

# **Helping Justice-Involved Clients Build Relationship Skills**

SUPPORTING HEALTHY REINTEGRATION, CONNECTION,  
AND DATING FOR JUSTICE-INVOLVED INDIVIDUALS

**Landis Bejar, LMHC-D, LPC, Ed. M.**

WITH SAFER SOCIETY FOUNDATION

---

# Today's Agenda

1

**Intro's &  
Overview**

2

**6 Steps for  
Relationship  
Skill-Building**

3

**Step 1: Trusting**

4

**Step 2:  
Teaching**

5

**Step 3:  
Strategizing**

6

**Step 4:  
Implementing**

7

**Step 5:  
Workshopping**

8

**Step 6: Evolving**

9

**Wrapping up**

- 
- licensed mental health **counselor** (NY),  
licensed professional counselor (GA)
  - born in **MIA**, trained in **NYC**, raising a  
family in **ATL**
  - owner of **aisletalk**, pllc
  - **relationships** are my favorite
  - she/her

**I'm Landis Bejar**

LAND-ISS BAY-HAR

# — And you?

## **What is your role/title?**

1. Therapist
2. Other direct service provider
3. Clinical Supervisor
4. Other higher-level leadership  
and/or program development

## — And you?

**To what degree are you already incorporating dating skills/healthy relationship skills in your / your setting's work with consumers?**

1. Not at all
2. Somewhat/here and there
3. We do a fair amount, but are always looking for new ideas
4. We have a very developed curriculum; it's a chief focus of the work we do

# — And you?

**What population do you (or your team/organization) support/work with?**

(Choose all that apply)

1. Incarcerated
2. Formerly incarcerated
3. Sexually based crimes
4. Violence based crimes

# — And you?

## **What is your greatest challenge in your work, when it comes to the topic of dating and healthy relationships?**

1. Clients are mandated and/or have low motivation/buy-in to the work
2. Clients know the skills but have trouble implementing them because they are working on deep-level skills to interrupt existing/entrenched negative cycles of behavior
3. Clients really have never heard of any of these concepts before, so really starting from scratch
4. Clients aren't really interested in learning these skills, can't imagine they would be helpful for them, or don't see a clear rationale for application of dating skills
5. Clients would love to learn these skills, but have at least a hundred other things that are higher priority for them at the moment
6. Clients are open, but I don't have the training in these areas and am looking to learn more
7. A combination of the above
8. None of the above

## — Learning Objectives

- 1 Identify key relational and psychological challenges that justice-involved individuals face during reintegration, particularly in social and romantic contexts.
- 2 Apply trauma-informed and accountability-centered clinical strategies to support clients in building safe, respectful, and consensual relationships.
- 3 Demonstrate core healthy relationship skills—including setting boundaries, communicating effectively, regulating emotions, and navigating vulnerability—to clients who may lack previous models of safe and supportive partnership.
- 4 Express client support in exploring their self-concept and identity reconstruction, with an emphasis on reducing shame and fostering self-awareness, self-respect, and relational integrity.
- 5 Describe the practical and emotional complexities of dating post-incarceration, including decision-making, disclosure, consent, rejection resilience, and developing respectful approaches to initiating and sustaining connection.

# Why we're here

Reentering society after incarceration is a complex process, particularly for justice-involved individuals with histories of sexual offending, intimate partner violence, or other behaviors that place them at risk of perpetrating harm.

Rehabilitation & reintegration are about building new skills to allow us to live healthfully and meaningfully in society.

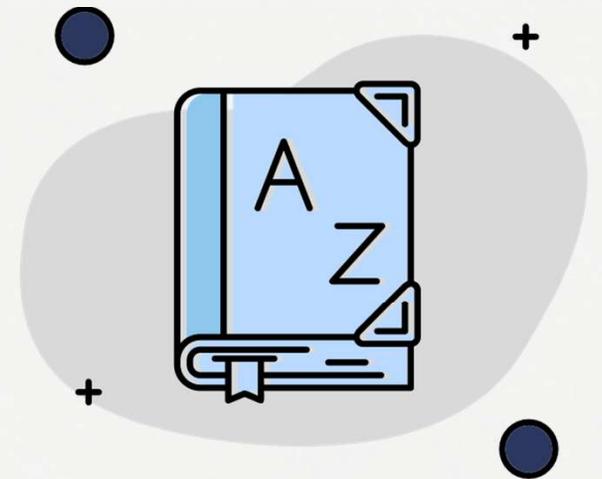
But relationships are at the center of healthy living

- Our clients need healthy relationships - often times they have not had any

- Professionals in the field play a crucial role in supporting these individuals as they work to rebuild trust, connection, and healthy relationships.
- Our role: confidant, teacher, coach, to clients who may lack previous models of safe and supportive partnership.
- Acknowledging privilege, bias, transference/counter transference
- Clients: at a point in their rehabilitation where they are ready to begin thinking about dating. For now or for the future. Sometimes this isn't a priority - at all or right now.
- Determining readiness/appropriateness for this part of the work is crucial to its effectiveness

# Key terms for Today

- Healthy relationships
- Self concept
- Shame
- Self-awareness
- Social relationship
- Romantic relationship



# Just so we're on the same page—

## **RELATIONSHIP SKILLS**

The abilities to establish and maintain healthy and supportive relationships and to effectively navigate settings with diverse individuals and groups.

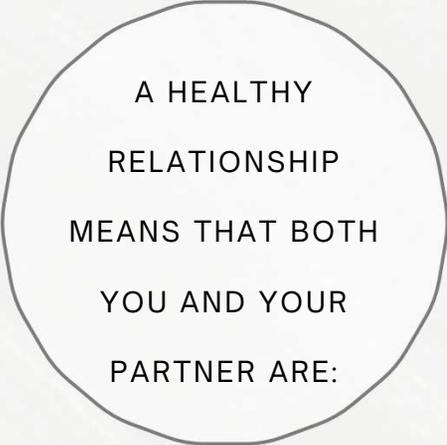
## **HEALTHY RELATIONSHIPS**

are built on healthy communication, mutual respect, and trust. In a healthy relationship both partners feel valued and respected, and have their boundaries respected. Boundaries can be physical, emotional, and sexual. In a healthy relationship, each partner respects the other's goals, whether they are personal, professional, or educational. It is also critical to respect each other's need to spend time with other people or alone. The dynamics of healthy relationships can apply to intimate partners, friends, family, and co-workers.

## **QUALITIES OF HEALTHY RELATIONSHIPS**

Communicative.  
Respectful.  
Trusting.  
Honest.  
Equal.  
Setting boundaries.  
Practicing consent.  
Supportive.

# Defining *Healthy Relationship*



A HEALTHY  
RELATIONSHIP  
MEANS THAT BOTH  
YOU AND YOUR  
PARTNER ARE:

- **Communicative.** You talk openly about problems and listen to one another. You respect each other's opinions.
- **Respectful.** You value each other's opinions, feelings, and needs, and give each other the freedom to be yourself and be loved for who you are.
- **Trusting.** You believe what your partner has to say and don't feel the need to "prove" each other's trustworthiness.
- **Honest.** You're honest with each other but can still keep some things private.
- **Equal.** You make decisions together and hold each other to the same standards. You and your partner have equal say with regard to major decisions within the relationship. All partners have access to the resources they need.
- **Setting boundaries.** You enjoy spending time apart, alone, or with others. You respect each other's need for time and space apart. You communicate with each other about what you are and aren't comfortable with.
- **Practicing consent.** You talk openly about sexual and reproductive choices together. All partners always willingly consent to sexual activity and can safely discuss what they are and aren't comfortable with.
- **Parenting supportively.** All partners are able to parent in a way that they feel comfortable with. You communicate together about the needs of the child(ren), as well as the needs of the parents.

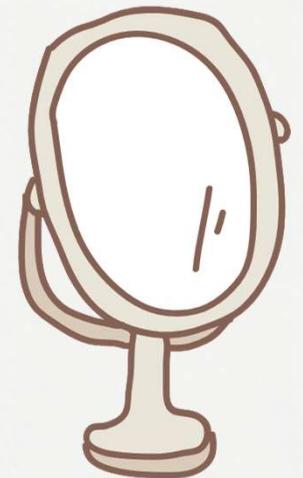
<https://www.thehotline.org/resources/healthy-relationships/>

# Defining *Self Concept*

One's **description and evaluation of oneself**, including psychological and physical **characteristics, qualities, skills, roles**, and so forth. Self-concepts contribute to the individual's **sense of identity** over time. The conscious representation of self-concept is dependent in part on non-conscious schematization of the self.

Although self-concepts are usually available to some degree to the consciousness, they may be inhibited from representation yet still influence judgment, mood, and behavioral patterns.

Also called self-appraisal; self-assessment; self-evaluation; self-rating. See self-image; self-perception.



APA Dictionary of  
Psychology

# Defining *Self Awareness*

Self-awareness: Self-awareness has long been seen by practitioners and researchers as both a primary means of alleviating psychological distress and the path of self-development for psychologically healthy individuals.

