

# START NOW: A Sustainable Skills Based Treatment for Impulsivity and Emotional Instability

## Comprehensive Training for Facilitators

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Chair of Psychiatry and Behavioral Medicine



# AGENDA

- Background and Development of START NOW
- Does it Work? For what and for whom?
- Structure of START NOW
- Implementing START NOW
- Pass the START NOW knowledge test

START NOW Pre-Test: a tool to plan & evaluate the training

# Learning Objectives

Upon completion of this event, participants should be able to:

- Describe the background and development of START NOW
- Describe the practical applications of START NOW
- Participate in facilitating START NOW



# Background

*International Journal of Forensic Mental Health*  
2004, Vol. 3, No. 1, pages 93-103

## The Development and Implementation of Dialectical Behavior Therapy in Forensic Settings

Lisa G. Berzins and Robert L. Trestman

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*As a result of deinstitutionalization, currently there are three times as many men and women with mental illness in U.S. jails and prisons than in mental hospitals. Appropriate treatment of this population is critical to safety within correctional institutions, successful integration of offenders into the community upon release and a reduction in recidivism. Dialectical Behavioral Therapy (DBT), originally developed by Linehan for chronically parasuicidal women diagnosed with Borderline Personality Disorder, has been adapted for many other populations over the past decade, including male offenders in correctional institutions. This article presents a rationale for use of DBT in a correctional environment and reviews DBT implementations in correctional settings in North America. Because all of the initiatives thus far have been driven by clinical need, there are no published adaptations of DBT modified for and generalizable to correctional settings.*

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The need for mental health treatment within the United States criminal justice system has never been greater. By midyear 1998, an estimated 283,000 mentally ill offenders were housed in the nation's prisons and jails (Ditton, 1999). As a result of deinstitutionalization, currently there are three times as many men and women with mental illness in U.S. jails and prisons than in mental hospitals. Moreover, the severity of mental illness of those incarcerated is increasing. While inmates suffering from severe

evidence that mentally ill offenders in prisons commit more infractions, serve longer sentences and are more likely to be victimized than inmates who are not mentally ill (O'Connor, Lovell & Brown, 2002). Mentally ill inmates assigned to The Washington State Program, mandated by the state legislature to provide services for mentally ill offenders, committed infractions at three times the rate found among general population inmates (O'Connor et al., 2002). Fifty-three percent of



Using SCID II with 508 inmates in Connecticut jails in an IRB approved National Institute of Justice Study:  
*(Trestman et al, 2007)*

Personality Disorder	Male (N=307)		Female (N=201)		Total (N=508)	
	Freq	%	Freq	%	Freq	%
Paranoid	29	9.6	20	10.1	49	9.8
Borderline	39	12.9	45	23.2	84	16.9
Antisocial	120	39.5	53	27.0	173	34.6

Behavioral Sciences and the Law  
Behav. Sci. Law 27: 787–800 (2009)  
Published online in Wiley InterScience  
(www.interscience.wiley.com) DOI: 10.1002/bsl.889

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## **Treatment of Impulsive Aggression in Correctional Settings**

Deborah Shelton, Ph.D., R.N.<sup>\*</sup>,  
Susan Sampl, Ph.D.<sup>†</sup>,  
Karen L. Kesten, M.S.<sup>‡</sup>,  
Wanli Zhang, Ph.D.<sup>§</sup> and  
Robert L. Trestman, Ph.D., M.D.<sup>¶</sup>

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- **Participants:** English-speaking women (n=18) and men (n=45)
- **Results:** Significant reduction in targeted behavior was found from baseline to following the 16 week DBT-CM skills treatment groups. Both case management and DBT coaching were significant at 12 month follow-up.
- **Conclusions:** The study supports the value of DBT-CM for management of aggressive behaviors in prison settings.



## Impact of a Dialectic Behavior Therapy—Corrections Modified (DBT-CM) Upon Behaviorally Challenged Incarcerated Male Adolescents

Deborah Shelton, PhD, RN, NE-BC, CCHP, FAAN, Karen Kesten, MS, Wanli Zhang, PhD, and Robert Trestman, MD, PhD

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### Search terms:

Male young offenders, cognitive-behavior management, aggression

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doi: 10.1111/j.1744-6171.2011.00275.x

**PURPOSE:** This article reports the findings of a Dialectical Behavioral Therapy—Corrections Modified (DBT-CM) intervention upon difficult-to-manage, impulsive, and/or aggressive incarcerated male adolescents.

**METHODS:** A secondary analysis of a subsample of 38 male adolescents who participated in the study was conducted. A one-group pretest–posttest design was used; descriptive statistics and *t*-tests were conducted.

**RESULTS:** Significant changes were found in physical aggression, distancing coping methods, and number of disciplinary tickets for behavior.

**CONCLUSION:** The study supports the value of DBT-CM for the management of incarcerated male adolescents with difficult-to-manage aggressive behaviors.



- **PARTICIPANTS:** 38 male adolescents
- **RESULTS:** Significant changes were found in physical aggression, distancing coping methods, and number of disciplinary tickets for behavior.
- **CONCLUSION:** The study supports the value of DBT-CM for the management of incarcerated male adolescents with difficult-to-manage aggressive behaviors.



