### The concept of the sin bin

What is a sin bin? Why does it exist? What is the purpose of the sin bin? How does this compare to living in a community? What is a community 'sin bin'? The sin bin is a place for line crossers to sit.



### Team playing and being a good sport

What happens when a person on the team becomes a slacker? (Eg: Lay down Sally) How does the team respond? What must it feel like to be the person who lets the team down?



### Post-game footage

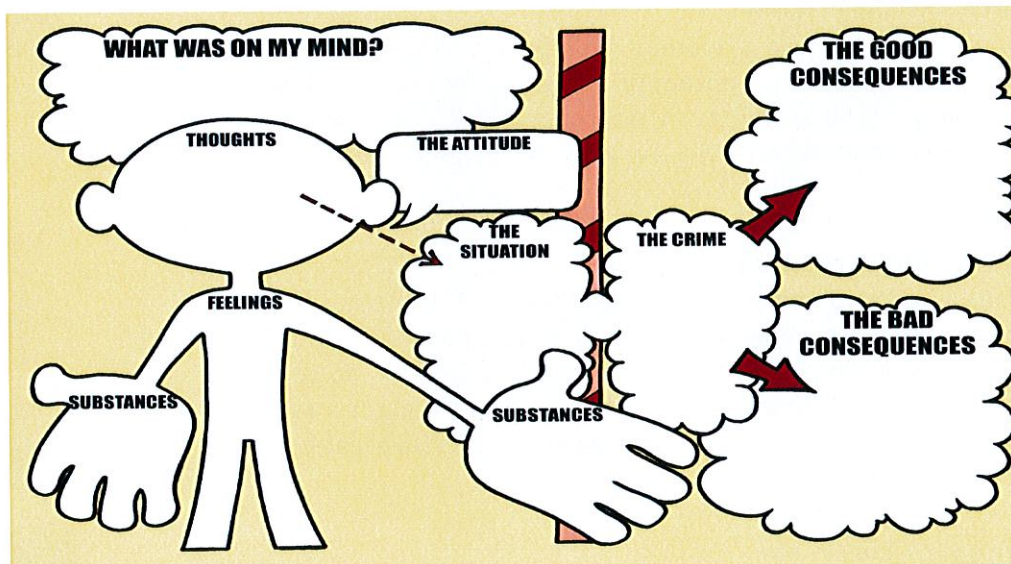
What are the benefits of looking at the game after it's over? (especially if you're on the losing team...) When someone is playing the game they are often too close to it and involved that they can't see what can or could have been done better. Have you ever been watching a game where you were able to see things that the players could have done better? This is called 'being objective'. Someone can be objective when they get to look at things from another perspective and see different angles on it. When someone is so close and involved in a situation that they can't see what can be done better, this is called 'being subjective'. We can all learn a lot about 'playing better' in sports and in life by being objective rather than subjective.



### 3.3 THE EXPLORING TIME

The exploring time focuses on a strategically designed crime mapping worksheet, as seen below. Use the worksheets as required. There may be a need to cover more than one crime.

#### Part 1: A deeper look into the perpetrator



#### What can be seen?

**Step 1: 'The Crime' bubble.** Ask the participants to once again write down what the charges were that brought them to a place where they are now required to be sitting in front of you.

**Step 2: The 'Substances' bubbles.** Ask the participants to write down what substances they were using at the time of the crime. Notice that there are Substance bubbles in both hands in the drawing. This is to cater for multiple substance use at the time.

**Step 3: 'The bad consequences' bubble.** What were the negative things that happened as a result of breaking the law?

**Step 4: 'The good consequences' bubble.** Were there any good things that happened as a result of committing this crime?

#### What needs to be uncovered?

**Step 1: 'The situation' bubble.** What was the situation that provoked the crime? What did you see? Hear? Know about? What was it about the situation that made you step into it?

**Step 2: The 'thoughts' bubble.** What were you thinking at the time about the situation? Were you thinking about a certain situation and then went to it, or were you exposed to a situation and then thought about it?

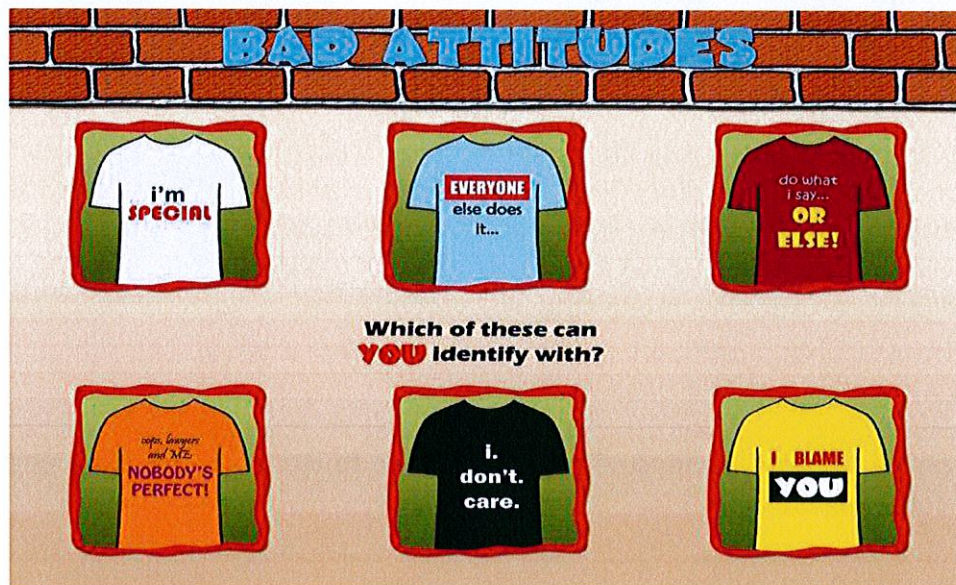


**Step 3: The 'Feelings' bubble.** What feelings did you experience at the time?

**Step 4: The 'What was on my mind' bubble.** What had been on your mind during the week before the crime even occurred? Was there anything that played on your mind when you went to bed at night? Did you spend a lot of time thinking about a particular thing in the days leading up to the crime?

**Step 5: 'The attitude' bubble.** How would you describe the underlying attitude that you had when you committed the crime?

They say that "if the shirt fits, wear it!" Use the poster illustrated below to elaborate on this in more detail. Do any of these shirts seem to fit your attitude on the day of the crime?



## Part 2: Characteristics of 'Line Crossers'.

In the worksheet you will notice that **there is a line**. There is a line between a situation and a crime scene. There is a line that stands between right and wrong, legal and illegal. This is a line that you crossed, and have probably crossed many other times before. It's almost certain that you knew you were crossing a line behaving in the way that you did.

For a person who has any of these underlying attitudes, crossing lines would not be a hard thing to do. There would be different motivation for doing so, but they would all cross the line. Some would feel entitled to cross it, others would feel that they are ones that make the rules, and others would believe that the victim of the crime was to blame.

### Special Clinical Note:

This discussion sheet relates to oppositional and antisocial behavioural displays and traits. The aim of these discussions is to promote **insight** into self. It is **not** to label or diagnose clients with personality disorders. With this in mind, we are **still not** talking about the client's 'strengths and positive attributes' at this point in the program. We are talking about their "characteristics" that are causing them conflict with the law and other people, and which are also attracting **heat** upon themselves.

**We delve into the client's positive strengths and attributes later in this program.**

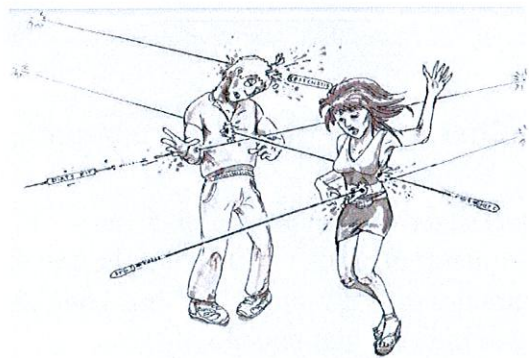
Choose one of the following posters to highlight some of the characteristics of high risk anti social behavioural traits.



Chances are that with certain underlying attitudes that we have just been talking about, you may have crossed all kinds of lines throughout your life. Some of these are illustrated here. If you have spent some time in a detention centre and with other 'line crossers', do you think that the stories that you hear from others are often about these topics? Are they just ways of operating?

People with these characteristics are prone to taking very high risks. Some of them are calculated, but many of them are not. These kinds of people generally have a lot of **heat** on them. They expose themselves to huge threats to their personal wellbeing.

Many people that have these characteristics also don't seem to learn from serious consequences. Let's have a look at the following drawings.



1. What are these drawings about?
2. How many people would be game to get the beer?
3. What would you think about someone that had previously taken the beer and had been caught in the trap, suffered serious consequences, and was back doing the same thing again?



**NOTE: THIS VIDEO CLIP IS USED ONLY AT THE CLINICIANS DISCRETION**

**VIDEO CLIP 1: Michael McGrath 'The Bully' (Power Orientation – Do it or else!)**

What do you think Michael's underlying attitude towards people is? How did his underlying attitude get him what he wanted in the short term? How did things work out in the long term? (In prison, his wife meets a better man, no access to his child...)

Another characteristic of 'line crossers' is that they don't often consider the consequences of their actions before they act. Use the following 'CRIME IMPACT MAP' to help make those consequences clear. We are also going to focus on the victim, not just the perpetrator, although it will be most impacting on your client to focus on their negative impacts rather than the victim's.



**Me**  
Firstly, write down the attitude you had that best describes you at the time of the crime. This is one of the attitudes that we have just been talking about. Secondly, what were the short term consequences that you faced immediately after committing the crime? Write or draw these consequences in the top 5 circles on the left hand side of the page.