- *“increased awareness of the self is both a tool and a goal” (Fenigstein et al., 1975, p. 522),*
- *different aspects of self-awareness, including mindfulness and rumination, mediate the impact of mindfulness-based interventions on mental health outcomes (Gu et al., 2015).*

*“The importance of self-awareness goes beyond well-being and mental health to include substantial impacts on day-to-day functioning. It has important effects on performance, with reflection and mindfulness encouraging persistence with tasks despite performance-related stress (Feldman et al., 2014) and rumination related to interpersonal difficulties (Brinker et al., 2014).”*

(Sutton, 2016)

# Defining *Shame*

*“I define shame as the **intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging—** something we’ve experienced, done, or failed to do makes us unworthy of connection.*

*I don’t believe shame is helpful or productive. **In fact, I think shame is much more likely to be the source of destructive, hurtful behavior than the solution or cure. I think the fear of disconnection can make us dangerous.”***

**-Brené Brown**



# Defining *Shame Resilience*

Shame resilience can be thought of as the ability to proactively and authentically engage with shame in a manner that facilitates healing, recovery, and growth.

Van Vliet (2008) proposed that individuals recover from shame through a process of

- self-reconstruction that encompasses connecting
- refocusing
- accepting
- understanding
- resisting

Sociologist Brené Brown has identified four basic components of shame resilience:

- recognizing shame and understanding its triggers
- practicing critical awareness of the influences leading to shame
- reaching out to others, and naming shame when it occurs

In both theories, shame resilience is thought of as active engagement with shame, rather than avoidance and withdrawal.

# Defining *Romantic Relationships*

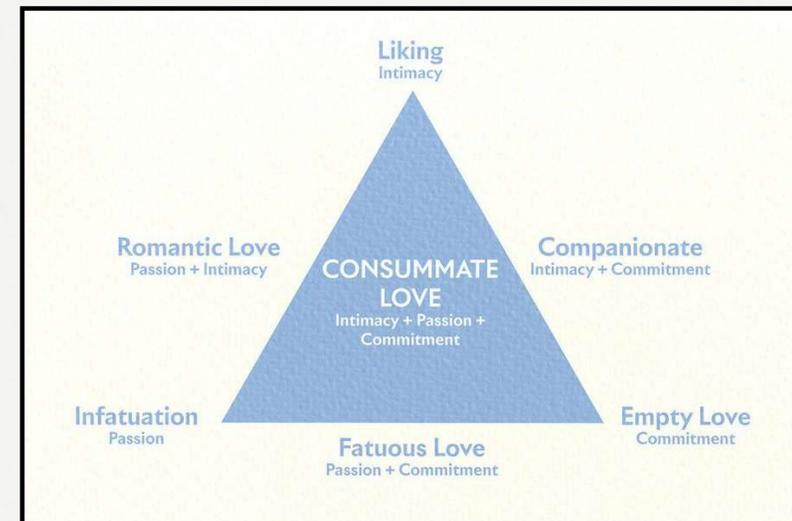
1. ROMANTIC RELATIONSHIPS
2. SEXUAL RELATIONSHIPS
3. FAMILY RELATIONSHIPS
4. FRIENDSHIPS
5. ONLINE RELATIONSHIPS
6. ACQUAINTANCES
7. WORK  
RELATIONSHIPS/COLLEAGUES
8. LOCATION-BASED RELATIONSHIPS
9. TEACHER/STUDENT  
RELATIONSHIP
10. THERAPIST/CLIENT
11. HEALTHCARE  
PROFESSIONAL/PATIENT
12. COMMUNITY/FAITH-  
BASED/CULTURAL GROUP
13. RELATIONSHIP WITH PETS

Romantic relationships are highly prized in our society. If somebody is constantly single, it's usually judged.

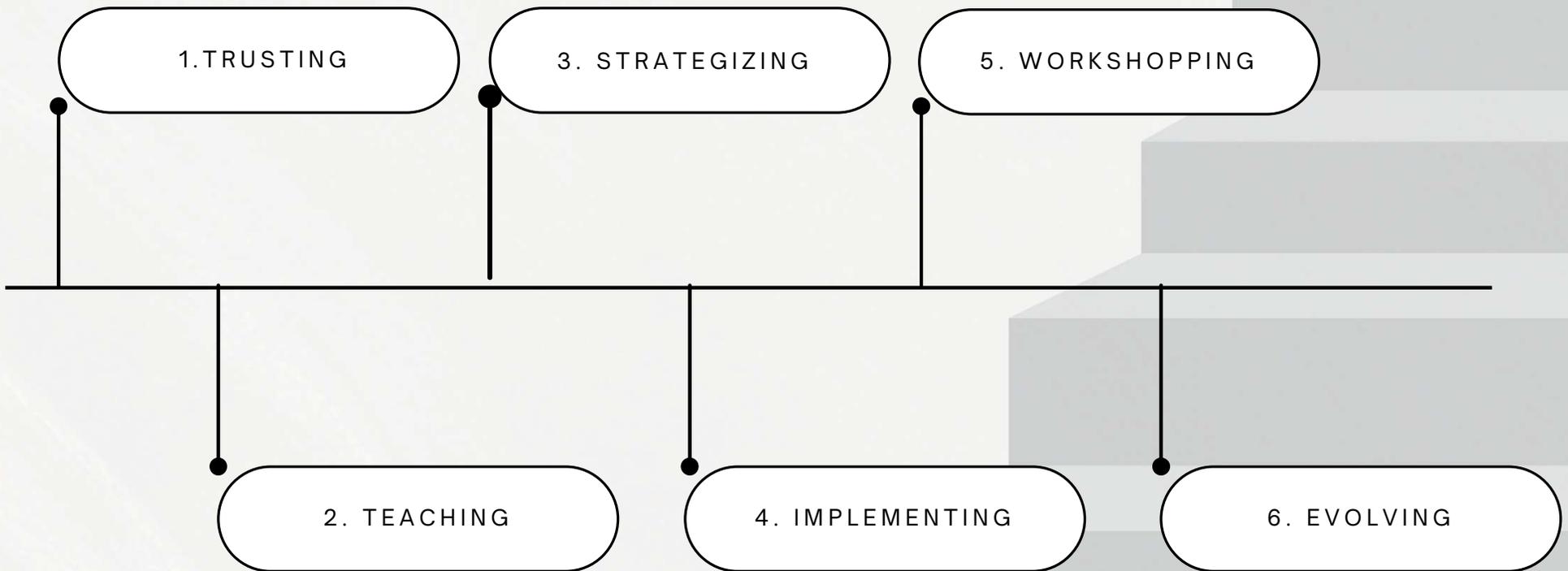
This judgment comes from what we call **amatognormativity**: the assumption that all human beings want to pursue a love and romantic relationship, usually in the context of monogamy.

However, some people are a-romantic, which means that they have no desire for romantic relationships.

Yet, it doesn't mean they are un-relational. Many single people and a-romantic people might actually be very well connected in other types of relationships.



# 6 steps for Helping ~~Justice~~ Involved Clients Build Relationship Skills



*Where does any good therapeutic relationship start?*

TRUST BUILDING OF COURSE



**Step #1: Trusting**

& MEETING A CLIENT WHERE THEY ARE

# Step 1: Building Trust & meeting a client where they are

*We have to understand where the client person “is” so that you can join with them and help them get where they need and want to go.*

This means:

- Gathering a comprehensive clinical history & assessment tools like the Age Table & Sawyer’s workbook
- Asking Detailed and Specific Questions:
  - The workbook includes pointed questions about family dynamics, past traumas, addictions, legal history, and sexual behavior.
  - These targeted prompts reduce ambiguity and encourage more honest and thorough responses.
- From the outset, bring relationships into the conversation; establish that: it’s okay to talk about relationships in this space & you are not assuming that they have not had significant experiences in romantic relationships because of their offense(s)



[safersociety.org](http://safersociety.org)

# Step 1: Building Trust & introducing shame resilience

## SAMPLE QUESTIONS AND TOPICS TO OPEN UP THIS DISCUSSION WITH YOUR CLIENT:

- What does being in a relationship mean to you
- What motivates you to improve your relationships?
- Do you have any concerns about it? About the process of learning new things, implementing them? The effects of implementing them? The effects of improving your relationships?
- Rationale:
  - Why are we working so hard on this?
  - Why is it even important to have healthy relationships?
- The role of shame in this work - pull for client's input on this
  - What experiences do you hold on to from the past that contribute to shame about your relationship history or your potential for having healthy relationships in the future?
  - What stories about yourself does this shame contribute to? And how can we challenge them? Or neutralize them?
  - How does shame interfere with our efforts here? And how do we combat that?
  - >> it isolates you; tells you that you can never improve, increases defensiveness
- What can I do to promote a place where you can share struggles openly, without the judgment of Shame being here too?
- How can we work together to check Shame at the door?

**HELPING THE CLIENT  
EXPRESS THEIR OWN,  
OFTEN AMBIVALENT,  
FEELINGS ABOUT  
RELATIONSHIPS, DATING,  
OR SKILLS OF BOTH  
NORMALIZING  
AMBIVALENCE ABOUT  
IMPROVING RELATIONSHIP  
SKILLS**

# Step 1: Building Trust through validation

- Exploring & Validating the legitimacy of anticipated barriers:
- What are the internal and/or external barriers that you have concerns about as you think about improving your relationships?