# CHALLENGES: TRANSITION FROM RESEARCH TO PRACTICE

- Costs of training
- Staff turnover
- Optimum language level
- Costs and copyright issues



- **START NOW** is an evidence-informed, manual-guided skills training program for individuals with behavioral disorders (Sampl & Trestman, 2007).
- **Suitability for Multiple Environments:**
  - Designed to be practical & clinically appropriate for implementation in correctional, forensic, and community settings
  - Range & content of skills selected to meet needs of individuals who are impulsive, emotionally labile, and/ or abusing substances

# Background

- An integrative skills training model informed by a number of theoretical approaches & models-
  - Primarily a cognitive behavioral skills training model
  - Influenced by findings from Trestman and Sampl's research of DBT in 3 CT correctional facilities
  - Infused with elements of cognitive neurorehab
  - Includes motivational interviewing principles & practices
  - Incorporates gender specific approach
  - Informed by trauma sensitive care principles

*Clinical Approaches Influencing START NOW:*

# Cognitive Behavioral Interventions

## *Key Principles:*

- Behavior is understood in the context of antecedents & anticipated consequences; functional analysis of behavior.
- One's interpretation of events or "triggers" is key in determining emotional & behavioral reactions.
- Emphasis is on learning & practicing new coping skills both during & between sessions.



**CARILION CLINIC**

# Cognitive Behavioral Interventions

## *Influence on START NOW strategies:*

- CBT procedures during group:
  - role play
  - Brainstorming
  - problem-solving
  - shaping of desired behaviors
- “ABC System” for functional analysis of behavior
- “Real life practice exercises” between group sessions



- Numerous images included in the participant workbook- especially useful with TBI or verbally limited participants
- Facilitator manual includes numerous tips for engaging difficult-to-engage participants: eg, shaping by reinforcing any movement toward the desired behavioral change.



# Incorporating Motivational Interviewing

- Focuses on developing motivation for change  
*(Miller & Rollnick, 2002)*
- MI & CBT have been combined in other effective interventions *(Dennis et al., 2004; Diamond et al., 2002; Steinberg et al., 2005).*





# Incorporating Motivational Interviewing

- Improved addictions treatment adherence (*Davis et al., 2003*), reduced criminal attitude and substance related problems (*Harper & Hardy, 2000*), reduced reconviction rates (*Antiss, Polascek & Wilson, 2011*), and reduced DUI behaviors in adolescents (*Stein et al., 2006*).



*Clinical Approaches Influencing START NOW:*

# Motivational Interviewing

People are most likely to change when *they* see the benefits of change.

## *4 Key Principles:*

- Express Empathy & Acceptance
- Develop Discrepancy
- Roll with Resistance
- Support Self-Efficacy



Miller & Rollnick, 1991 & 2002

CAMERON CLINIC

# Motivational Interviewing

## *Influence on START NOW strategies:*

- Emphasis on accepting ambivalence about change and “rolling with resistance”
- “Supporting self-efficacy” through focusing on strengths



# Motivational Interviewing

*Influence on START NOW strategies:*

- Many opportunities to elicit change talk & work through ambivalence are built into the START NOW clinical materials



# Neurocognitive Rehabilitation

## *Influence on START NOW strategies:*

- Skills training to address specific dimensions of executive control, e.g. focusing skills.
- Cognitive, self-regulatory & monitoring strategies to assess consequences and inhibit impulses.
- Real world, not redundant tasks.



# Dialectical Behavior Therapy (DBT)

*Influence on START NOW strategies:*

- Mindfulness influences “focusing” skills
- Emphasis on acceptance of dialectics

# Gender Specific Approaches

*Influence on START NOW strategies:*

- Examples and images specific to the gender of participants
- Gender specific tips in facilitator manual



# Trauma Sensitive Care

## *Influence on START NOW strategies:*

- Recognition that some behaviors that began as attempts to adapt to highly stressful situations are no longer helpful
- Emphasis on grounding skills & self-monitoring





# Overall Principles of START NOW

- Reinforce personal responsibility for behavior
- Identify strengths & build on them
- Appreciate & respect individual differences, capabilities, & limitations



# Overall Principles of START NOW

- Look for multiple opportunities to teach the connections between thoughts, feelings, & behavior, including the following key points:
  - Slow down & think before acting
  - No one makes you feel a certain way- it's how you look at things
  - Your feelings don't make you act a certain way- you choose how you respond to situations



*Does START NOW work?  
For Whom?*



## **Functional Analysis of Behavior in Corrections: Empowering Inmates in Skills Training Groups**

*Susan Sampl, Sara Wakai, Robert L. Trestman, and Edward Michael Keeney*

### Abstract:

Functional analysis is designed to improve the effectiveness of cognitive behavioral treatment. Functional analysis involves identifying the sequence of an antecedent stimulus (A), a behavior (B), and that behavior's consequences (C) (Nevin & Mace, 1994; Welches & Pica, 2005). Functional analysis has been incorporated as a fundamental skill within a group-based coping skills training program for offenders, START NOW (Sampl & Trestman, 2007). Participating inmates learn to use the ABC system to break down, understand, and manage their behavior. Clinical explanation, tips, and examples are provided regarding the application of functional analysis within skills training groups, focusing on situations incarcerated offenders are likely to face.