Next, what have been some of the long term consequences that you have faced because of the crime that you committed? Write these down in a different colour on the bottom 5 circles on the left hand side of the page.

**The Victim**  
Firstly, what do you think some of the immediate consequences to the victim were at the time of the crime? Write or draw these down in the top 5 circles on the right hand side of the page.

Secondly, what do you think some of the long term consequences have been for the victim of your crime? Write or draw these down in the bottom 5 circles on the right hand side of the page. Have you ever thought about the possibility of revenge being carried out against you by the victim or a member of their family, or a friend, or even someone contracted to hurt you?

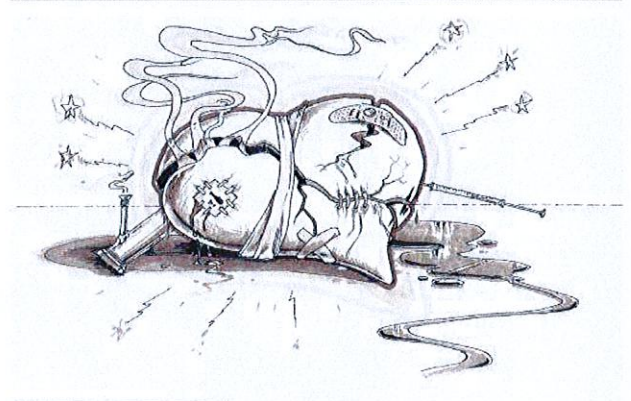
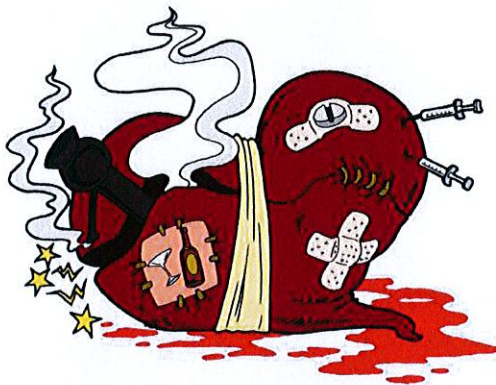


**VIDEO CLIP 2: Ken Marslew 'The impact of your actions'**

### Part 3: Characteristics of drug misusers

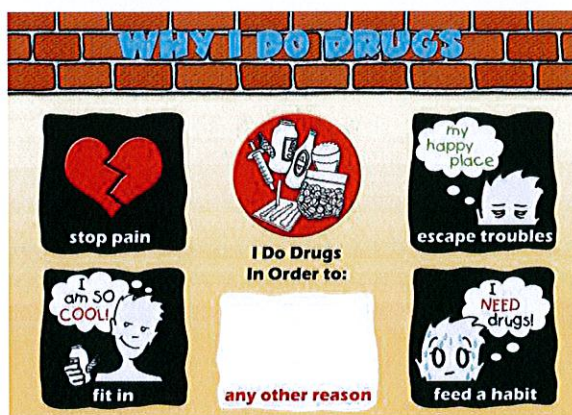
Criminal activity and drug use do not always go hand in hand, however participants in this program should have an obvious link between the two. Some will offend when they are under the influence, and others will offend in order to become 'under the influence'.

Choose one of the following illustrations and place it on the floor or table for discussion.



1. What do you think that this illustration is all about? (A common phrase amongst adult drug users is: "Chemicals medicate pain". This is what the artist had in mind when he drew this.)
2. Have you ever seen people do this? Did it work for them?
3. Do you think that it works in the short term? What about the long term?

There are a lot of reasons why people use drugs. There are also a lot of reasons why people end up misusing them too. Part of the reason that you are participating in this program is because you have identified yourself as a person who uses a lot of drugs or alcohol. Let's have a look at another illustration and talk about some of those reasons.



Have a discussion about the reasons that are illustrated in the drawing and ask the participants 'why' they think that they might be using drugs.

Are there any other reasons that are not highlighted in the illustration that can be identified?

## Part 4: The Concept of Change

### Activity: The Alternatives


We are going to introduce the concept of **alternatives** or **change**. Up until this point in the program we have been talking all about continuing or persisting with the same behaviour. Explain to the participants that the term 'brainstorm' refers to several people getting together to talk about things so that they can get many different perspectives and then come up with new ideas, plans, and alternatives.

Hand out a large piece of butcher's paper to each of the participants.

Ask the participants to stick the 'WHY I DO DRUGS' sheet on top of the butcher's paper.

Then have the participants 'brainstorm' alternatives to these motives for using drugs, as seen below.

See a counsellor      Start a new hobby



Make some new friends      Get help from a Dr  
Learn to say NO

The participants may have different reasons other than those that are illustrated in the drawing. Ask them to write down in the empty box what those reasons are.



**VIDEO CLIP 3: Judge Dive (Parramatta Drug Court): 'The impact of drug related crime'**

**VIDEO CLIP 4: Jason: 'Shame and guilt'**

### 3.4 THE CHECK OUT

Today we have talked all about the costs of continuing abusing drugs and alcohol and being involved in criminal activity. We have talked about **the heat** being on us. **The heat** is all the threats that we attract to ourselves by behaving in certain ways. After our discussions today, **how likely** to experience these things do you think you are if you continue doing what you're doing? **How serious** do you think that these consequences are?

Ask the participants the following questions:

- What was something that you found interesting from what we looked at today?
- What can you take away from today's meeting that will be useful to you?
- Does anyone feel the need to talk to me alone about anything that you have on your mind after today's meeting?
- What time and when is our next meeting?

Once again, this session is all about contemplation. In this session we have unpacked the question of **Why?** Participants should still be leaving this meeting in a thinking mode.



It is understandable that on many occasions the module content will cause a diverse range of emotions to arise. As the facilitator you must ensure that the participants are feeling safe to depart from the meeting. You must ensure the following:

- That each participant has the opportunity to have further discussion with you should they require to.
- That each participant is **not** in an emotional state that requires immediate attention, such as disclosure to self harm, harm others, or any other destructive behaviour.
- That if required, any participant be given an immediate referral to any other relevant professional such as psychologists, nurses, medical practitioners, etc.
- That if the participant asks to see you alone to discuss something that you organise a time right there and then.

## Module 4: THE BENEFITS OF CHANGE

### AIMS & PRINCIPLES

1. To highlight the **efficacy** or benefits of making personal changes in relation to our substance use.
2. To highlight the **benefits of being drug free and healthy**.
3. To highlight the **benefits of being crime free**.
4. To highlight **how change happens**.
5. To highlight **other areas in our life that could be improved** for our overall benefit and wellbeing.

### 4.1 THE CHECK IN

The check in for each module allows time for the facilitator to provide a context for the content of the day's topic and the desired outcomes for the participants.

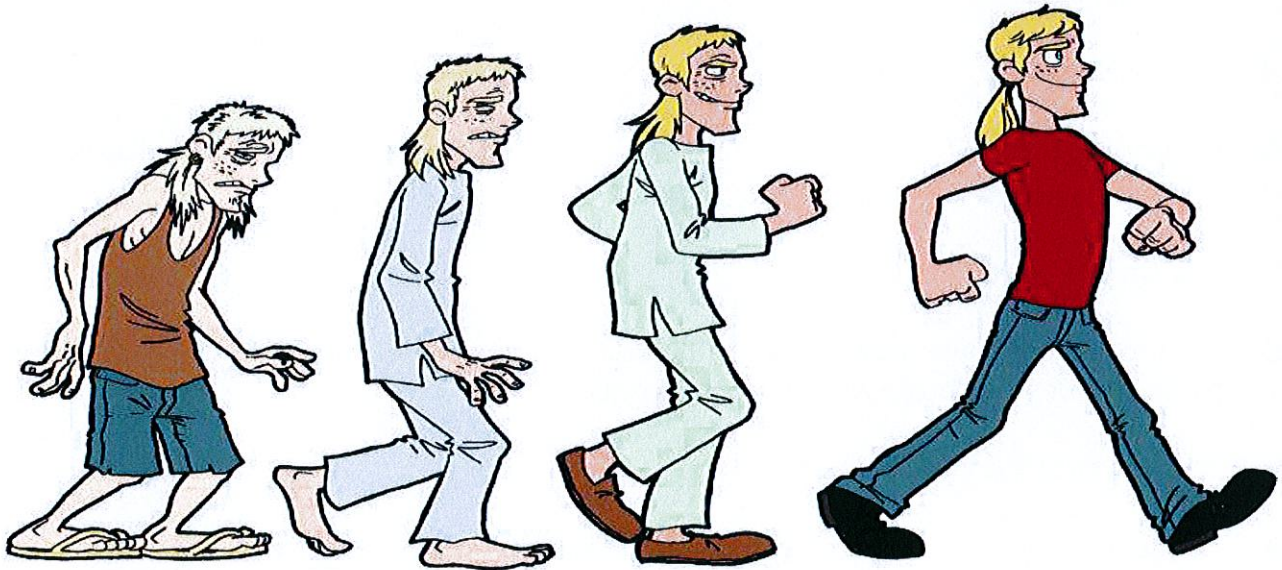
As facilitator you must ensure to do the following:

- Ask the participants if anything has come up for them after they have had time to think about the content from the previous module.
- Set the context for today's module.
- Provide an overview of the content that you will be covering in today's module.
- Go over the group rules.
- Go over the concept of disclosure and confidentiality.



## 4.2 THE COMMENCING ACTIVITY

Our focus is now on the good things or benefits of making changes in our lifestyle and behaviour. We are now concentrating on **beating the heat**, instead of **attracting the heat**. We begin by looking at an illustration that is the opposite of what we looked at in the commencing activity in Module 2. Place the following illustration on the floor or table in front of the participants so that it can be looked at and talked over.