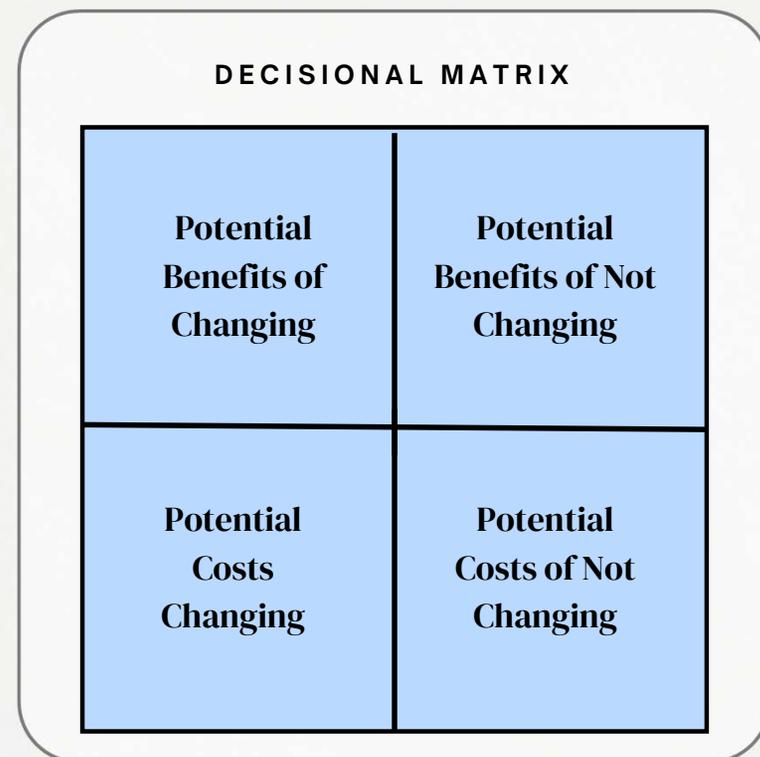
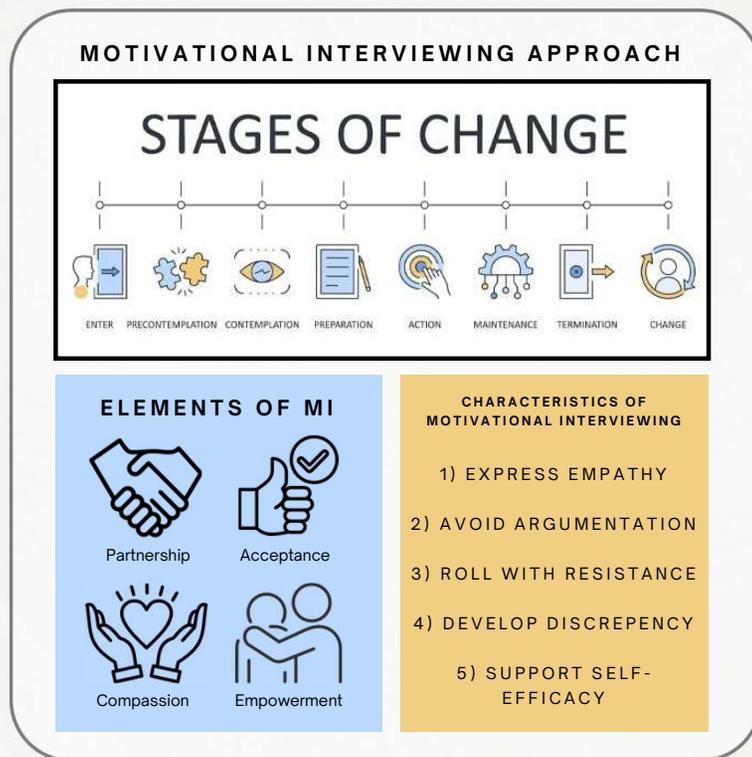
## INTERNAL BARRIERS

- Controlling and/or “old school” probation officer
  - You can’t date without my permission
  - Abstinence only
- Coordinating services
- Perceived or actual opinions of others
  - Family
  - Community
- Concerns about perceived or actual opinions of others

## INTERNAL BARRIERS

- Myths about relationships + dating
- Learning disorders
- Cognitive rigidity
- Women mean yes when they say no
- Low IQ (80s)
- Extreme backgrounds of trauma
- Lack of trust in system and/or helping professionals
- negative and/or limited examples of healthy relationships, communication, conflict resolution
- Hierarchy of needs and/or how it’s interpreted
- Fear of disclosure
- Fear of rejection

# Step 1: Building Trust & Clinical Tools to help



# Step #2: Teaching

& UNDERSTANDING PROCESS VS. CONTENT

**process:**

HOW WE TEACH



**content:**

WHAT WE TEACH



# Step #2: Teaching *Process* the material is only as good as the approach

## The Process of Teaching these skills should be:

- Non shaming & Non Judgmental
- Rooted in the assumption that this client is ready to do their best and can do it with the right support
- Trauma-informed
- Cultural humility

## Teaching Strategies to Achieve this:

- Always start with the rationale - especially rationale for defining terms
  - “Getting on the same page,” or “Making sure we’re smarter than at least some of the TikTok therapists out there, etc.”
- Use real examples - self or unidentified other client if appropriate - anecdotes can
  - paint better pictures
  - enhance trust
  - lower defensiveness
  - establish safety
- Don’t kitchen-sink it
  - Modify to client’s preferred or required teaching style
  - prioritize based on their needs and/or ability
  - consider psychoed group + counseling if appropriate

**most importantly: be ready to  
model the skills you are teaching**

**RESPECT**

**CONSENT**

**COLLABORATION**

**HUMILITY**

**& ACCOUNTABILITY**

*You and your client are in a relationship,  
too, after all!*

## **Step #2: Teaching *Content*** & the 4 content categories

1.  
CORNERSTONE  
CONCEPTS  
OF HEALTHY  
RELATIONSHIPS

2.  
LOVING  
YOURSELF  
FIRST

3.  
REAL-TIME  
RELATIONSHIP  
REALITIES

4.  
RELATIONSHIP  
MYTH-BUSTING

# Step #2: Teaching Content *cornerstone concepts*

**ALL HEALTHY RELATIONSHIPS MUST MASTER BASIC SKILLS OF:**

RESPECT

CONSENT

EMOTIONAL REGULATION

HEALTHY ATTACHMENT

BOUNDARIES

COMMUNICATION

DEALING WITH CONFLICT

DECISION MAKING

# Step #2: Teaching *respect, trust, honesty*

## RESPECTFUL

You value each other's opinions, feelings, and needs, and give each other the freedom to be yourself and be loved for who you are.

## TRUSTING

You believe what your partner has to say and don't feel the need to "prove" each other's trustworthiness.

## HONEST

You're honest with each other but can still keep some things private.

## EQUAL/BALANCED

You make decisions together and hold each other to the same standards. You and your partner have equal say with regard to major decisions within the relationship. All partners have access to the resources they need.

*we don't get into a relationship expecting someone to change for us*

*trust is built in a relationship not only by big acts of fidelity, etc., it's by our day-to-day interactions*

*trust = consistency over time*

*we do not have to excavate honesty. lies of omission on a regular basis are untruthful*

*not everything is equal over time, but balanced over time. each partner's opinion has equal weight*

# Step #2: Teaching *consent*

## CONSENT

IS AN ONGOING MUTUAL AGREEMENT BETWEEN PARTNERS ABOUT WHAT THEY DO OR DON'T WANT TO EXPERIENCE. WHEN CONSIDERING WHETHER ACTS IN YOUR RELATIONSHIP ARE CONSENSUAL, KEEP IN MIND >>

- Consent isn't as simple as "no means no" or "yes means yes." **Consent is a safe, open, and ongoing conversation.**
- **Consent should happen every time.** Not broad approval based on past behavior.
- **Your relationship status isn't consent.** Nobody is ever obligated to give consent, even if you've done so before. You are the only one with ownership of your body.
- Consent isn't a free pass. **Saying yes to one act doesn't imply your consent to others** and every act of physical intimacy requires its own consent.
- **There's no such thing as implied consent.** Flirting with someone, talking to them, or the absence of 'no' are not consent. Consent only happens when all parties voluntarily, explicitly, and enthusiastically agree.
- **It's not consent if you're afraid or unable to say no, or manipulated, pressured, or threatened to say yes.** It's also not consent if you or your partner are unable to give consent, including if you're asleep, unconscious, or under the influence of substances like alcohol, some prescription medications, and other drugs.
- **Nonconsent means stop.** If anyone involved isn't consenting, then what's happening is or could be rape, sexual assault, or abuse.