# A Process Evaluation of START NOW Skills Training for Inmates With Impulsive and Aggressive Behaviors

Journal of the American Psychiatric Nurses Association  
17(2) 148–157  
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DOI: 10.1177/1078390311401023  
<http://japna.sagepub.com>



Deborah Shelton<sup>1</sup> and Sara Wakai<sup>2</sup>

## Abstract

**AIM:** To conduct a formative evaluation of a treatment program designed for inmates with impulsive and aggressive behavior disorders in high-security facilities in Connecticut correctional facilities. **METHOD:** Pencil-and-paper surveys and in-person inmate interviews were used to answer four evaluation questions. Descriptive statistics and content analyses were used to assess context, input, process, and products. **FINDINGS:** A convenience sample of 26 adult male (18) and female (8) inmates participated in the study. Inmates were satisfied with the program (4-point scale,  $M = 3.38$ ,  $SD = 0.75$ ). Inmate hospital stays were reduced by 13.6%, and psychotropic medication use increased slightly (0.40%). Improved outcomes were noted for those inmates who attended more sessions. **CONCLUSIONS:** The findings of the formative evaluation were useful for moving the START NOW Skills Training treatment to the implementation phase. Recommendations for implementation modifications included development of an implementation team, reinforcement of training, and attention applied to uniform collection of outcome data to demonstrate its evidence base.

# Evaluating START NOW: A Skills-Based Psychotherapy for Inmates of Correctional Systems

Linda Kersten, M.Sc., Andrew M. Cislo, Ph.D., Miranda Lynch, Ph.D., Kirsten Shea, M.B.A., Robert L. Trestman, Ph.D., M.D.

**Objective:** This study investigated whether higher attendance in a skills-based group therapy program designed for inmates was associated with fewer rule infractions as reflected in the number of disciplinary reports received in a state correctional system.

**Methods:** Administrative data were provided by the Connecticut Department of Correction and Correctional Managed Health Care at UConn Health, the system's health care organization. This was a retrospective cohort analysis of START NOW program participation events from 2010 through 2013 (N=946). Participants were adult male and female inmates, both sentenced and unsentenced, with and without recorded psychiatric diagnoses. The number of disciplinary reports was documented for up to six months after program participation. Incident rate ratios are presented from zero-inflated negative binomial regression models. Predictive margins examined variation in the effect

of sessions attended on disciplinary reports in the postprogram period across security risk groups and primary psychiatric diagnosis groups.

**Results:** For each additional session of START NOW completed, a 5% reduction was noted in the incident rate of disciplinary reports. The effect of program participation was robust to all model considerations. Inmates with higher overall security scores appear to benefit most from program participation. The program was also found to be effective across primary psychiatric diagnosis classifications.

**Conclusions:** START NOW was shown to be an effective treatment option for reducing disciplinary infractions by inmates.

*Psychiatric Services in Advance (doi: 10.1176/appi.ps.201400471)*

## Psychiatric Hospitalization After Participation in START NOW

TO THE EDITOR: START NOW is a 32-session, skills-based, group psychotherapy for inmates of correctional systems. We previously found that inmates who completed more program sessions had fewer subsequent disciplinary infractions during incarceration (1). However, because the effect on clinical outcomes remained unknown, we tested whether number of sessions completed is predictive of number of inpatient psychiatric days up to six months after program participation. The study was approved by the UConn Health Institutional Review Board (no. 14-132-2).

We included program participation events occurring from 2010 through 2013 (N=953). Zero-inflated negative binomial regression was used. Standard errors were adjusted for clustering within the individual because an individual could participate in the program more than once. The need score for mental health care (assigned by UConn Health psychiatric staff) was used in the logistic portion of the two-stage model. Because our earlier study found significant variation in program effect across security risk groups (scores assigned by the Connecticut Department of Correction), we examined both main and conditional effects of number of sessions completed across security risk groups.

START NOW appears to have had a beneficial clinical effect, particularly for inmates with higher security scores. Each session completed was associated with a 5% decrease in subsequent hospital days. Although the findings are promising, two limitations should be noted. First, inpatient psychiatric hospitalization was a relatively rare event. Although we had a sufficient sample size to pursue this investigation, larger samples would increase confidence in the program's clinical effect. Other measures of clinical effectiveness are also warranted. Second, unmeasured external forces concurrent to START NOW may have influenced later hospitalization (for example, other programming). However, the findings strongly suggest a beneficial program effect on hospitalization and contribute to the modest literature on evidence-based correctional psychotherapy (2).

### REFERENCES

1. Kersten L, Cislo AM, Lynch M, et al: Evaluating START NOW: a skills-based psychotherapy for inmates of correctional systems. *Psychiatric Services* 67:37-42, 2015
2. Gannon TA, Ward T: Where has all the psychology gone?: A critical review of evidence-based psychological practice in correctional settings. *Aggression and Violent Behavior* 19:435-446, 2014

Andrew M. Cislo, Ph.D.  
Robert L. Trestman, M.D., Ph.D.

Each session completed was associated with a 5% decrease in subsequent hospital days.

For each additional session of START NOW completed, 5% decrease in the incident rate of disciplinary reports.

# Sessions	0.95*** (0.01)
Constant	-0.37*** (0.95)



\*\*\*  $p < 0.001$



START NOW is effective at reducing disciplinary reports across diagnoses and with comorbidity.