1. What is this illustration all about?
2. Have you ever seen this happen to someone?
3. After having stopped using drugs and booze for a while, what health improvements did you notice about yourself?
4. Do you think that the person at the left hand side of the page believes that becoming the person on the right hand side of the page is achievable?
5. How long do you think that this process would take?
6. How hard do you think this process might be?
7. What do you think might be going on in the mind of the people illustrated in the middle two positions in the line?
8. What do you think the person on the right hand side of the page would think if he looked back at himself on the left hand side of the page?





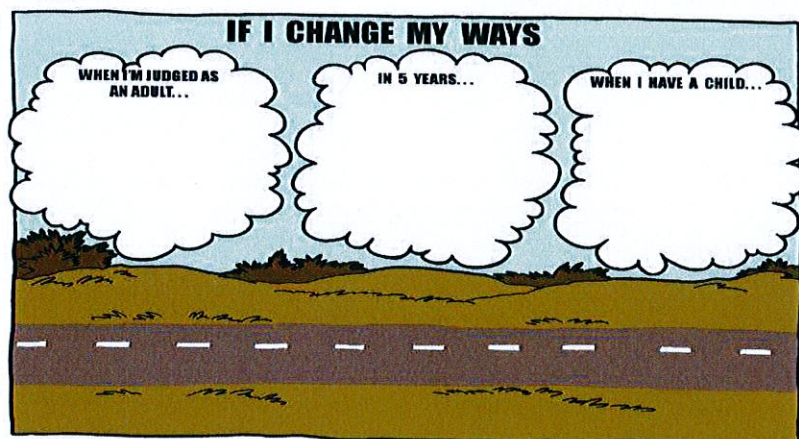
### VIDEO CLIP: Jason 'Getting Healthy'

## 4.4 THE EXPLORING TIME

The exploring time in this module will focus the participants on four key areas of change. Firstly, what will happen if I change my ways? Secondly, how does this change happen? Thirdly, how do I weigh it all up to see if it is in my best interests? And fourthly, there are lots of areas in my life I can work on and improve.

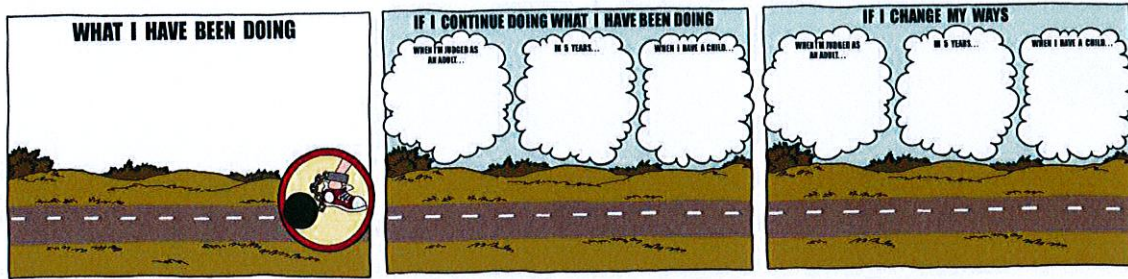
### Part 1: If I Change My Ways

We begin the exploring time with a continuation of the worksheets that were completed in module 1. So far we have looked at the past until the present and the future based on continuing the same old behaviour. Now we are going to focus on what the future might look like if I decide to 'change my ways'. Use the following worksheet for this exercise.



1. Ask the participants to fill in the thought cloud titled 'when I am judged as an adult'. What will be different if you have changed behaviour? How might you be looked at differently by other people? How might you be viewed by the Police?
2. Ask the participants to fill in the thought cloud titled 'in 5 years'. How might your health be different? What circles of friends might you have? What type of employment might you have that could be different if you changed rather than continuing with the same? What relationships might be different?
3. Ask the participants to fill in the thought cloud titled 'when I have a child'. If you became a changed person that was not involved in heavy drug and alcohol use and not involved in crime, in what ways would you be different as a parent than if you continued? What kind of upbringing would your child experience growing up that would be better with you as a changed person rather than the person that you are now?

Finally, ask the participants to place all of the 'PATHWAY' series in a row as seen below.



1. What are some interesting features that you notice about your options?
2. Which future is more appealing to you? Why?

### Part 2: How Change Happens

We have been talking about the option of change. But how does change actually happen? Do people go to sleep one day and wake up as a lawyer or business owner? Do people go to sleep one day and wake up the next with an addiction to drugs or alcohol? Can a person just go to sleep one day being really unfit and wake up the next day being really fit and healthy?

Habits are acquired over time. It's usually more about a process over time, rather than a one-off event.

#### Activity: Map The Process

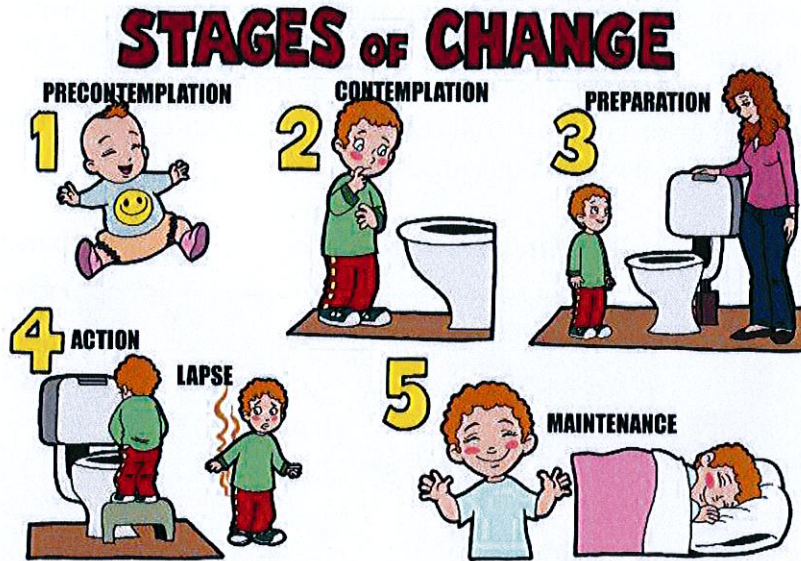
Put the illustrations that you see below into the correct order of events.

(This order is depicted below) One series is about the uptake of substance use, and the other about crime.

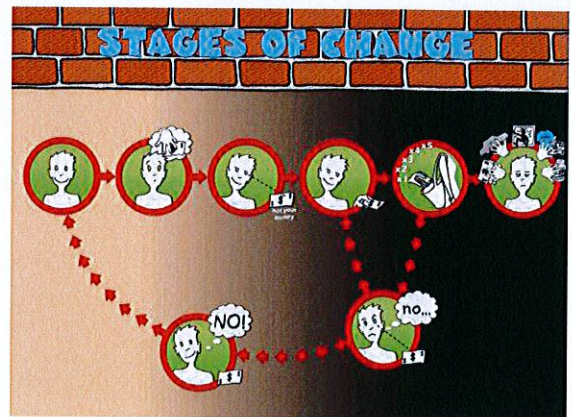
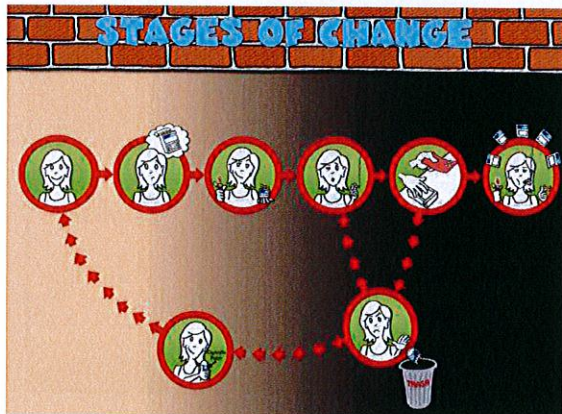


*The Uptake Of Behaviours*

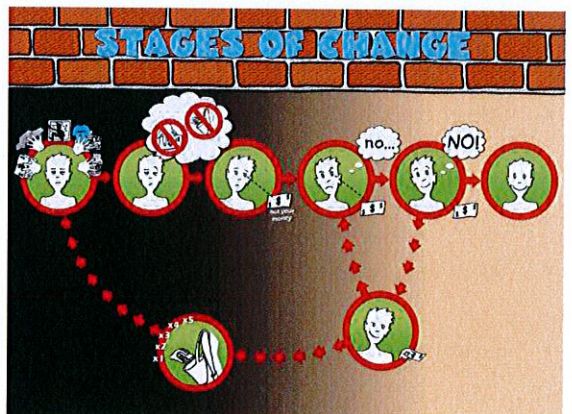
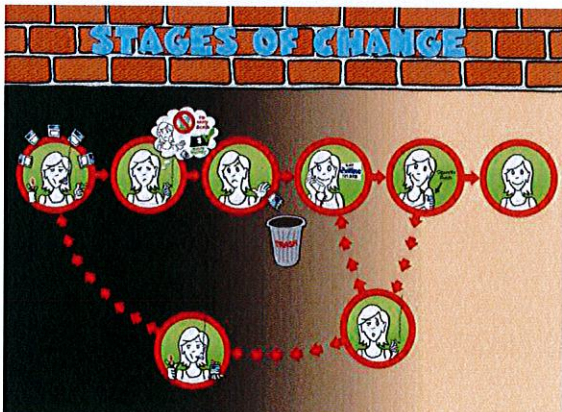
This can also be seen in behaviours that we learn from a very early age. One such behaviour is toilet training, as seen below.



However some behaviour that we acquire throughout our life can be very unhelpful and even self defeating, such as those in the following illustrations.