# Step #2: Teaching *boundaries*

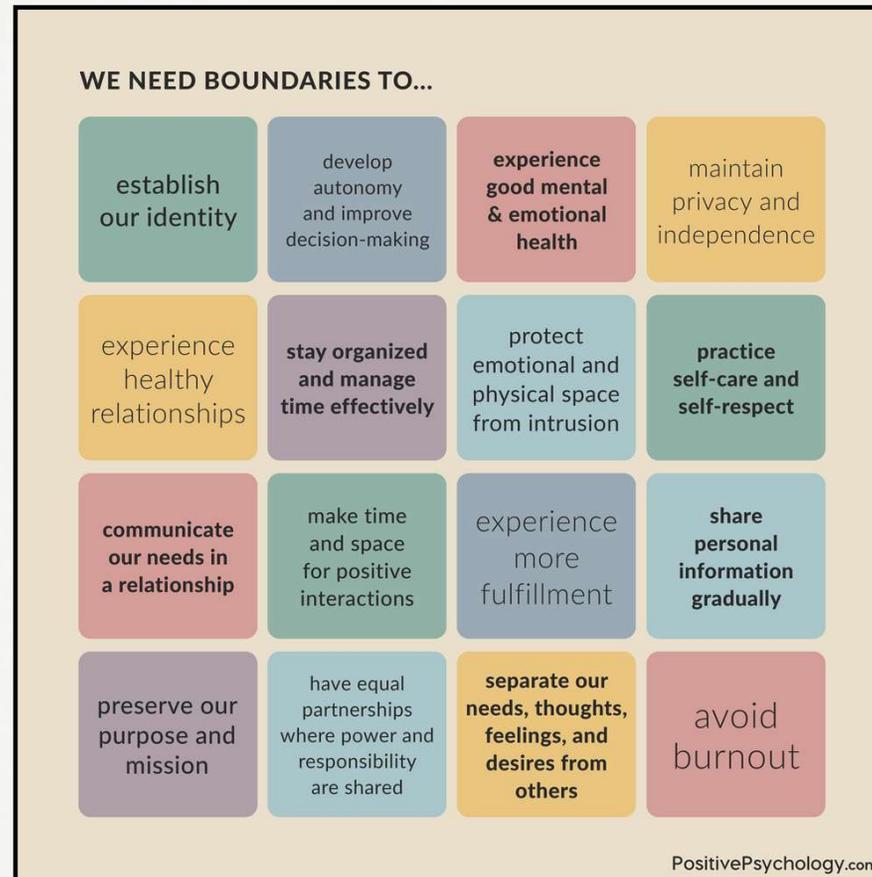
## BOUNDARIES

SETTING BOUNDARIES. YOU ENJOY SPENDING TIME APART, ALONE, OR WITH OTHERS. YOU RESPECT EACH OTHER'S NEED FOR TIME AND SPACE APART. YOU COMMUNICATE WITH EACH OTHER ABOUT WHAT YOU ARE AND AREN'T COMFORTABLE WITH. >>

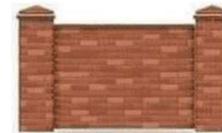
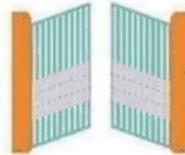
-National Domestic Violence Hotline .org

- Boundaries might sound intense - but they're **important to healthy relationships**
- “Boundaries at *the place at which I can love you AND me, simultaneously*”
  - If I say yes now and compromise my needs, I will inevitably regret or resent it later and be unable to love you fully.
- “**Love with Limits**”
- “**Walls keep people out. Boundaries show people where the door is.**”
  - (and what Type of door! And who has the key! And whether extra security is needed!)
- “Affirming boundaries” for people pleasers
- Boundaries are something you set around yourself that require the other person to do nothing
  - they are not rules or restrictions placed on other people

# Step #2: Teaching *boundaries*

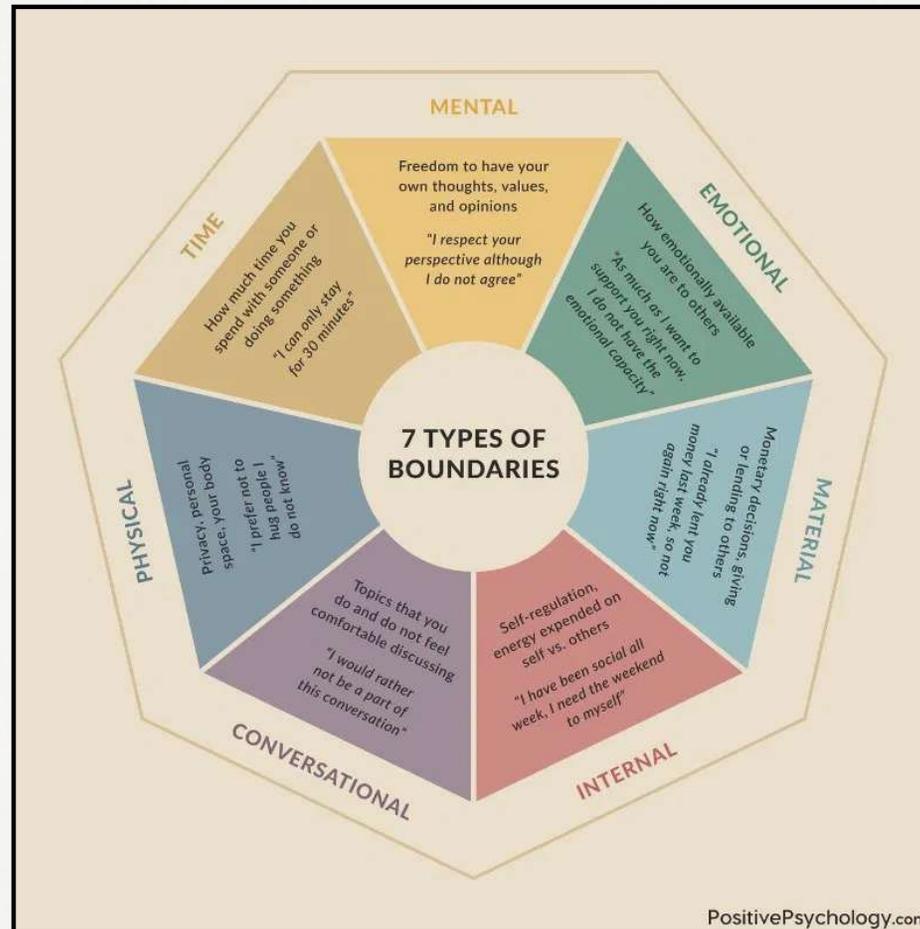


# Step #2: Teaching *boundaries*



Porous Boundaries	Healthy Boundaries	Rigid Boundaries
Has difficulty saying no to other people's requests.	Accepts it when others say no to them.	Avoids intimacy and close relationships.
Over-involved with others' problems.	Seeks support when appropriate.	Unlikely to ask for help.
Dependent on the opinions of others for self-worth.	Values own opinions and perspectives.	Offers an opinion and then uses the silent treatment to manipulate compliance.
Fears rejection if they do not comply with others.	Doesn't compromise their values for others.	Cuts people off easily. 'It's my way or the highway.'
Over-shares personal information.	Share information appropriately.	Very protective of personal information.
Accepts abuse or disrespect.	Communicate their wants and needs clearly.	Is aloof and detached even with romantic partners.

# Step #2: Teaching *boundaries*



# Step #2: Teaching *boundaries*

>> BOUNDARIES ARE SOMETHING YOU SET AROUND YOURSELF THAT REQUIRE THE OTHER PERSON TO DO NOTHING

>> THEY ARE NOT RULES OR RESTRICTIONS PLACED ON OTHER PEOPLE

## Know the difference between a...

@PSYCHEDMOMMY

BOUNDARY  
ERROR



Someone unknowingly crosses a boundary.

This is a mistake because the person was unaware.

&

BOUNDARY  
VIOLATION



Someone crosses a boundary despite knowing the limit you set.

In some cases this may be a repeated violation.

## Healthy & Unhealthy Boundaries

✓ Healthy

- Not allowing someone to take advantage of your generosity
- Maintaining personal values despite what others want or think
- Recognizing others are not mind readers
- Caring for yourself with a healthy interdependence
- Deciding whether a relationship is good for you using your brain
- Saying no to gifts/touching/sex you do not want
- Respect for other's generosity
- Accepting when someone says no without trying to bully, intimidate, or keep insisting on your way
- Staying focused on your own growth and recovery
- Asking a person before touching them
- Realizing nothing is truly black or white
- Treating yourself with respect and dignity
- Weighing the consequences before acting on sexual impulses
- Develop appropriate trust over time
- Noticing when someone else displays appropriate boundaries
- Defining your own self-worth, trusting your instincts, knowing who you are