\*\*\*  $p < 0.001$   
 \*  $p < 0.05$

Personality Dx	<b>3.96***</b>
	(1.23)
Substance Use Dx	<b>2.20*</b>
	(0.85)
Psychotic Dx	<b>3.03***</b>
	(0.99)
Mood Dx	<b>4.24***</b>
	(1.26)
Anxiety/PTSD/Other Dx	<b>5.40***</b>
	(2.15)
Number of Diagnoses <sup>c</sup>	<b>1.13*</b>

# Fidelity Monitoring

## Quality Assurance Form: START NOW Session 1: Understanding START NOW Skills Training

Date: \_\_\_\_\_ Facilitator (s): \_\_\_\_\_ Facility: \_\_\_\_\_ Group ID: \_\_\_\_\_ Length of group (#min.): \_\_\_\_\_

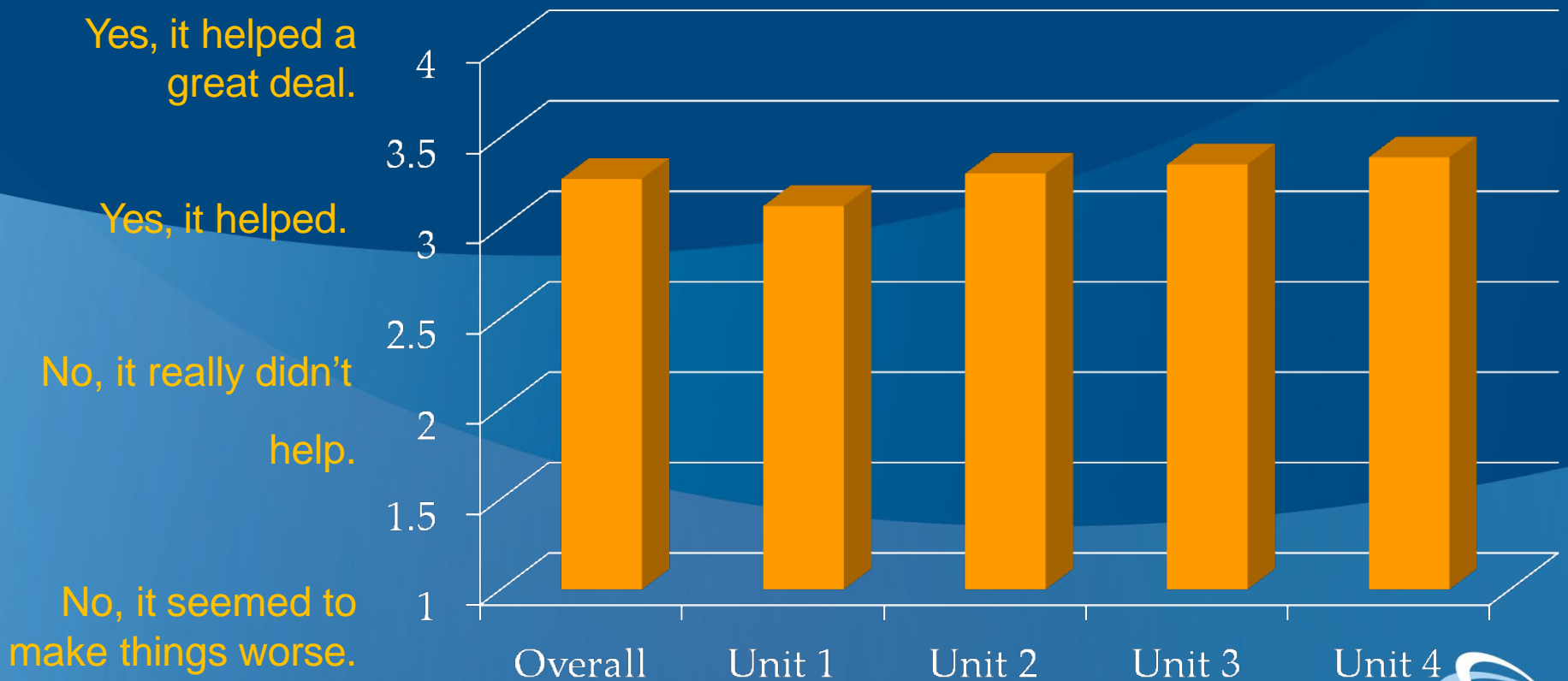
Ratings: 0=Not Covered; 1=Very ineffective; 2=Ineffective;  
3= Acceptable; 4=Effective; 5=Very Effective

Contents	Done?	Ratings	Comments
C1. Reviewed intro <i>(including reasons &amp; ways people resist change)</i>	none some fully	0 1 2 3 4 5	
C2. Reviewed "The START NOW Approach" <i>(including asking participants to choose statements)</i>	none some fully	0 1 2 3 4 5	
C3. Reviewed "The 4 START NOW Skills Units"	none some fully	0 1 2 3 4 5	
C4. Reviewed the "Welcome . . ." page & asked for commitment to comply with expectations	none some fully	0 1 2 3 4 5	
C5. Assigned a new real life practice exercise <i>(includes reviewing instructions, answering questions, &amp; asking for commitment)</i>	none some fully	0 1 2 3 4 5	
Process	Done?	Ratings	Comments
P1. Attempted to maintain the structure of group session, setting limits as needed	none some fully	0 1 2 3 4 5	
P2. Verbally reinforced & affirmed efforts toward positive change	none some fully	0 1 2 3 4 5	
P3. Demonstrated acceptance & empathy	none some fully	0 1 2 3 4 5	
P4. Attempted to involve all participants	none some fully	0 1 2 3 4 5	
P5. Rolled with resistance	none some fully	0 1 2 3 4 5	
P6. Emphasized practicing skills in real life	none some fully	0 1 2 3 4 5	
P7. Attempted to elicit change talk	none some fully	0 1 2 3 4 5	

**Overall Comments:**

# Participant Satisfaction Data (N=619)

Has participation in this START NOW unit helped you cope with daily life in prison/jail?