*Changing Unhelpful Behaviours*



### The Process Behind Events

A process is required for decisions to be made, not only for habits to be formed. Even events have a process behind them. Think about the process behind a person getting a tattoo. Getting a tattoo might be an event, but there is a lot of thought that goes into the process prior to it being inked onto someone's skin. We see tattoos all around us, on all different people, male and female. Tattoos do not just appear. Most people have very specific stories behind each tattoo on their body and what they represent. Maybe it reminds them of their mother or father or children, or maybe of an event in their life, or a symbol that they support. The drawing below illustrates this process.

#### 1. Oblivious to tattoos.

#### 2. Contemplating tattoos

#### 3. Preparation



#### 4. Action (getting it done)

These additional illustrations relate to potential consequences.

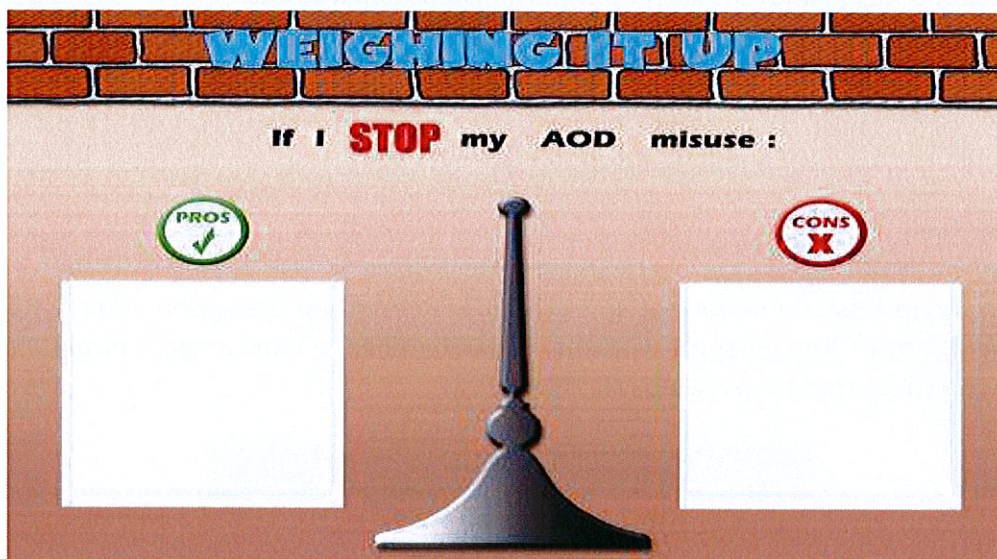
- Do you have any tattoos?
- What do they mean?
- Why did you get them?
- Why was it important?
- How much thought did you put into the design before you got it?

### Part 3: Weighing It All Up

We are now going to weigh up the good and bad things about quitting. We are talking about either quitting or modifying substance use and quitting criminal activity altogether.

#### The First Worksheet

Begin with the AOD misuse scale, as seen below. When working in groups, use the floor mat so as to facilitate a group discussion about: 'stopping substance misuse' in a general sense. The personal worksheets can be filled in later so as to obtain each individual's reasoning.



#### The Negative Aspects

It is only natural that resistant criminal justice clients will begin by talking about the negative aspects of ceasing their misuse of substances. Therefore;

- Tell the participants that there is obviously a negative reality to consider when talking about stopping substance misuse.
- Guide the participants in discussion around these negative aspects as you write them on the scale.
- Bring any 'overlooked' issue into the discussion.
- Ask the participants to label each aspect as either: a 'long term' negative consequence (LT), or as a 'short term' negative consequence (ST). It will become evident that there are a lot of short term negative consequences attached to stopping substance misuse. Highlight to the participants that this means by quitting there are likely to be some short term bad things in exchange for many long term good things. We will later explore that aspect.
- Ask the participants to then rate the negative aspects on an importance scale of 0 to 10, where 0 = not important at all, and 10 = extremely important. When doing this exercise in groups there will inevitably be participants who have conflicting rating scales based on their life experience, knowledge, and maturity levels, etc. Use this discrepancy to highlight the fact that each participant is different and has a different level of importance attached to risking coming in contact with negative consequences.

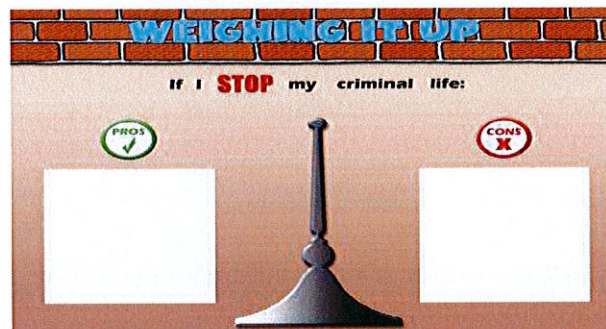
### The Positive Aspects

- Guide the participants in discussion around these perceived positive aspects.
- Ask the participants to then label each aspect as either: a 'long term' positive (LT), or as a 'short term' positive (ST). It should become evident that most of the benefits for ceasing to use will have long term benefits to them.
- Ask the participants to then rate the positives on an importance scale of 0 to 10, where 0 = not important at all, and 10 = extremely important. When doing this exercise in groups there will inevitably be participants who have conflicting rating scales based on their life experience, knowledge, and maturity levels, etc. Use this discrepancy to highlight the fact that each participant is different and has a different level of importance attached to the need or desire to make changes to their behaviour.

Explain to the participants that now that you have finished talking about the 'ups and downs' of stopping substance misusing, you are now going to talk about criminal activity.

### The Second Worksheet

When working in groups, use the floor mat so as to facilitate a group discussion about: 'stopping criminal activity' in a general sense. The personal worksheets can be filled in later so as to obtain each individual's reasoning. The worksheet that is now used is shown below.



It is only natural that resistant criminal justice clients will begin by talking about the negative aspects of stopping their criminal activity. Therefore;

- Tell the participants that there is obviously a negative reality to consider when talking about quitting criminal activity.
- Guide the participants in discussion around these negative aspects as you write them on the scale.
- Bring any 'overlooked' issue into the discussion.
- Ask the participants to label each aspect as either: a 'long term' negative consequence (LT), or as a 'short term' negative consequence (ST). It should become evident that there are a lot of short term negative consequences attached to ceasing criminal involvement, and that these negative things tend to happen less and less the longer that time goes on. For example, a person's bad reputation and being in the attention of the Police tend to become less and less the more that time goes on if they stop committing crime. Highlight to the participants that this is likely to imply that there will be some short term bad things in exchange for many long term good things if they change their behaviour and stop committing crime.

- Ask the participants to then rate the negative aspects on an importance scale of 0 to 10, where 0 = not important at all, and 10 = extremely important. When doing this exercise in groups there will inevitably be participants who have conflicting rating scales based on their life experience, knowledge, and maturity levels, etc. Use this discrepancy to highlight the fact that each participant is different and has a different level of importance attached to risking coming in contact with negative consequences.

### *The Positive Aspects*

- Guide the participants in discussion around these perceived positive aspects.
- Ask the participants to then label each aspect as either: a 'long term' positive (LT), or as a 'short term' positive (ST). Is it really true that quitting criminal behaviour can have some long term benefits?
- Ask the participants to then rate the positives on an importance scale of 0 to 10, where 0 = not important at all, and 10 = extremely important. When doing this exercise in groups there will inevitably be participants who have conflicting rating scales based on their life experience, knowledge, and maturity levels, etc. Use this discrepancy to highlight the fact that each participant is different and has a different level of importance attached to the need or desire to stop committing crime.

Highlight to the participants that all of them have one thing in common: that they all have substance misuse related criminal charges, even though the substances used may be different, as well as the types of crimes that have been committed.

### *The LINK between their Substance Misuse and their Criminal Activity*

Create a discussion about the issues that have come up in today's meeting and about the relationship between the two worksheets. Use the arms of the scale to tip the weighting towards either the positive or negative side. Generally common sense will dictate that participants will tip the scales towards the 'positive' side. Mention to the participants that although this seems to make sense, many people continue to do the same thing and get the same or worse results.

It only makes sense that if someone wants to get different or better results; then they are going to have to start doing things differently. You can't keep doing the same things and expect to get different results. Learning to do things differently requires hard work. It requires people to learn new habits and new skills.

Explain to the participants that there is a program that follows this one that is designed to help people make these changes and teach them new skills at achieving this goal.

## **Part 4: There are lots of things in my life that I can work on**

### **Activity: Imbalance to Balance**

A balanced lifestyle revolves around balancing many different issues, activities, and a diverse range of people. The aim of this exercise is to explain what a balanced life looks like, and to promote efficacy in the client with a view to moving them towards making constructive changes. Illustrate a person's life (who is involved in a substance using/crime lifestyle) by drawing a circle and dividing it into 'slices of a pie'. (See

the following page for an example) Give names to the different slices, such as: sport and recreation, education, family, friends, relationships, money, leisure, drugs, crime, spirituality, personal care, hobbies, work, etc. Write a zero in the middle of the circle and a ten at the end of the line that reaches the outside of the circle.

What is required of someone who wants to achieve a '10' in a certain area of their life?

Explain that we only have one chance at living life, and we have the potential to achieve either a zero or a ten in rating in each of these areas. The effort we put into each of these areas will be rewarded, and the lack of effort that we put into each of these areas will be to our loss, with the exception of drug use and crime. Each of these aspects of life requires dedication and quality time in order to be maintained and enhanced. Ask the participants what happens when any of these aspects of a balanced life becomes neglected. An example of this would be that it is not possible to learn a musical instrument or get any better at playing one without spending time practising.