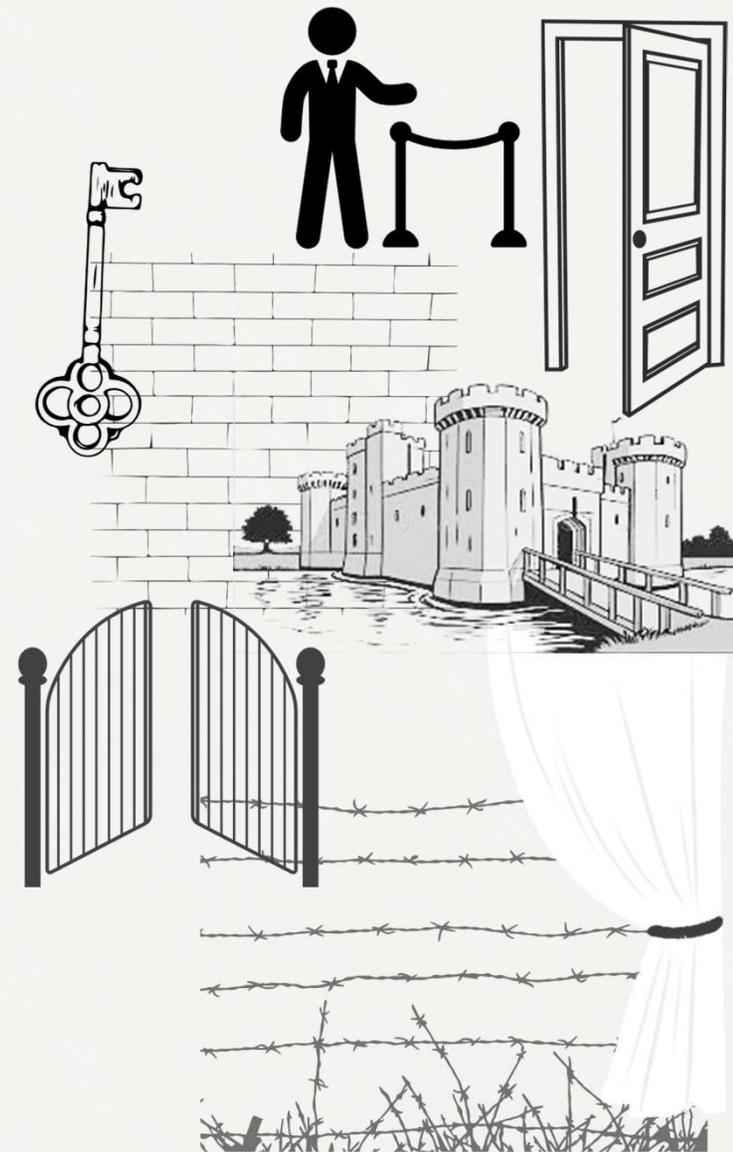
✗ Unhealthy

- Accepting gifts/touch/sex you do not want
- Falling in love with anyone who reaches out or Rigid Self Isolation
- Giving too much or not giving at all
- Going against your own personal values to please others or inability to focus on rights of others
- Allowing someone to take as much as they want from you
- Letting others define you, direct your life, or allowing other to describe your reality
- Acting on first sexual impulse or Inability to share sexuality
- Black and White Thinking
- Believing others can anticipate your needs or assuming no one can meet your needs
- Being overwhelmed by a person or not allowing self to be influenced
- Touching a person without asking or not allowing any contact
- Expecting others to automatically meet your needs
- Trust everyone/Trusting no one
- Being sexual for your partner, not yourself or inability to care about partner's sexual needs
- Not noticing when someone else displays inappropriate boundaries
- Talking at intimate levels at 1st meeting

# Step #2: Teaching *boundaries*

## Discussion topics with clients:

- What did boundaries look like for you growing up?
  - if you came from a no-boundary household, setting them might feel unkind.
  - if you came from a rigid boundary household, you might not feel safe without boundaries in a relationship
    - inconsistent? unpredictable?
- Have you ever had an experience where you wished you set a firmer boundary?
- Have you ever had an experience where you wondered if your boundary was too rigid?
- Can you recall a time someone else set a boundary with you? How did you feel about it then? Now?



# Step #2: Teaching *attachment*

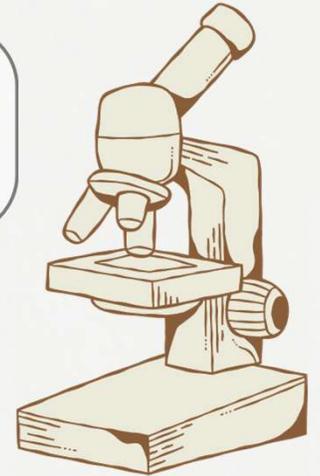
## ATTACHMENT

"ATTACHMENT IS A DEEP AND ENDURING EMOTIONAL BOND THAT CONNECTS ONE PERSON TO ANOTHER ACROSS TIME AND SPACE."

"LASTING PSYCHOLOGICAL CONNECTEDNESS BETWEEN HUMAN BEINGS."

"INTIMATE ATTACHMENTS TO OTHER HUMAN BEINGS ARE THE HUB AROUND WHICH A PERSON'S LIFE REVOLVES, NOT ONLY WHEN HE IS AN INFANT... BUT THROUGHOUT HIS ADOLESCENCE AND HIS YEARS OF MATURITY AS WELL, AND ON INTO OLD AGE."

"SCIENCE'S  
EXPLANATION  
FOR LOVE"

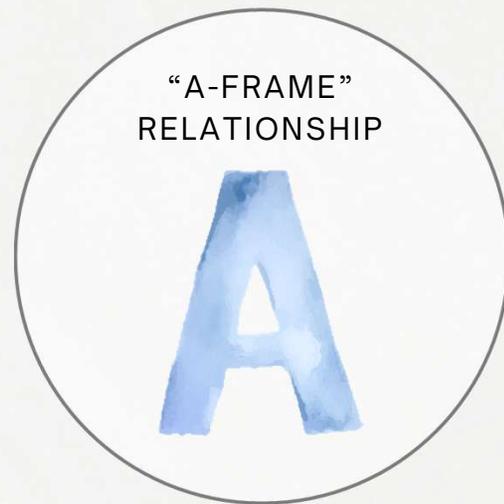


## attachment styles

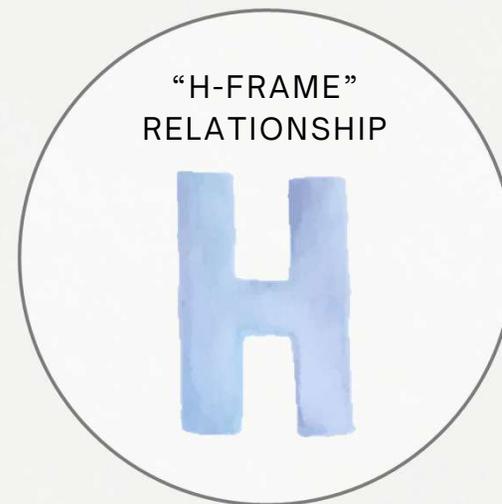
<p><b>Anxious</b></p> <p>"I worry I'm not good enough for my partner."</p>	<p><b>Secure</b></p> <p>"It's easy for me to get close to others."</p>
<p><b>Avoidant</b></p> <p>"I prefer not to depend on others or have them depend on me."</p>	<p><b>Disorganized</b></p> <p>"I want close relationships, but I'm scared of being hurt."</p>

# Boundaries + Attachment

A VISUAL



**Each person leans on the other—unstable if one partner weakens, mirroring codependency/enmeshment**



**Each stands independently but is linked by a strong, healthy connector—symbolizing healthy interdependence**

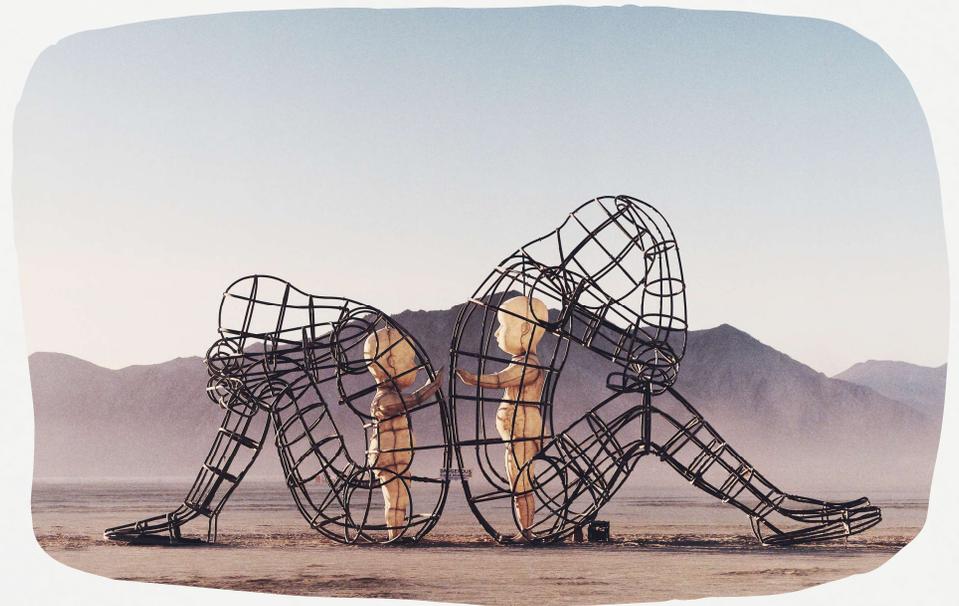
# Step #2: Teaching *communication skills*

## COMMUNICATION

- STYLES OF COMMUNICATION
- TOOLS FOR IMPROVING COMMUNICATION IN RELATIONSHIPS
- TYPES OF COMMUNICATION
- BARRIERS TO EFFECTIVE COMMUNICATION

**“Communication is to relationships  
what breath is to life”**

-VIRGINIA SATIR



# Step #2: Teaching *communication skills*

ASSERTIVENESS IS THE GOAL

## Discussion topics with clients:

- Which style best describes you?
- Can you think of examples of times you exemplified the other styles? Why do you think it was different then?
- Think of some of your closest relationships, now and in the past - family, current/past partners - what were their styles?
- If you have trouble with assertiveness, what gets in the way for you? How do you imagine you could work towards this style more regularly?