**In use in over a dozen state  
prison systems, jails, and  
forensic hospitals**

**START  
NOW** 

  
**CARILION CLINIC**



- With modifications to the vignettes and wording in the Workbook handouts, ***START NOW*** is appropriate for involved individuals in correctional, institutional, and community settings



## COMMUNITY ADAPTATIONS

- Conduct Disordered Teen Girls in Germany, Switzerland and the Netherlands (current EU sponsored RCT) in German
- Dually Diagnosed, Justice Involved Individuals in Connecticut DMHAS
  - Advanced Supervision and Intervention Support Team (ASIST)
  - Community Recovery Engagement Support and Treatment Center (CREST)
- Outpatient Based Opioid Treatment at Carilion Clinic

# STRUCTURE: The 4 Skills Units



# Unit 1- My Foundation: Starting with Me (10 sessions)

- Focuses on developing increased self-control & ability to cope with stressors.
- Introduces the 2 primary START NOW skills- ABC's & Focusing.
- Includes setting a treatment goal, increasing wellness skills, accepting yourself & your situation, & enhancing your spirituality, values & personal boundaries.





# Unit 2- My Emotions: Dealing with Upset Feelings (8 sessions)

Includes:

- Recognizing & understanding emotions.
- Coping with emotions through actions, or through thoughts & imagery.
- Coping with depression, anger, anxiety & grief.



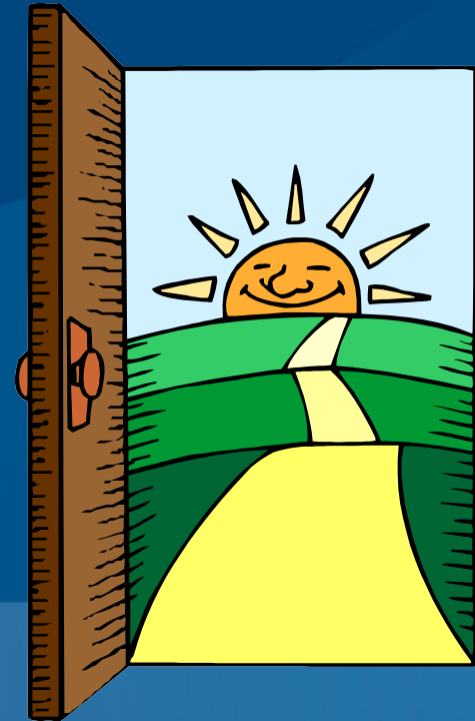
# Unit 3- My Relationships: Connecting with Others (8 sessions)

- Focuses on developing positive relationship skills including:
  - Listening skills
  - Assertiveness
  - Setting boundaries
  - Asking for support
  - Avoiding destructive relationships
  - Responding to feedback
  - Coping with rejection



# Unit 4- My Future: Setting & Meeting my Goals (6 sessions)

- Focuses on preparing for a positive future by:
  - Developing hope
  - Setting realistic goals & breaking them down into steps
  - Learning problem solving skills
  - Learning to set & meet educational & vocational goals



# Clinical Implementation Issues



# Typical Criteria for Group Admission

- Individuals with a pattern of frequent maladaptive behaviors & limited coping skills.
- Particularly consider:
  - Outpatient or higher level of care
  - History of suicidal or parasuicidal behaviors
  - Medication Assisted Therapy for Opioid Addiction
  - Required or will require continuing mental health care in the community



# Typical Criteria for Group Admission

- Able to verbally understand English (or Spanish, in a group run by a Spanish-speaking facilitator).
  - Those with limited literacy will need accommodations re: written exercises.



# Group Facilitators

- Criteria
  - Have experience in group therapy & in counseling, are willing/motivated to provide this approach, & complete START NOW training & certification.
- Can be facilitated by 1 or 2 facilitators
  - Co-facilitation may be indicated with higher risk group members.

# Intervention Design & Parameters

- 32 sessions,
  - designed to be provided 2 times per week.
  - Options- once weekly, or alternate weeks.



# Intervention Design & Parameters

- Four skills units:
  - 1) My Foundation, 2) My Emotions, 3) My Relationships, 4) My Future
  - Receive a certificate (if appropriate in the setting) upon completion of each unit, with no more than 2 absences in Unit 1, or no more than 1 absence in Units 2-4
  - If several *excused* absences, evaluate clinically



# Group Structure

- Sessions designed to last 60-75 minutes.
- If provided twice weekly, sequence takes 4 months.
- Open vs. Closed Groups
  - Either is an acceptable option.
  - Use clinical judgment re: adding new group members, also taking into account pragmatic issues.
  - Often works well to add new group members at the beginning of a START NOW unit.



# Orienting Participants to **START NOW**

- Done with the whole group together for fixed admissions.
- For rolling admissions, includes 3 key elements from Session 1:
  - Review the group rules.
  - Establish a treatment goal.
  - Introduce the 2 primary skills- Focusing & ABC.



# Materials Needed

- Participant workbooks
- Real Life Practice Exercises
- Facilitator manuals
- Blank copies of ABC pages
- Writing instruments
- A white board, chalk board or flip chart
- Any materials needed for focusing practice
- An enclosed group room

# START NOW Session

## Components

- Welcome any new members  
*(if rolling admissions)*
- Review of real life practice exercise from previous session *(10 – 15 min.)*
  - Circulate & look at each person's responses
  - Offer feedback
  - Then, group discussion of real life practice exercise
- Practice Focusing or ABC Skills *(10 – 15 min.)*
  - Primary skills
  - Alternate each session



- Introduction & rationale for new topic (*10 min.*)
  - Use Socratic approach-
    - ask questions to get them thinking
    - let them be in expert role when possible
  - Link skills to situations in participants' lives
  - Look for opportunities to elicit change talk
  - Find balance between showing enthusiasm for new topic & rolling with resistance

- In-session practice exercise *(15 min.)*
  - Includes role-play, brainstorming, educational discussion, brainstorming, etc.
  - Encourage active participation
  - Making notes or sketching in books is encouraged, but optional
- Assign new real life practice exercise *(5 min.)*

# Facilitator certification criteria:

*See Appendix 4 in the Facilitator's Manual*

- Read the manual.
- Attend the complete 2-day training.
- Pass the test with 75% or higher.
- Co-facilitate a role-play practice group.
- Facilitate two consecutive groups with all ratings of “some” or “fully” .