- What happens to a sports person who stops training? Instead of reaching their full potential, what happens? Is the person aware of this? Can other people notice? What are the options?
- What happens to a person when they become involved in substance misuse or when they have an addiction?
- Explain how the slices of the pie start to become neglected as less time and effort is put into them.
- Discuss the following: How a person's physical appearance can change, how their family can break up, children can be neglected, etc.
- Explain that a person who becomes involved in substance misuse and crime end up living very 'small slices' of life. They spend a great deal of effort being in certain places and around certain people, and making sure that they are not near other places and people. The circle of life becomes like a downward spiral.
- Ask the participants if they have noticed any of these things happen to people around them. Have any of these things started happening to themselves?
- Explain that there is an alternative. The alternative is to regain balance.
- Ask the client to make a line in the slice that represents how much effort or attendance they feel that they are currently putting in to each area of the pie. Tell them to colour-in the section that is currently being addressed. Encourage them to see the pie as something that is being filled up. Encourage self efficacy in clients to see that they have plenty of room to grow, but growth requires effort.



Figure 1: A pie chart illustrating how an addiction can completely absorb a person's life and time, leaving the other aspects of life neglected and in chaos.

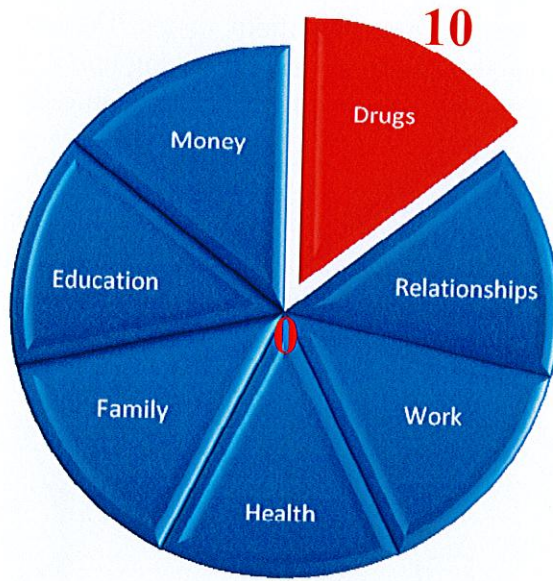


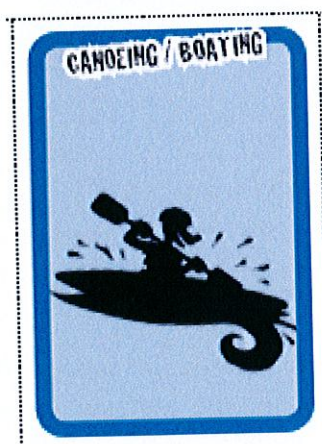
Figure 2: A pie chart that asks the client how they would rate their attendance to a particular aspect of life. The dark portion represents how much attendance or effort they are putting in, and the remaining portion represents how much more they can do.



## ACTIVITY CARDS: Balancing My Life

We are now talking about **efficacy**. We would like the client to believe that desisting drug use and criminal behaviour will be in their best interests. We are assisting them to see that there are a great many alternative activities for them to try. In the next module we will be talking about **self efficacy**. Efficacy is about the alternative and whether it is a viable desistance provider. Self efficacy is about whether the client believes he or she can actually do it.

The deck of 'activity cards' (as seen below), serve the purpose of broadening the horizons of a young person's view of their potential to develop in life. As we have just spoken about the imbalance of a life that revolves around drugs and crime, and proposed that there may be a lot of room to grow, we are now going to look at some realistic areas in which to start.



1. The participant is handed the deck of cards.
2. If you are in a group situation, simply divide the deck into equal card numbers to share around.
3. Ask the participants to divide the cards into 3 groups.
  - a. Activities that I would like to try.
  - b. Activities that I am not sure about.
  - c. Activities that I don't want to try or I'm not interested in.

Create discussion with the participants around their motivation to certain activities but not others. Talk about ways that they can go about doing them.

### 4.5 THE CHECK OUT

Today we have talked all about the concept of change. Change is an option. You do not have to change anything about what you do, however we have now also looked at some of the realities that you may be facing should you choose to continue living the way that you have been.

Modifying your substance use could be one of the best things that you have ever done for yourself. Quitting might be even better. Removing yourself from the spotlight of the law is definitely in your best interests and wellbeing. This means quitting criminal activity. Some people will believe that they can just

get better at what they do and 'beat the heat' that way. But the reality is that once you have been in the spotlight of the Police, you are always going to be so much easier to detect than someone who has not. Statistics point to the fact that being re arrested is far more common and that the consequences will be far harsher each time. However, you are really the only person who can decide this for yourself. The outcomes that you end up with in life are going to be based on your own decisions. 'Beating the heat', getting the 'heat' off you, un-cramping your style, removing yourself from harm's way would seem like the smartest thing that you could possibly do for yourself.

Today's meeting is aimed at giving the client a message of **efficacy and hope**. We are hoping to achieve not only contemplative participants at the end of this module, but also **hopeful** ones. We want them to leave today's meeting with a sense of **hope** about the future.



Ask the participants the following questions:

- What was something that you found interesting from what we looked at today?
- What can you take away from today's meeting that will be useful to you?
- Does anyone feel the need to talk to me alone about anything that you have on your mind after today's meeting?
- What time and when is our next meeting?

It is understandable that on many occasions the module content will cause a diverse range of emotions to arise. As the facilitator you must ensure that the participants are feeling safe to depart from the meeting. You must ensure the following:

- That each participant has the opportunity to have further discussion with you should they require to.
- That each participant is **not** in an emotional state that requires immediate attention, such as disclosure to self harm, harm others, or any other destructive behaviour.
- That if required, any participant be given an immediate referral to any other relevant professional such as psychologists, nurses, medical practitioners, etc.
- That if the participant asks to see you alone to discuss something that you organise a time right there and then.

# Module 5: MOTIVATION TO CHANGE

## AIMS & PRINCIPLES

1. To highlight **the self efficacy** required to at least give change a chance.
2. To highlight each participant's **strengths**.
3. To highlight that change is a **personal choice**.
4. To highlight what **denial, blame shifting, and ambivalence** look like.
5. To highlight what 'taking the plunge' or **attempting change** might look like.
6. To ask the question: **How urgently** does this change need to occur?
7. To promote the **X-Roads** treatment program and invite participants to sign up!

## 5.1 THE CHECK IN

Today we are going through the final module of the PROFILE program. There is a certificate of completion to be handed out at the end of today's meeting. Please ensure to have these ready to hand out.

**The template for this certificate is located on the facilitator DVD.**

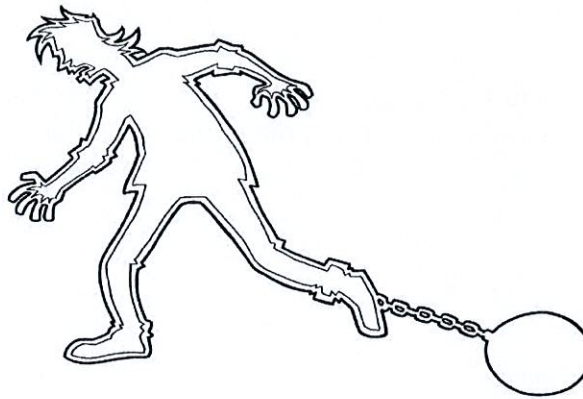
As facilitator you must ensure to do the following:

- Ask the participants if anything has come up for them after they have had time to think about the content from the previous module.
- Set the context for today's module.
- Provide an overview of the content that you will be covering in today's module.
- Go over the group rules.
- Go over the concept of disclosure and confidentiality.



## 5.2 THE COMMENCING ACTIVITY

Once again we are going to have a look at the ball and chain concept. This was the beginning point in the program. In Module 1 our focus was about the consequences of having the legal system and its restrictions attached to us. In Module 5, our focus is on all the benefits of removing it from ourselves.



Let's face it, the legal system doesn't just wander around handing them out. They don't advertise them. You signed up for it! You know how you got it. You know why you got it. You know how to keep it on you. You know what to do to get rid of it. And if you don't, then to be clear, what you have the choice of doing is to stop committing crime. One of the ways that will help you quit criminal activity is by dealing with your misuse of drugs and alcohol. The ball and chain is also drug misuse. The Police say that it is so much easier to arrest drug using criminals because they are hopeless at what they do. Many of them also have 'chemical hand-cuffs'. Chemical hand-cuffs are what's talked about by drug users being predictable. They need to score. They visit and frequent the same places and people. When the Cops are looking for a Person Of Interest they just go and hang out at the Methadone clinics and chemists and wait, or around the corner from pubs and dealer's houses. Getting rid of the ball and chain is all about 'beating the heat'.

1. What would it be like to get rid of the ball and chain?
2. What good things would happen for you?
3. How hard do you think it would be to break the chain?
4. What help do you think you might need if you wanted to break it?
5. The ball and chain is a problem. It can be an uncomfortable issue to talk about. What is it like to have someone talk about you as 'having a problem'?

The reality is that you don't have to break the chain or Beat the Heat, but you can if you choose to. It's all up to you, and no one else. Other people can help you, but it's something that you have to choose to do all by yourself of your own free will.

Next we are going to look at how different people react to people honing in on them and talking about them and 'their problem'.

## 5.3 THE EXPLORING TIME

### Part 1: Problem recognition

We are now going to look at the different ways that people react when they are confronted by someone about a behaviour that they don't recognise as being a problem, or that they just simply do not want to change.

Let's imagine that it's not a Ball and Chain, but 'something else' that other people can see is an obvious problem. Everyone seems to be able to see it except the person with the problem.

Let's have a look at Eric.

#### A. Problem Awareness

- What is going on in this drawing?
- What do you think it might feel like to have someone tell him that he has a problem?
- What does it feel like when we don't see what we are doing as being a problem, but they do?



Adult offenders who have cleaned up their lives have described that when they look back on how they looked and what they were doing it was like they were getting around with shit in their pants. Everyone else could see it and had to deal with their shit... except them.