## TYPES OF COMMUNICATION STYLES

			
<b>PASSIVE</b>	<b>AGGRESSIVE</b>	<b>PASSIVE-AGGRESSIVE</b>	<b>ASSERTIVE</b>
<ul style="list-style-type: none"><li>■ Tends to suppress their thoughts</li><li>■ Keeps their own opinions quiet to avoid potential discord</li></ul> <p>"I'm okay with whatever you want to do"</p>	<ul style="list-style-type: none"><li>■ Imposes their perspective, disregarding others' feelings or viewpoints</li><li>■ Sometimes comes off as dominant, blunt or impolite</li></ul> <p>"This is what we're doing; get over it"</p>	<ul style="list-style-type: none"><li>■ Expresses themselves indirectly</li><li>■ Can seem vague or subtly critical</li></ul> <p>"It's fine, I don't need to be included"</p>	<ul style="list-style-type: none"><li>■ Expresses their thoughts while equally respecting and considering others' ideas</li><li>■ Keeps communication balanced</li></ul> <p>"I need for you to work with me"</p>

"One Call Can Change Your Life"  
**MentalHealthHotline.org**

# Step #2: Teaching communication skills

**active listening + assertiveness =**  
HEALTHY COMMUNICATION

## ACTIVE LISTENING

1. **Give your full attention** to the speaker
2. **Listen for meaning**, not just words
3. **Hold back judgment**, especially in fragile relationships
4. **Reflect and paraphrase** to show understanding
5. **Ask clarifying questions** when unsure
6. **Stay focused**, gently redirect if off-topic
7. **Avoid distractions** and assumptions
8. **Listen completely** before responding

Schade, L. C., Sandoval, E., & Hutson-Comeaux, S. L. (2021)

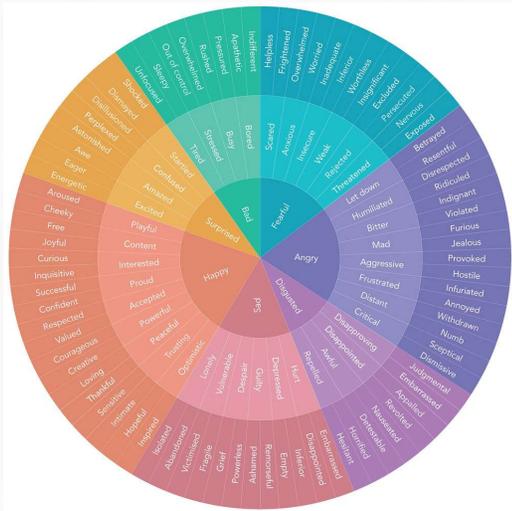
## COMMUNICATING ASSERTIVELY

1. **Clarify your feelings** & take ownership of your emotional response
2. **Identify what you want:** use “I” statements to express needs without blame
3. **Pick the right time:** choose a moment that works for both of you
4. **Be specific and clear:** focus on behaviors, not personality traits
5. **Show respect:** for yourself, your partner, and the relationship
6. **Practice consistently:** small efforts build trust, reduce stress, and deepen connection

Gottman.com



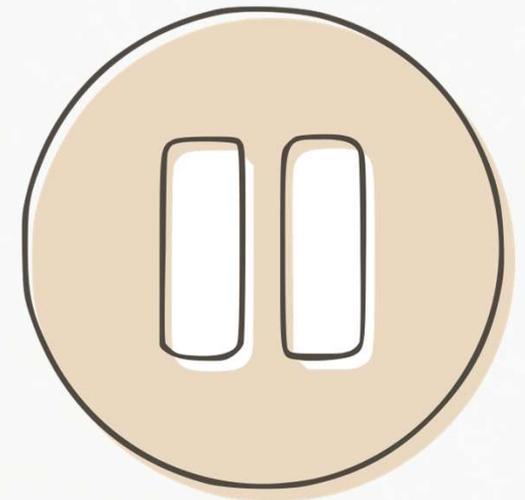
# Step #2: Teaching communication skills



FEELINGS WHEEL

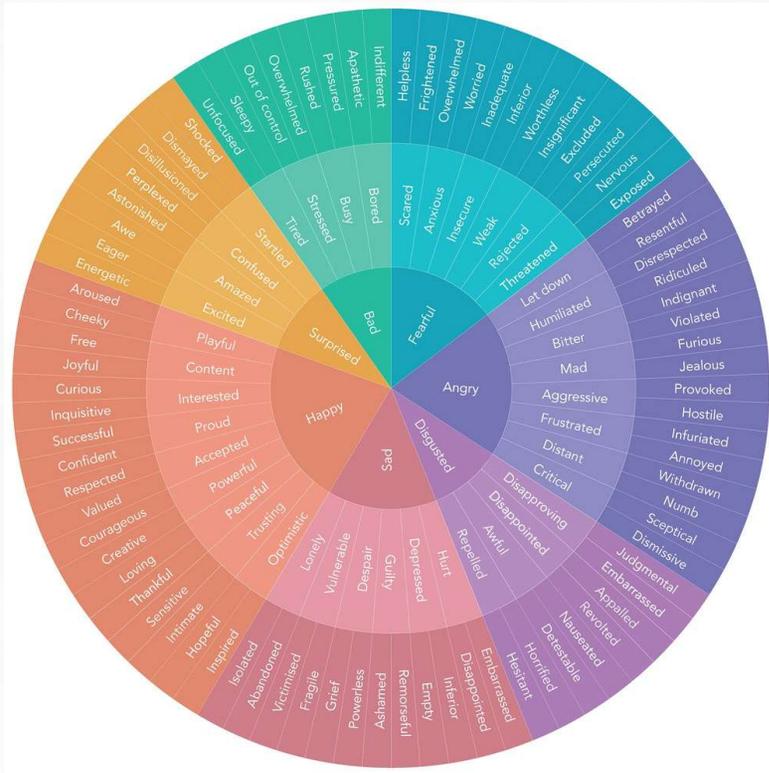


IMESSAGE



PAUSE + H.A.L.T.

# Step #2: Teaching communication skills



## FEELINGS WHEEL

- Start by presenting it and having partners identify feelings coming up for them in the present moment
- Normalize/introduce ambivalence and the concept of feeling more than one thing at a time
- Introduce as a way to communicate feelings
- Ask what comes up for them
- Incorporate in iMessage >>

# Step #2: Teaching communication skills

## "I" STATEMENT

I FEEL  
\_\_\_\_\_

BECAUSE  
\_\_\_\_\_

WHEN  
\_\_\_\_\_

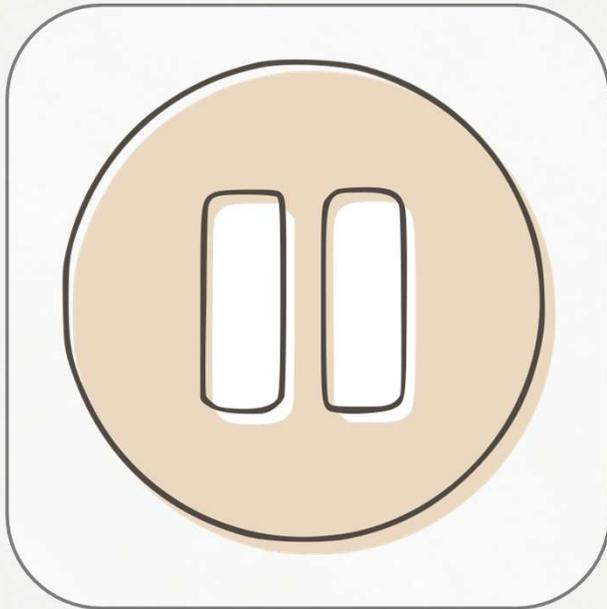
WHAT I NEED IS  
\_\_\_\_\_

GoodTherapy.org

## I-STATEMENT

- reduces defensiveness
- keeps focus
- works toward solutions
- difficult to argue with
- promotes assertiveness +  
corrects against mind-reading  
myth

## Step #2: Teaching communication skills



PAUSE + H.A.L.T.

**REMEMBER H.A.L.T.>> HUNGRY / ANGRY / LONELY / TIRED**

TRY NOT TO HAVE A SERIOUS CONVERSATION WITH YOUR PARTNER WHEN YOU ARE ANY OF THESE THINGS

- Ask yourself: is this a good time?
- Ask them: is this a good time?
- If no, declining partner specifies when would be a good time
- If conversations need to be rescheduled, rescheduling partner gives notice, acknowledges disappointment, offers another time
- This allows initiating partner to not get in “nagging dynamic”
- Share with couple the importance of sticking to your word: trust is built in a relationship not only by big acts of fidelity, etc., it’s by our day-to-day interactions

# Step #2: Teaching communication skills

## THE WRONG MEDIUM

### ELEMENTS OF VERBAL COMMUNICATION

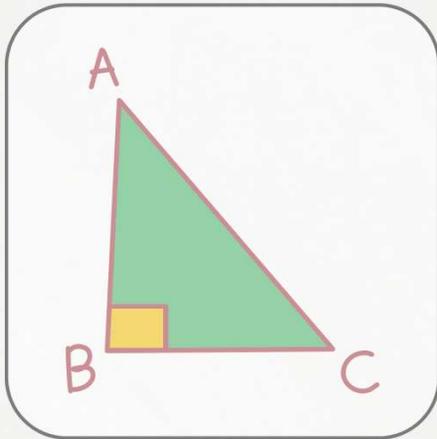
- words
- tone
- volume
- pace
- clarity + pronunciation
- timing + cadence

### ELEMENTS OF NONVERBAL COMMUNICATION

- eye contact
- body language
- facial expressions
- hand gestures
- proxemics
- physical touch
- timing + cadence