# Session 1: Understanding START NOW Skills Training

- Introduce the approach:
  - What are some of the *reasons* we might resist change?
  - What are some of the *ways* we have resisted change?



# Session 1: Understanding START NOW Skills Training

- Statements:

- “Instead of waiting for change, I start now.”

- “Change starts with me.”

- “Any small positive steps I take get me going in a positive direction.”

- “I am responsible for my actions.”

- “I can’t change the past. I can start now to improve my future.”



# **Orient the participants to the 4 START NOW Skills Units**

**My Foundation: Starting with Me**

**My Emotions: Dealing with Upset Feelings**

**Others & Me: Building Positive Relationships**

**The Future Me: Setting & Meeting my Goals**

# Review Group Rules

- Rules are read aloud.
- Invite questions, comments, suggestions for additional rules.
- Ask for a verbal commitment for compliance.
- Post the group rules in the room.

## Welcome to the START NOW Skills Group



### Here's some information & expectations about the group:

1. Your group is led by: \_\_\_\_\_.
2. Group sessions last for one hour. Please arrive on time. Attend all group meetings, unless you are excused.
3. You are expected to respect each other both in and outside the group.
4. Each person's active participation is important to the whole group. Please listen without interrupting while others are speaking.
5. Please respect each person's confidentiality. What is said in group stays in group.
6. You are expected to practice your skills.
7. You are expected to bring your participant workbook and completed Real Life Practice Exercises to each group session.
8. To make the group a safe place with a positive focus, the following behaviors are not allowed:
  - Threatening remarks or behaviors
  - Being under the influence of alcohol or illegal substances
  - Sexually inappropriate comments or behaviors
  - "War stories," bragging about risky or destructive behaviors
9. Breaking the rules may result in dismissal from the group.
10. Additional: \_\_\_\_\_  
\_\_\_\_\_

*Real Life Practice Exercise*

## My START NOW Personal Goal

*Please fill in this page and bring it to the next group meeting. Set one positive change goal that you would like to make for yourself. Make it specific so you'll be able to tell whether or not you meet your goal.*



**This is my START NOW Personal Goal:**

---

---

---

---

**Here are some reasons this goal is important to me:**

- ---

---
- ---

---

# Focusing Skills

- Focusing = tuning into what is happening right now
- Review common examples of focusing & not focusing.
- Focusing improves with practice.
- See “Focusing: How to Practice It”



# Conducting Focusing Practice Exercises

- Tell them how long the exercise will take.
- Keep instructions clear & simple.
- Tell them what to do when they lose focus.
- Vary modalities of focusing practice exercises.

# Conducting Focusing Practice Exercises

- Closing eyes is optional.
- Check for questions.
- Give clear signals to start & begin, e.g., “ok, begin” & “ok, done”.
- Invite participants to describe their reactions.



# Session 4: ABC Patterns

- Discuss: “Knowledge is Power” & “How do you think increased self-control might improve your life?”
- ABC System
  - A way of looking at your behavior, breaking down your actions into 3 parts:
    - A = Activators
    - B = Behavior
    - C = Consequences



# Session 4: ABC Patterns

- Can be used for both positive & negative behaviors
- First apply to previous behavior, then to present.
- Focusing helps with ABC



## Example 1: BREAK IT DOWN, USING THE ABC SYSTEM

ACTIVATORS <i>What triggered me?</i>		BEHAVIOR <i>What did I do?</i>	CONSEQUENCES <i>What happened?</i>	
<i>Activators around me</i>	<i>Activators inside me</i>	Action I took	<i>Positive Consequences</i> +	<i>Negative Consequences</i> -
<b>What?</b> <i>I was nagged about washing the car</i>  <b>Where?</b> <i>In the family room during dinner</i>  <b>When?</b> <i>Evening</i>	<b>Thoughts?</b> <i>They are trying to run my life.</i>  <b>Feelings?</b> <i>Angry. Annoyed. Frustrated.</i>	<b>Action</b> <i>Walked out of the room and slammed a door.</i>	<i>I avoided a fight in front of the kids.</i>	<i>It just postponed the argument.</i>



For **Behaviors** above that did not work out well for you, fill in the boxes to the right, showing what you can do instead, when faced with similar **Activators**.

BEHAVIOR  What can I do instead?	CONSEQUENCES What are the likely consequences?	
	<i>Positive Consequences</i> +	<i>Negative Consequences</i> -
<i>Reassure that I will wash the car within the next two days.</i>	<i>They feel listened to and the children see us getting along.</i>	<i>I would not have expressed my frustration over being nagged.</i>

# Conducting Weekly ABC Practice Exercises

- Tell participants practicing this method will help participants increase their personal control; practice will be once per week.
- Give participants spare copies of the ABC forms
- Bring one completed one each day on the day of the ABC practice- can focus on a neg. or pos. behavior.
- Discuss an example of the ABC form on the whiteboard, involving the entire group.
- If they choose to hand them in, they can get written feedback on these.