#### B. Denial

- What is going on with Eric in this drawing?
- What is it like when a person clearly has a problem, but refuses to acknowledge it?
- This is a concept known as 'denial'. What other things have you seen people in denial over?



### C. *Blame Shifting*

- What is going on in this drawing with Eric?
- How did Eric's pants get messed?

Here we see Eric wanting to blame someone else for his own mess. This is a concept known as blame shifting. When have you seen people use blame shifting before?

"This is all my parents fault... If it wasn't for my mate, I wouldn't be in this mess... If it wasn't for white people, I wouldn't have had to... It's the governments fault... It's the victims fault..., If you had been more supportive..., If my girlfriend hadn't dumped me...", etc.

This is a defence mechanism that some people take on when they don't want to accept the responsibility for their own actions.

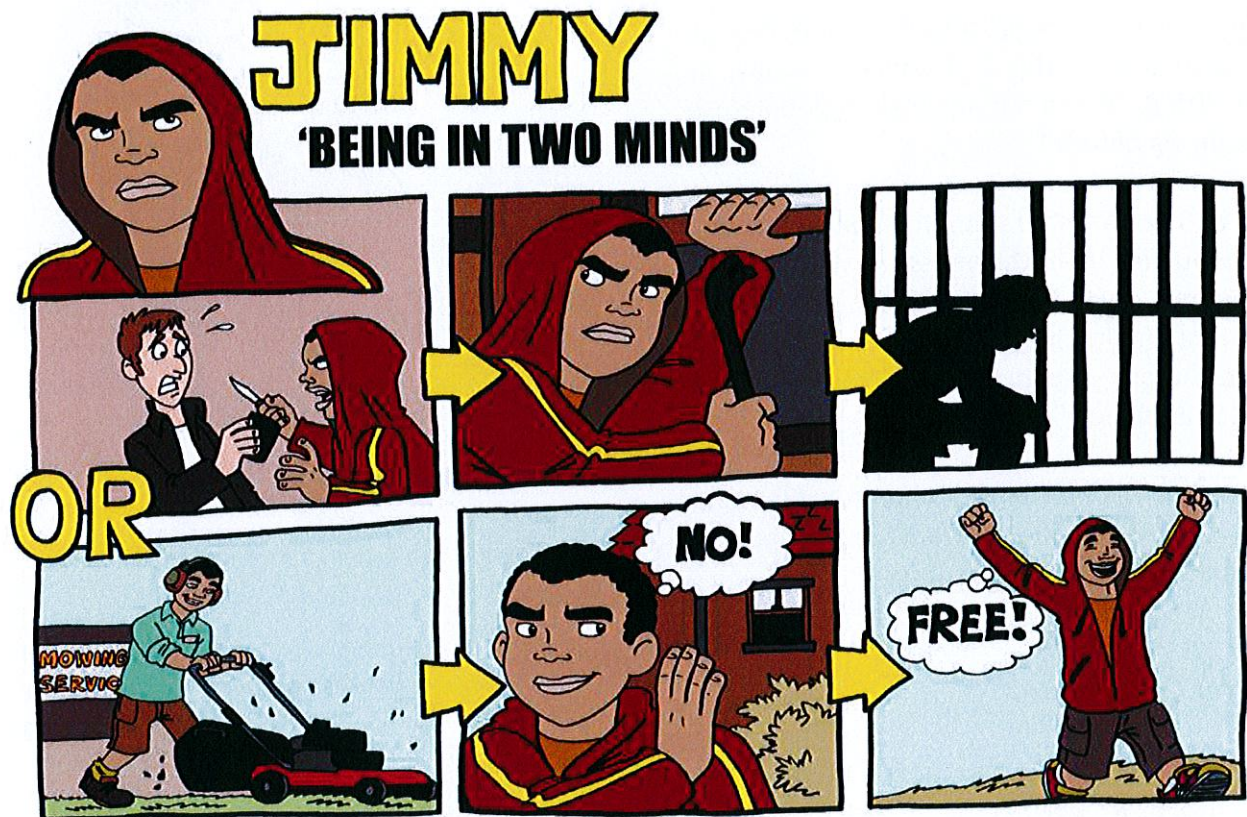
### D. *Not Caring*

Other people just do not care about the ball and chain. They have weighed it up and they don't mind spending their life in prison. In fact they will brag about how good it all is. Let's have a look at another illustration that was done by a former inmate in relation to hearing all the 'tall tales' by those who have actually convinced themselves that being at outlaw is just fine.



## Part 2: Being in two minds

We now focus on people who recognise that there is a problem, but they are in two minds about it. This is also called ambivalence. Let's have a look at another illustration.



1. What do you think is going on in Jimmy's mind?
2. What is it like to be in Jimmy's situation?
3. Why do you think that Jimmy is in two minds about things?
4. What were some of the reasons that you have been in two minds about things before?

Some offenders use the expression: "I've still got a bit more jail time left in me yet". Others say things like: "When I turn 18 or 30 or 40", etc.



### Part 3: False motives

There is another group of people who have different motives altogether about doing something about their drug use, boozing, and criminal behaviour.

Let's have a look at another illustration that was also done by a former inmate about his perception of prisoner motives for wanting to go to rehab.

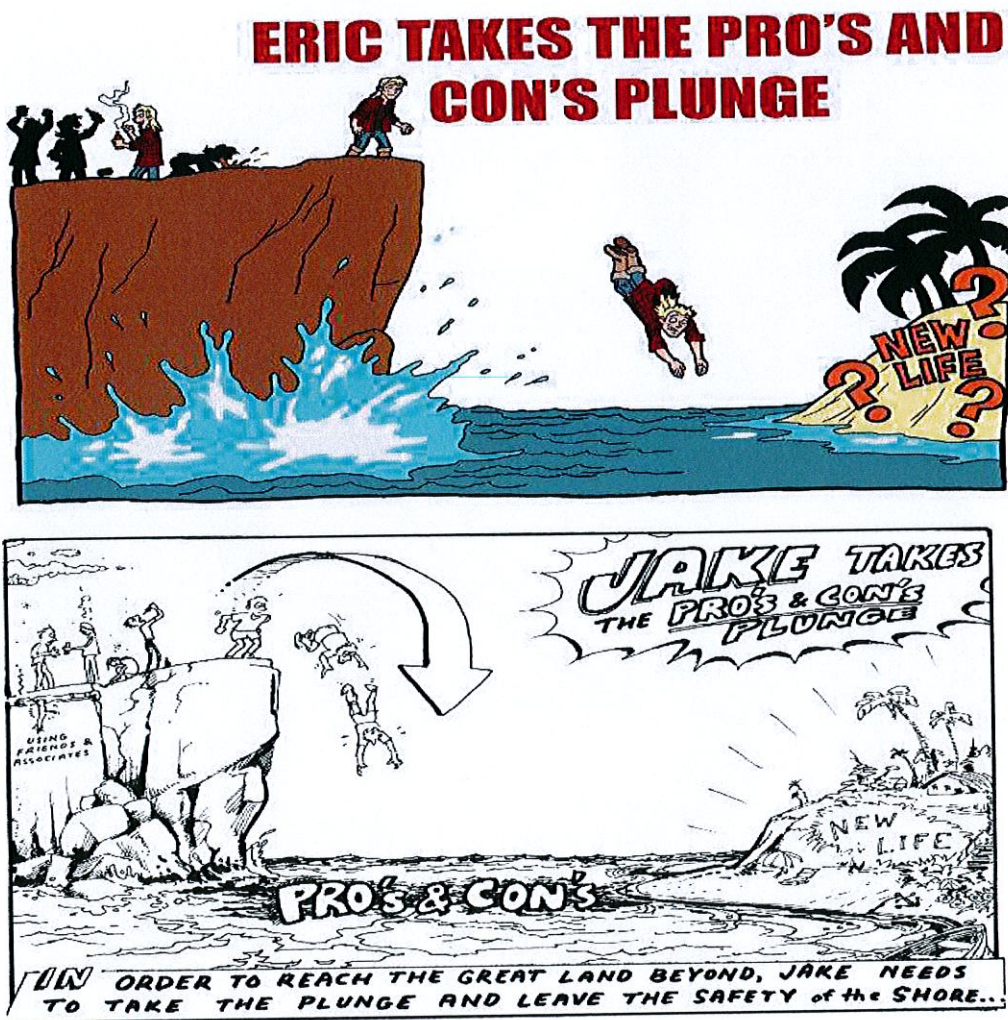


1. What is going on in the drawing?
2. What is he saying?
3. What is he thinking?
4. What is he looking at?
5. What do you think his motives are?

Some view 'going to rehab' as simply a hole in the prison wall - a way out. After all, it's easier to do a runner from rehab than it is from prison.

## Part 4: Taking the plunge

We have already looked at several different reactions to problem recognition, making changes, and motives that people can have. There is another option that when weighed up, would be the best option for you and your personal wellbeing and happy future. Let's have a look at the following illustration.



1. What does life look like on top of the cliff?
2. What is Eric doing when he is standing at the edge?
3. How do you think it might feel to be standing at the edge of that cliff like Eric?
4. What do you think is going on in his mind?
5. What do you think it would feel like to take the plunge and enter the unknown?
6. What could be some of the dangers Eric could face as he makes his way to the island?

An interesting aspect of making a significant change in our life is that it doesn't just happen immediately. You will notice that there is a distance between the cliff and the island. There is a reason for this. There can be perils at sea! Let's have a look this using another analogy.

Use the following illustration, which is also a worksheet for the participants to fill in.