# Step #2: Teaching Barriers to healthy communication



TRIANGULATION



OUR AMYGDALA

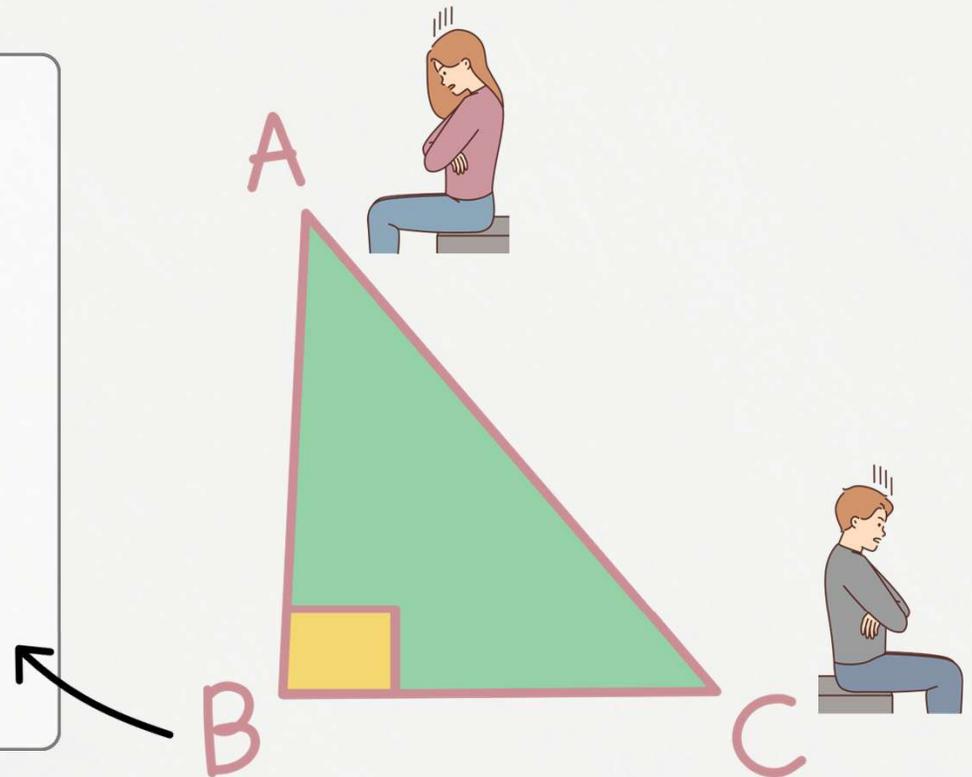


R.S.D.

# Step #2: Teaching barriers to healthy communication

## TRIANGULATION

- involving other people to avoid direct confrontation of the disconnection
  - influencers/social media relationships
  - friends/family members/relations' opinions without your own feelings about it
  - children - having them take sides or leaning on them as a confidant inappropriately
  - extramarital affairs
  - a therapist (!)
- involving things to avoid direct confrontation of the disconnection
  - addictive behaviors
  - gambling
  - gaming scrolling
  - working substances



# Step #2: Teaching barriers to healthy communication

## OUR AMYGDALAS



### Emotion Regulation in Close Relationships: The Role of Individual Differences and Situational Context

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8355482/>

Chen, W. L., & Liao, W. T. (2021). Emotion Regulation in Close Relationships: The Role of Individual Differences and Situational Context. *Frontiers in psychology*, 12, 697901.

<https://doi.org/10.3389/fpsyg.2021.697901>

## Step #2: Teaching **barriers to healthy communication: R.S.D.**



R.S.D.

### Exploring the role of Rejection Sensitivity Dysphoria in this population

- RSD is not a formal diagnosis, but a common experience in those diagnosed with:
  - ADHD
  - Borderline Personality Disorder
  - Trauma history
- All three of which we know to be common in justice-involved treatment populations.

(Wolff & Shi, 2012)

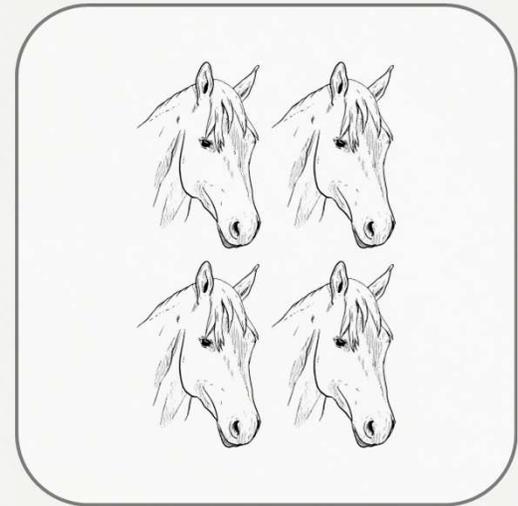
# Step #2: Teaching dealing with conflict



DON'T KITCHEN SINK IT



BETTER APOLOGIES



AVOID OR FIX 4 HORSEMEN

# Step #2: Teaching Barriers to healthy communication



DEFENSIVENESS



CRITICISM



CONTEMPT



STONEWALLING

# Step #2: Teaching healthy relationships by starting with the one you have with yourself



FIRST, START WITH  
UNDERSTANDING



THEN COMPASSION



FINALLY, A NARRATIVE

# Step #2: Teaching self-understanding

Thinking back as a child from your earliest memories to age 18, list the negative characteristics of the people who influenced you most: (e.g. angry, depressed, preoccupied, gone, unproductive, dependent, irresponsible, abusive, anxious)

A.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Now list the positive characteristics of the people who influenced you through age 18: (e.g. loving, supportive, funny, protective, dependable, responsible, affectionate)

B.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what you wanted and needed the most as a child, the longing of your heart: (e.g. to feel loved, be special, feel safe, be cared for, feel included, be valued)

C.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how you felt during the best times of your childhood: (e.g. happy, loved, smart, confident, important, special, competent, adored, superior, included)

D.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how you responded to the frustrations of childhood: (e.g. by fighting, sulking, withdrawing, getting angry, staying away from home, trying harder, giving up, acting out)

E.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am attracted to the person who is:

A.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

But I expect him/her to be:

B.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

So that I can...

C.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

And get...

D.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

But I stop myself from getting this sometimes by...

E.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Step #2: Teaching self-compassion

## Helping the client understand themselves

- Identifying & understanding the role of their own personal and/or intergenerational trauma in their story
- Help client understand cardinal symptoms of trauma and how they have affected you in life
  - Arousal / behavioral / cognitive
  - Build awareness and insight to triggers so they don't feel random, unexpected, unexplained, and therefore susceptible to shame
- Engage in ambiguous loss & grief work that is needed for unprocessed/unexamined losses - of people, experiences, childhood, etc.

## WHAT TRIGGERED ME?

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| 01. I felt excluded.                  | 13. I felt like the bad guy.         |
| 02. I felt powerless.                 | 14. I felt forgotten.                |
| 03. I felt unheard.                   | 15. I felt unsafe.                   |
| 04. I felt scolded.                   | 16. I felt unloved.                  |
| 05. I felt judged.                    | 17. I felt like that was unfair.     |
| 06. I felt blamed.                    | 18. I felt frustrated.               |
| 07. I felt disrespected.              | 19. I felt disconnected.             |
| 08. I felt a lack of affection.       | 20. I felt trapped.                  |
| 09. I felt uncared for.               | 21. I felt a lack of passion.        |
| 10. I felt lonely.                    | 22. I felt like I couldn't speak up. |
| 11. I felt ignored.                   | 23. I felt manipulated.              |
| 12. I felt like I couldn't be honest. | 24. I felt controlled.               |

The Gottman Institute

## DISCUSSION QUESTIONS FOR CLIENT

- Where and how do these experiences and situations show up?
- How do you manage these barriers when they show up?
- Is there a way you would like to differently?
- Did anyone around you act similarly when you were young?
- How did you feel? What do you think you needed instead?

"I NOW SEE THAT OWNING OUR STORY AND LOVING OURSELVES THROUGH THAT PROCESS IS THE BRAVEST THING THAT WE WILL EVER DO."

## Step #2: Teaching shame resilience & making sense of your story

identify and unlearn unhelpful messages you have internalized

re-write a new narrative with purpose

take behavioral action in life toward this purpose to make it meaningful

seek out + absorb inspirational stories from those who have done this kind of reparative work before you