# Session 7: Self-Care Skills

- Review rationale
- Review Physical & Mental Wellness Skills
- Special Topic: When Medications are Prescribed



# Next, review the Real Life Practice Exercise

## Check Up!!!

Think about how you've been taking care of yourself in the past few months. How many checks do you give yourself in each of the following areas of wellness? See the box below for what each number of checks means.

Place checks below:	Area of Wellness
	Healthy Eating
	Physical Exercise
	Healthy Sleep
	Avoid Medical & Dental Problems
	Exercise your Mind
	Build your Self-Confidence
	Stick with the Winners
	Taking med's as prescribed <i>(if applies)</i>

**no checks** = This is an area I don't do at all, or do hardly at all. There's a lot of room for me to get stronger in this area.

**✓** = This is an area that I do a little bit- quite a bit of room for me to get stronger in this area.

**✓✓** = This is an area I do a medium amount- fairly strong in this area.

**✓✓✓** = This is an area I do quite a bit- I'm especially strong in this area.

# Session 8: My Spiritual Self

- Introduce the topic, emphasizing respect for each person's beliefs & practices.
- Present: “What does being spiritual mean to you?”
- Review “Ways to Recognize & Celebrate my Spiritual Self” skills.



# Session 9: Identifying & Developing my Values

- Introduce the concept/meaning of “values”.
- Facilitate the In-Group Values Exercise
- Review “Things to Know about Values”.
- Review the Real Life Practice Exercise



Unit 2:  
**My Emotions:  
Dealing with Upset Feelings**

*Includes 2 Sections:*  
**General Skills for Understanding & Coping with Feelings  
&  
Coping with Some Specific Difficult Emotions**



# Session 11: My Emotions & Feelings, part 1



Some people see their emotions as an invading force. They try to get away from their emotions or just put up with them.

# My Emotions & Feelings, part 1, continued

- Review & discuss: “How Emotions are Helpful”
- Review & discuss- “How to Recognize & Talk about Feelings”
- Review the Real Life Practice Exercise

Emotion	Clues	Feeling Words
<b>Happiness</b> 	smiling, a feeling of warmth, talking in a way that sounds excited, laughing, singing, dancing, thinking that a lot of good things are possible	happy, glad, hopeful, excited, enthusiastic, joyful, content, satisfied, thrilled, pleased, cheerful
<b>Sadness</b> 	mouth & eyes turn down, crying, thinking that everything is bad & not going to get better, low energy, tired, avoiding others	sad, down, depressed, glum, morose, lonely, “blah,” “bummed out,” low, gloomy
<b>Anger</b> 	clenching teeth, pupils (the black inner part) of eyes look smaller, making hands into fists, thinking over & over of how you were harmed, thinking of revenge, increased swearing	angry, annoyed, irritated, enraged, aggravated, crabby, furious, frustrated, fuming, resentful
<b>Fear &amp; Anxiety</b> 	stomach upset, eyes widen, hands trembling, looking around quickly, keyed up, body feels tense, thinking you or someone you care about is going to be harmed	afraid, nervous, anxious, worried, “freaking out,” “nerved up,” frightened, terrified
<b>Guilt &amp; Shame</b> 	not looking people in the eye, face gets red, thinking everyone is looking at you or judging you, feeling badly about a mistake you made (guilt) or something you think is wrong with you (shame)	ashamed, guilty, embarrassed, humiliated, self-conscious, mortified



# Session 13: Coping with Upset Feelings through Actions

- How upset feelings influence:
  - Lack of Action
  - Impulsive
- Emotions affect our actions, **and** actions affect how we feel.
- Review “Coping with Upset Feelings through Positive Actions” & lead the brainstorming activity
- Review Real Life Practice Exercise

# Session 14: Coping with Upset Feelings through Thoughts & Imagery

- Start off the session reinforcing the idea that how we process things affects our emotional reaction. Explain “Thought Errors”:



## Thought Errors

Thought Error	Description	Example
All or Nothing Thinking	Thinking in extremes. Often includes words like always, never, all, nothing, everybody, & nobody.	<i>“Nothing ever goes right for me!”</i>
Mind-reading	Believing you know what other people think or feel.	<i>“They thought I was stupid.”</i>
Negative Self-Talk	Thoughts that put you down & make you feel bad about yourself (look back at the Self-Acceptance topic in Unit 1 for more information)	<i>“I’m ugly.” “I can’t do anything right.”</i>
Expecting the Worst	Telling yourself that things are not going to work out.	<i>“I’ll never get out of here.”</i>

# Coping with Upset Feelings by Replacing Thought Errors

Thought Error	Thought Error Examples	Replacing Thought Errors
All-or-Nothing Thinking	<i>"Nothing ever goes right for me!"</i>	<i>"I'm really disappointed about what just happened, but it doesn't mean that nothing ever goes right for me."</i>
Mind-reading	<i>"They thought I was stupid." "They are always going to think of me as the druggie in the family."</i>	<i>"I'm embarrassed. I have no way of knowing what they were thinking unless I ask them." "I can show my family that I can do better by staying clean."</i>
Negative Self-Talk	<i>"I'm no good, just like my parents said."</i>	<i>"They were wrong to say that to me. I've made mistakes. I'm doing the best I can to do better."</i>
	<i>"I can't do anything right."</i>	<i>"I can do many things."</i>
Expecting the Worst	<i>"I'll never get a job."</i>	<i>"It is difficult, but I can get a good job."</i>



# Session 16: Coping with Anger

- Review potential for anger to be useful and/or a problem
- Review potential triggers and signs of anger
- Now, teach skills to prevent impulsive actions:
  - Slow down
  - Change your thoughts
  - Notice thought errors & replace those thoughts
  - Think it through



Next, review the Real Life Practice Exercise:

Participants focus on a recent time they did not handle their anger as well as they would have liked to, and what they could have done instead.





almost everything  
will work again  
if you unplug it  
for a few minutes...  
including you.