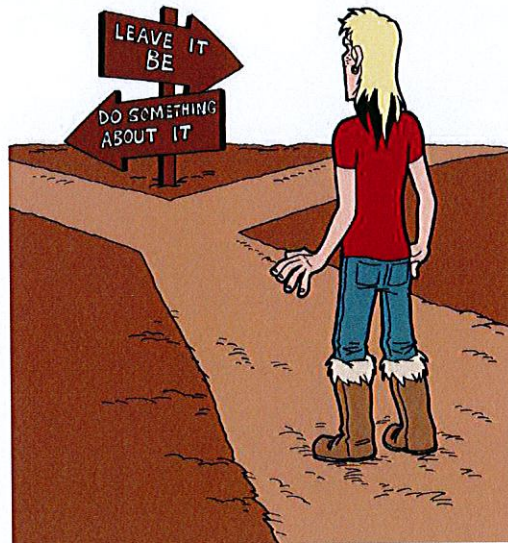
In the previous drawing the artist illustrated the concept of making a decision to change being like diving off a cliff into wild waters and heading for new land. In this illustration we are looking at a similar example, but using a road. This is a journey where we are heading off into the sunset. We have looked at other pathways in earlier modules in this program. We have looked at the road that we have been on, the road that we might follow if we continue living as we have been, and a road that we could travel if we changed our behaviour. We are going to finish the program with the same concept. We are now talking about the road of change. Previously we looked at things that might be different such as being judged as an adult, five years further on, and when we become parents. What we are considering now is the reality of actually deciding to take that path.

- You will notice that there are several speed bumps and signs along the way. What might be some speed bumps that you would face along the way if you decided to give change a chance? Ask the participants to talk about them and then write them down.
- What do you think some of those signs might say that you would be reading as you travelled? Ask the participants to fill in the blanks on the signs.

## Part 5: Taking Responsibility: DO I or DON'T I?

Basically we have come to the conclusion of this program. We have talked about what 'The Heat' is, and we have talked about what life might be like if I continue to attract it towards myself. We have also talked about 'Beating the Heat', and what the changes are that we would have to make for this to happen.

### We have reached a X-ROADS!



It's all up to you. Either you will or you won't. No one else is **responsible** for your behaviour and your future, only you. There is nothing that you can do about your past that will change the facts. You **can take responsibility** for the here and now. You may even want to consider the option of '**giving back**'. Helping others out, just like Jason has felt like doing by sharing his story with you.

At this point in time you are somewhere along the motivation scale which could be anything that we have spoken about today.

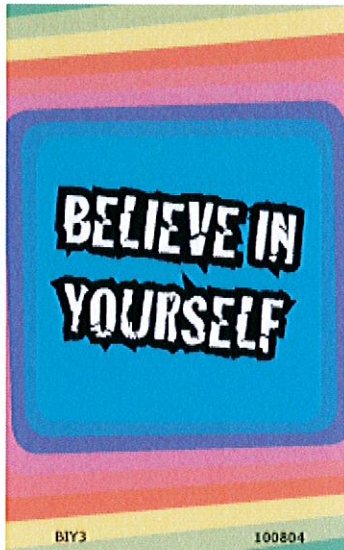
1. You may be in denial and think that none of this applies to you.
2. You may be thinking that all of this mess you are in with the Cops and Courts is someone else's fault.
3. You may be sitting there decided that you are going to be a career crim and are okay about spending most of the rest of your life behind bars.
4. You may be here because of ulterior motives and want a get out of jail free card or points for coming to programs.
5. You may have finally come into grasp with the fact that your behaviour is actually causing you significant harm that is only going to get worse over time if you continue.
6. You may be standing at the top of the cliff right now wondering what will happen if you jump.

**You can help yourself with that. I can help you with that!**

## Part 6: My ability to achieve change successfully

### ACTIVITY

We are now going to focus on the self efficacy of the client. Our clients have many personal attributes and qualities. Use the following **Believing In Yourself** cards to do the following exercise with the participants.



Ask the participant to sort the cards out into 3 different groups.

1. YES - Strengths I have as a person
2. MAYBE - I am not sure about this
3. NO - Strengths I know I don't have

#### Activity instructions

Work through the cards one by one. Follow the instructions below for each card depending on which pile the YP wants to allocate the card to:

**The NO pile:** For each card the participant tries to place in the 'NO' pile it is up to you as the facilitator to challenge their perception. If you believe that you have evidence that they have the strength then you need to present this evidence to them. Providing them with the evidence for why you believe they have that strength can be a very powerful exchange. The aim being that they might move the card to the 'MAYBE' or 'YES' pile. If you do not believe that they have the strength, do not challenge.

**The MAYBE pile:** Likewise, if the participant suggests that they 'maybe' have a skill; it is up to the facilitator to once again challenge them. If they have displayed the skill once, then surely they do possess the skill. In challenging their perception it can be helpful to consider evidence which might be derived from the following areas:

- Strengths they have used to cope with difficult times in life. Go through the last difficult time and chat about how they survived.
- Different domains of life: Family, friends, partners, work, school, health, sport, travel, hobbies.
- Drug and crime history: The types of strengths they required.

*The YES pile:* For all the skills the participant places in the 'Yes' pile, reinforce their recognition of the skill and chat about what happened in their life that has allowed them to recognise this skill. **Never** challenge to suggest that they do not have the strength. Rather, show interest and recognition.

Once you have completed this activity, keep the cards sorted into the three separate piles.

### *Counselling / Clinical Information*

It is essential that this part of the session further enhances the participant's self-confidence. It is important that you do not inadvertently appear to be flicking through lots of strengths cards until you *eventually* find their strengths. To avoid this from occurring, do not sort through the cards to demonstrate this to the participant, but have these strengths written in your notes. Preface the information with something like: "After I spent the first couple of sessions with you, I couldn't help noticing the following strengths..." or "I decided to jot down the first 10 strengths of yours that came to my mind first; let me go through them with you..."



### VIDEO CLIP: Jason 'My new life'

## 5.5 THE CHECK OUT

Ask the participants the following questions:

- **The big question confronting you right now is: How urgent is change?**
- CONGRATULATE THE PARTICIPANTS FOR BEING 'FINISHERS'!
- What was something that you found interesting from what we looked at today?
- What can you take away from today's meeting that will be useful to you?
- Does anyone feel the need to talk to me alone about anything that you have on your mind after today's meeting?
- Hand out the CERTIFICATES to the participants.
- INVITE THE PARTICIPANTS TO SIGN UP FOR THE X-ROADS PROGRAM.

As the facilitator you must ensure that the participants are feeling safe to depart from the meeting. You must ensure the following:

- That each participant has the opportunity to have further discussion with you should they require to.
- That each participant is **not** in an emotional state that requires immediate attention, such as disclosure to self harm, harm others, or any other destructive behaviour.
- That if required, any participant be given an immediate referral to any other relevant professional such as psychologists, nurses, medical practitioners, etc.
- That if the participant asks to see you alone to discuss something that you organise a time right there and then.

## POST PROGRAM ASSESSMENT MEETING

Now that you have completed the program content with the client, it is imperative to best practice standards that you collect data. The data is collected with the same measure that you administered at the beginning of the PROFILE program and has been built into the CIMS system.

- MOTForm Treatment Needs / Motivation Form (10 minutes)
- The Decisional Balance Scale - Adolescent Offending (DBS-AO), (10 minutes)
- Young Person Feedback Form (2 minutes)

In addition to this, ask the client to fill in the feedback form that is located at the rear of this manual under the title of PARTICIPANT EVALUATION FORMS. They are also available on your facilitator resource DVD.

These forms provide us with information that assists in the further revising and enhancing of program content and facilitator interaction.

Set aside 20+ minutes with each client so that you can calmly go through the questions together and then enter the data electronically into CIMS.



## THE BOARD GAMES

The board games are an optional component of the program. The games can be played either as part of any module, or as stand-alone meetings. The board games were made in direct consultation with young offenders and an artist.

### DRUG SURVIVAL

The aim of this game is for the participant to learn more about drug use emergency situations and harm minimisation information and have to think through and demonstrate what they would have to do in a drug-related emergency.

#### Important information

This board game includes scenarios of different drug-related emergencies. In this game the young people are required to tell you and demonstrate what they would do. It is important that they demonstrate putting someone in the recovery position.

**BUT UNLESS** you have a first aid mannequin, **under NO CIRCUMSTANCES** should they demonstrate CPR on another person. They just need to take you through the steps in the process by pointing to the poster.

#### Game instructions:



#### Equipment needed:

- (1) The board for the game – DRUG Survival (provided in the program kit)
- (2) Drug Survival scenario cards (provided in the program kit)
- (3) 1 Die
- (4) A token piece for each player



**Players:**

This game can be played by two or more players, which lends itself to both group and individual sessions. Each player is given his/her own token to move around the board.

**Moving:**

Players roll the die, and then move the designated number of spaces. When they land on the space, they have to follow the instruction on the square. The different categories of instruction and the action required are outlined in the instruction box on the page following.

**How to win:**

The player who gets to the last space on the board first is the winner. They must get the exact number to land on the final square, or they have to go backwards the number of squares in excess of the number required to land on the final square.

If possible the winner should be rewarded for winning (e.g., lolly snakes) and other players should be rewarded for their efforts.

**WHAT THE PLAYER HAS TO DO:****HM TIP squares**

Tell the other players a harm minimisation tip which can help to reduce the risk of harm if a person uses the particular drug listed (e.g., for cannabis, the player would need to give a harm minimisation tip for cannabis use).

**WILD HM**

They can provide a harm minimisation tip for any drug. They must give the drug and the harm minimisation tip.

**Withdrawal squares**

The player has to list one withdrawal symptom that would result from cutting down or no longer using that drug.