Anne Lamott

**START**  
**NOW** 

  
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# Sustaining and Improving START NOW



# QA & Supervision

- There is a system for QA monitoring of the following START NOW elements:
  - Participant attendance
  - Supervisor Rating Sheets
  - Satisfaction Questionnaires- Participant and Facilitator



# QA & Supervision

- Supervisors are to observe one START NOW session per unit to ascertain that all expected session elements are present (see rating sheet on the next slide).



# Supervisor's Rating Sheet

## Example of QA Form, Facilitator Version

Quality Assurance Form: START NOW Session 1: Understanding START NOW Skills Training

Date: \_\_\_\_\_ Facilitator ID's: \_\_\_\_\_ Facility: \_\_\_\_\_ Group ID: \_\_\_\_\_

Contents	Done?	Comments
C1. Reviewed intro (including reasons & ways people resist change)	none some fully	
C2. Reviewed "The START NOW Approach" (including asking participants to choose statements)	none some fully	
C3. Reviewed "The 4 START NOW Skills Units"	none some fully	
C4. Reviewed the "Welcome . . ." page & asked for commitment to comply with expectations	none some fully	
C5. Assigned the real life practice exercise (includes reviewing instructions, answering questions, & asking for commitment)	none some fully	
Process	Done?	Comments
P1. Attempted to maintain the structure of group session, setting limits as needed	none some fully	
P2. Verbally reinforced & affirmed efforts toward positive change	none some fully	
P3. Demonstrated acceptance & empathy	none some fully	
P4. Attempted to involve all participants	none some fully	
P5. Rolled with resistance	none some fully	
P6. Emphasized practicing skills in real life	none some fully	
P7. Attempted to elicit change talk	none some fully	

Overall Comments:



# Participant Satisfaction Questionnaire

Facility: \_\_\_\_\_ Group #: \_\_\_\_\_ Date: \_\_\_\_\_

Please check off the START NOW Unit you just completed:

1- My Foundation    2- My Emotions    3- My Relationships    4- My Future

## START NOW PARTICIPANT SATISFACTION QUESTIONNAIRE

Please help us improve our program by answering some questions about the START NOW unit you just completed. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions on ways we can improve START NOW.

Thank you very much. We really appreciate your help.

Please circle your answer:

1. How would you rate the quality of the START NOW unit you just completed?



Excellent (4)

Good (3)

Fair (2)

Poor (1)

2. Did you get the kind of help you wanted?



No, definitely (1)

No, not really (2)

Yes, generally (3)

Yes, definitely (4)

3. To what extent has this START NOW unit met your needs?



Almost all of my needs  
have been met (4)

Most of my needs  
have been met (3)

Only a few of my needs  
have been met (2)

None of my needs  
have been met (1)

4. If a friend were in need of similar help, would you recommend that he/she participate in this START NOW unit?



No, definitely not (1)   No, I don't think so (2)   Yes, I think so (3)   Yes, definitely (4)

5. How satisfied are you with the amount of help you have received?



Quite dissatisfied (1)

Indifferent or mildly  
dissatisfied (2)

Mostly satisfied (3)

Very satisfied (4)

See Reverse/Page 2



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# Facilitator Satisfaction Questionnaire

Facility: \_\_\_\_\_ Date: \_\_\_\_\_  
START NOW Group #: \_\_\_\_\_  
START NOW Unit:  1 My Foundation  2 My Emotions  3 My Relationships  4 My Future

## START NOW FACILITATOR SATISFACTION QUESTIONNAIRE

Please help us improve our program by answering some questions about the START NOW unit you just completed. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions on ways we can improve START NOW.

Thank you very much. We really appreciate your help.

Please circle your answer:

1. Did you feel the participants got the kind of help they wanted?

1	2	3	4
No, definitely	No, not really	Yes, generally	Yes, definitely

2. To what extent do you believe this START NOW unit met the participants' needs?

4	3	2	1
Almost all of their needs have been met	Most of their needs have been met	Only a few of their needs have been met	None of their needs have been met

3. Do you feel this START NOW unit has helped the participants to deal more effectively with their problems?

4	3	2	1
Yes, they helped a great deal	Yes, they helped	No, they really didn't help	No, they seemed to make things worse

4. How would you rate the quality of the START NOW unit you just provided?

4	3	2	1
Excellent	Good	Fair	Poor

# MEASURES OF SUCCESS

## Process Measures

- Attendance
- Satisfaction
- Fidelity

## Outcome Measures

- Reduced impulsivity
- Reduced episodes of aggression





# SUMMARY

- *START NOW* is a manual-guided skills training program for individuals with behavioral disorders designed for forensic treatment environments.
- *START NOW* has a Facilitator's Manual that provides background and guidance for each of the 32 sessions.



## You should now be able to:

- Describe the background and development of START NOW
- Describe the practical applications of START NOW
- Recognize the challenges, steps, and key components required to implement and sustain an evidence based practice in an institutional setting
- Time to take the START NOW post test!



**START  
NOW**



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