**Scenario cards**

The player is required to pick up a scenario card. The player to his/her right will need to role-play the person/persons in the scenario that need help. The player has to demonstrate and talk through how he/she will help the person/people. If the scenario requires that he/she puts the person in the recovery position, then that is what they need to do.

NB: Do not perform CPR on another person as a demonstration – the young people just need to talk through what they would do.

(Group session) If the player is unsure what to do, ask the other players what might be helpful in this situation. Try to use the scenarios as an opportunity for discussion between the players. Each time a player picks a scenario card, it is important that you work it through until you think you have a good solution.

(Individual session) the facilitator/counsellor should take the young people through the different posters and discuss together what they could do. It is important to also discuss what might be less helpful. For each scenario card, you have to work it through to a good solution. The player then gets to have his/her next move on his/her next turn. At no stage can anyone fail a scenario card because the aim of landing on these squares is to work it through to a good solution, but have it led by the player whose turn it is. Some points for each scenario that should be considered are included in the activity information box below.

**Red arrows**

If a player lands on top of a red arrow, he/she must slide down to the bottom of it.

**Green arrow**

If a player lands on the bottom of a green arrow, he/she gets to climb automatically to the space at the top of it.

**Miss a turn:** The player would have to miss a turn.

**GO back**

The player has to go back the number of spaces that is listed on the square.

**SKIP forward**

The player has to skip forward the number of spaces that is listed on the square.

**Activity information**

**Scenario 1:** *You are at a party and everyone is drinking alcohol. They all jump in the pool and start swimming. What would you do to minimise the harm in this situation?*

Points to consider:

- Whatever they say they will do, the young people need to consider whether they would be comfortable socially with what they have suggested? If they think it might be awkward, can they come up with another solution they would feel comfortable with?
- One person not swimming/not intoxicated to watch over and help.
- If all intoxicated already – may suggest that they go and do another activity.

**Scenario 2:** *You are at a party and you notice that one of your friends who had been using speed and drinking alcohol was lying on the floor. They are drowsy and confused. You went to ring an ambulance. Another friend grabbed the phone and told you not to because the police would be called. What would you do in this situation?*

Points to consider:

- Quickly explain to the friend that ambulance officers are not required to call the police unless their safety is threatened, they believe the person is drugged, or if a person dies.
- Better to call than have someone dead (they need to realise this has to be done quickly).
- Call the ambulance (need to be aware they must stay on the phone and follow instructions).
- Follow the DRABCD Basic Life Support Flow Chart (they need to demonstrate the recovery position).

**Scenario 3:** You are at a dance party with a friend. You have both taken ecstasy. You notice that your friend seems confused and is unable to talk properly. What would you do?

Points to consider:

- Follow the instructions of what to do for overheating and dehydration.
- If they don't improve take them to the first aid room.
- If there is no first aid room and they don't improve stay with them and call an ambulance.

**Scenario 4:** A friend of yours has been drinking alcohol and passes out on the back lawn. What would you do?

Points to consider:

- Stay with them.
- Follow the DRABCD Basic Life Support Flow Chart (they need to demonstrate the recovery position).
- If the person does respond and an ambulance does not have to be called, then the person should continue to stay with them on the lawn, until they are confident that they are OK.
- They should have them in the recovery position.

**Scenario 5:** A friend of yours has been drinking heaps of alcohol and races to the bathroom because she is going to vomit. You follow her, but she tells you to go away. What would you do?

Points to consider:

- Explain to them that it is not safe for you to go.
- You will stay with them, but be just outside the toilet cubicle or face the other way if they are too uncomfortable.
- Once they have stopped vomiting, it is important to put them in the recovery position, to make sure that if they vomit again they do not choke on their vomit.
- If at any stage they stop responding, follow the DRABCD Basic Life Support Flow Chart (they need to demonstrate the recovery position).

**Scenario 6:** You have given one of your mates weed for the first time. They start getting paranoid and panicking. What would you do?

Points to consider:

- Calm them and be reassuring.
- Explain that the feeling will pass.
- Steer them clear of crowds, noisy music and bright lights.
- If they are hyperventilating (over breathing), encourage them to relax and take long, slow deep breaths.

**Scenario 7:** You walk down a laneway and see someone passed out on the ground. They have a needle hanging out of their arm. What would you do?

Points to consider:

- A really important point that the young people need to pick up on is that they need to ensure their own safety prior to working through the DRABCD.

- They need to be aware that they must have a resuscitation mask.

**Scenario 8:** *You have to call an ambulance to help a friend. What would you say on that call?*

Points to consider:

- Stay on the phone to the ambulance call taker until the ambulance arrives.
- Tell the ambulance call taker what the person has taken.
- They can include other practical details of the call – stay with the friend if possible, provide location details etc, send someone out to meet the ambulance etc.

**Scenario 9:** *You are in a National Park and boating down the river. A mate of your takes out a bong and offers you a cone. What would you do if you wanted to minimise the risk of harm in the situation?*

Points to consider:

- Do not feel pressured to have a smoke.
- Need to recognise that they should not stay on the water if they choose to smoke as well – but rather move to a bank.
- Need to recognise that if they are going to smoke even on the bank, it is important that they are not in a really isolated place, where if something went wrong no-one could find them or where there is dangerous terrain.
- Would be good to consider all the harm minimisation tips re bongs/joints.

**Scenario 10:** *You see someone in a car passed out over their steering wheel. You look in and see that they have drugs on the front seat. What would you do?*

Points to consider:

- A really important point that the YP needs to pick up on is that they need to ensure their own safety prior to working through the DRABCD.
- They need to be aware that they must have a resuscitation mask.
- They will have to consider what they need to think of if they are going to take the person out of the car.

**Scenario 11:** *You are at a crowded dance party and have taken ecstasy. It is really hot in the venue and you plan on dancing all night. What could you do to minimise the risk of harm?*

Points to consider:

Ecstasy and methamphetamine lead to an increase in your body temperature. Because these drugs are frequently taken in hot, crowded clubs, where people dance for hours on end without replacing fluids, there is a risk of overheating and dehydration. If dehydration is serious it can lead to death. Symptoms of overheating and dehydration include:

- Starting to feel hot, unwell and confused
- Not being able to talk properly
- Headache and vomiting
- Not being able to urinate or noticing urine is dark and thick.
- Not sweating even when dancing
- Heart rate and pulse not slowing down even during rest

- To help avoid dehydration is it important to:
- Consume 500ml of water per hour whilst active (e.g., dancing)
- Consume 250ml of water per hour when not moving around (e.g., chilling out)
- Have breaks from activity to help body temperature and heart rate decrease
- Avoid drinking alcohol with these drugs as alcohol increases the level of dehydration

**Scenario 12:** *The boys have been drinking all afternoon. One of them wants you to go as a passenger on the back of his motorbike. What would you do to minimise the harm?*

Points to consider:

- Not get on the bike.
- Try to dissuade them from getting on the bike too.
- If there is no risk of violence/harm to yourself; take the keys.

**Scenario 13:** *Your girl/boy friend has been drinking and is lying on her/his bed passed out. What would you do to help minimise the harm?*

Points to consider:

- Stay with them.
- Follow the DRABCD Basic Life Support Flow Chart (they need to demonstrate the recovery position).
- If the person **does** respond and an ambulance **does not** have to be called, then the YP should continue to stay with them, until they are confident that they are OK.
- They should have them in the recovery position.

**Scenario 14:** *A friend of yours has been drinking and fallen off a steep embankment. They are just lying there. You have also been drinking. What should you do to help minimise the harm?*

Points to consider:

- The young person needs to consider that they have been drinking and it may not be safe to go down the embankment after them.
- They should seek help.

**Scenario 15:** *A friend of yours has taken ecstasy and is starting to have a really weird reaction. They can't talk properly and seem really confused. What would you do?*

Points to consider:

- Follow the instructions of what to do for overheating and dehydration.
- If they don't improve take them to the first aid room.
- If there is no first aid room and they don't improve stay with them and call an ambulance.
- They must tell the ambulance call taker what drug their friend has taken. The friend's reaction may be a result of other toxic ingredients in the pill.

**Scenario 16:** *Your boy/girl friend had been drinking all day and then also had a few cones. He/she has been feeling dizzy and been vomiting. He/she says that they are going to have a cold shower. What would you do to minimise the risk of harm?*

Points to consider:

- Suggest that they don't have a shower until they have sobered up.
- If they insist on having a shower go with them and make sure they are OK.
- Never leave them alone.

**Scenario 17:** *A mate of yours has been speeding all night and suddenly drops to the ground. What would you do?*

Points to consider:

- Follow the DRABCD Basic Life Support Flow Chart (they need to demonstrate the recovery position).

**Scenario 18:** *A friend of yours has been really depressed. They just keep on drinking alcohol. What would you do to help them minimise the risk of harm?*

Points to consider:

- Talk to them about how they are feeling.
- Try to seek help for them from a counselling centre, doctor, dentist, lifeline, kid's helpline etc.
- Try to help them to realise that drinking alcohol will make the feelings worse.

**Scenario 19:** *A friend of yours has been using ice and they start getting really edgy and paranoid. What would you do to help in the situation?*

Points to consider:

The YP needs to realise that before they intervene, if the person is edgy that they must ensure their own safety first. If possible, try to:

- Calm them and be reassuring,
- Explain that the feeling will pass,
- Steer them clear of crowds, noisy music and bright lights, and
- Take them to a place where there are less people and they will be safe.

**Scenario 20:** *A friend has been drinking non-stop for weeks. They haven't been eating properly. You notice that they can't seem to talk properly, or keep their eyes open and they seem really confused. What would you do to help?*

Points to consider:

- Either take them to an emergency department at a hospital, or seek medical help immediately from a medical centre or local GP.
- Try to work with the person so that they don't feel forced against their will. Even if you cannot get their agreement, you will need to seek some help.