**IT'S NOT MY FATE BUT IT IS MY CHALLENGE**



**“IF WE CAN SHARE OUR STORY  
WITH SOMEONE WHO  
RESPONDS WITH EMPATHY  
AND UNDERSTANDING, SHAME  
CAN'T SURVIVE.”**

*-Brené Brown*

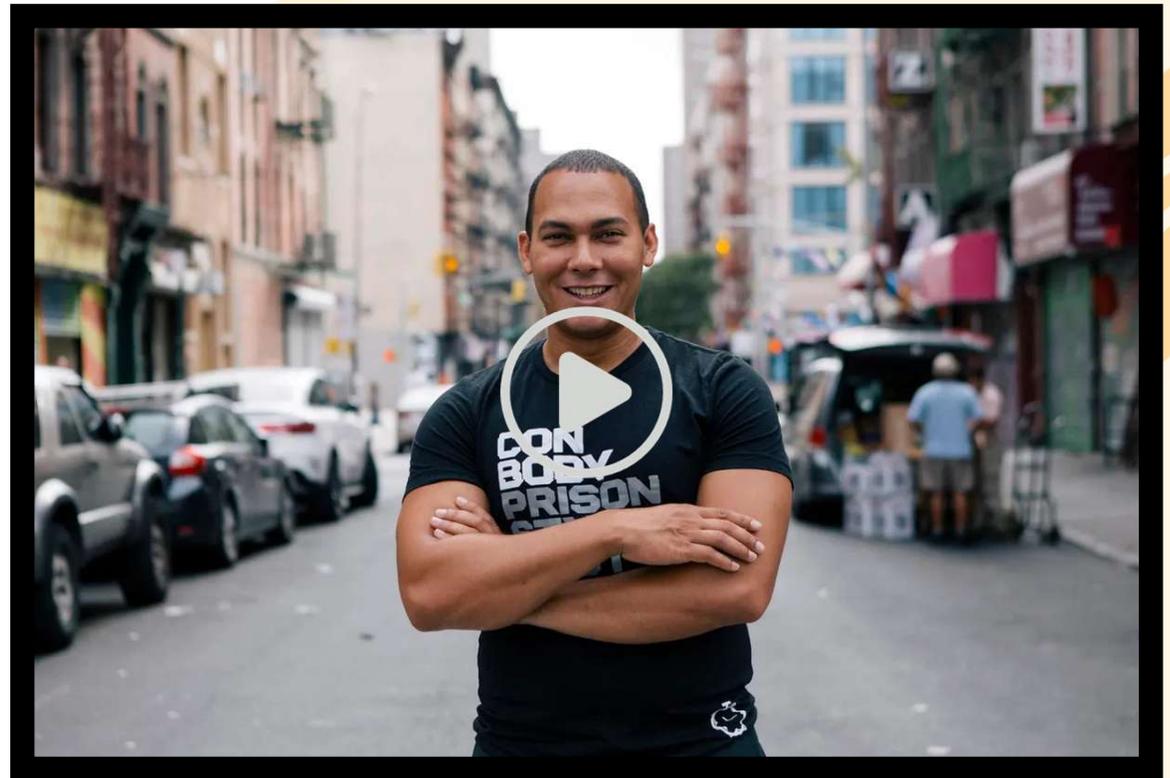
## Step #2: Teaching shame resilience & making sense of your story

identify and unlearn unhelpful messages  
you have internalized

re-write a new narrative with purpose

take behavioral action in life toward this  
purpose to make it meaningful

seek out + absorb inspirational stories from  
those who have done this kind of reparative  
work before you



[ConBody: Coss' Story](#)

# Step #2: Teaching Content liking yourself starts with taking care of yourself

LET'S START WITH YOUR  
**SELF CARE ASSESSMENT**

take a minute to reflect on these common self-care practices and how frequently you engage in them.  
this is not a test. no right or wrong answers.

**1 = I NEVER DO THIS**      **3 = I SOMETIMES DO THIS**      **☆ = I WOULD LIKE TO DO THIS MORE**  
**2 = I RARELY DO THIS**      **4 = I DO THIS OFTEN**      **X = NOT RELEVANT TO ME**

PHYSICAL SELF-CARE	EMOTIONAL SELF-CARE
<input type="checkbox"/> eat healthy foods <input type="checkbox"/> take care of basic/routine personal hygiene <input type="checkbox"/> make time for special grooming practices that bring joy <input type="checkbox"/> exercise <input type="checkbox"/> wear comfortable clothes <input type="checkbox"/> eat regularly <input type="checkbox"/> move regularly <input type="checkbox"/> go to preventative medical appointments <input type="checkbox"/> rest when sick <input type="checkbox"/> express love and appreciation to my body at any size  <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> take time off from work, school, + other obligations <input type="checkbox"/> participate in hobbies <input type="checkbox"/> make time away from tech + other distractions <input type="checkbox"/> learn about new things unrelated to work/school <input type="checkbox"/> express my feelings (e.g. talking, art, journaling) <input type="checkbox"/> recognize my own strengths + achievements <input type="checkbox"/> take vacations or day trips <input type="checkbox"/> do something comforting (movie, a long bath) <input type="checkbox"/> find reasons to laugh <input type="checkbox"/> maintain a comfortable home environment  <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
SOCIAL SELF-CARE	PROFESSIONAL SELF-CARE
<input type="checkbox"/> spend time with people I like <input type="checkbox"/> call + connect with people who are far away <input type="checkbox"/> have stimulating conversations <input type="checkbox"/> meet new people <input type="checkbox"/> spend time alone with my partner <input type="checkbox"/> ask others for help when needed <input type="checkbox"/> do enjoyable activities with other people <input type="checkbox"/> make space for intimate time with my partner <input type="checkbox"/> say no to extra responsibilities regularly  <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> explore ways to improve professional skills <input type="checkbox"/> say no to excessive new responsibilities <input type="checkbox"/> take on projects that are rewarding/interesting <input type="checkbox"/> learn new things related to my profession <input type="checkbox"/> make time to build relationships with colleagues <input type="checkbox"/> take breaks during the workday <input type="checkbox"/> keep a comfortable workspace <input type="checkbox"/> advocate for fair pay, benefits, + other needs  <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
SPIRITUAL SELF-CARE	
<input type="checkbox"/> spend time in/with nature <input type="checkbox"/> meditate <input type="checkbox"/> pray <input type="checkbox"/> spend time with spiritual community <input type="checkbox"/> recognize the things that give meaning to my life <input type="checkbox"/> identify my personal values and reflect on how I am living life according to them <input type="checkbox"/> set aside time for thought and reflection <input type="checkbox"/> participate in a cause that is important to me <input type="checkbox"/> make time to engage with visual or performing art that is impactful to me  <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

**MY SELF-CARE PLAN**

NOW THAT YOU KNOW HOW TO SELF CARE, LET'S MAKE IT A REGULAR THING

2-3 DAILY SELF-CARE RITUALS

---

3-5 WEEKLY SELF-CARE RITUALS

---

3-5 MONTHLY SELF-CARE RITUALS

---

SPECIAL SELF-CARE FOR WHENEVER I NEED IT

---

---

# Step #2: Teaching & basic psychoed about healthy modern dating

## Basic psychoed about dating today

Romantic relationships are highly prized in our society.

If somebody is constantly single, it brings judgments in others: “Why can’t they find a partner? What’s wrong with them?”

This judgment comes from what we call amatonormativity: the assumption that all human beings want to pursue a love and romantic relationship, usually in the context of monogamy. However, some people are aromantic, which means that they have no desire for romantic relationships. Yet, it doesn’t mean they are un-relational. Many single people and aromantic people might actually be very well connected in other types of relationships. Also, some who want a romantic relationship may not want a sexual relationship.

- today our focus is on romantic relationships, but part of developing relationships is knowing that there are other ones too

## Step #2: Teaching & myth busting

THEY SAID YES AT  
FIRST SO IT WAS  
CONSENSUAL

IF THEY SAY NO THEY  
WANT YOU TO TRY HARDER

I COULD TELL  
SHE WANTED  
IT

MONOLITHIC ASSUMPTIONS OF A  
PERSON'S CHARACTER BASED ON  
A SINGULAR AND/OR PAST  
EXPERIENCE, ACTION, BEHAVIOR

>> e.g. *anyone who has casual sex is \_\_\_\_\_*

>> |

IF THEY'RE  
MEAN THEY LIKE  
YOU

IF THEY LOVE ME I  
SHOULDN'T HAVE TO  
TELL THEM WHAT I  
WANT, NEED, LIKE

DON'T GO  
TO BED  
ANGRY

# Step #2: Teaching Content the power & control wheel

## BREAKING DOWN THE POWER AND CONTROL WHEEL

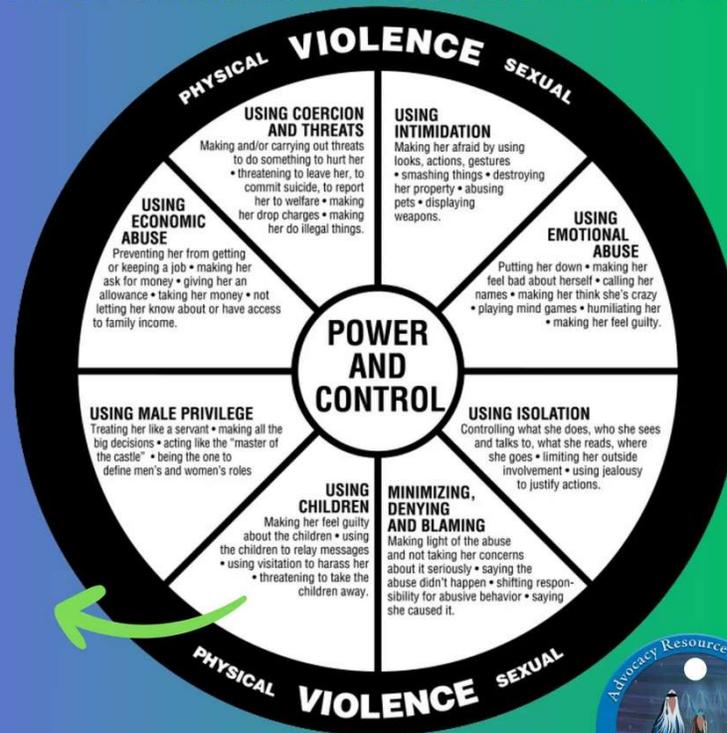
### USING CHILDREN

Tactics used by an abuser hold control over the victim; a form of emotional abuse to keep the victim in the relationship-for fear of losing their children.

### USING CHILDREN INCLUDES

*but is not limited to:*

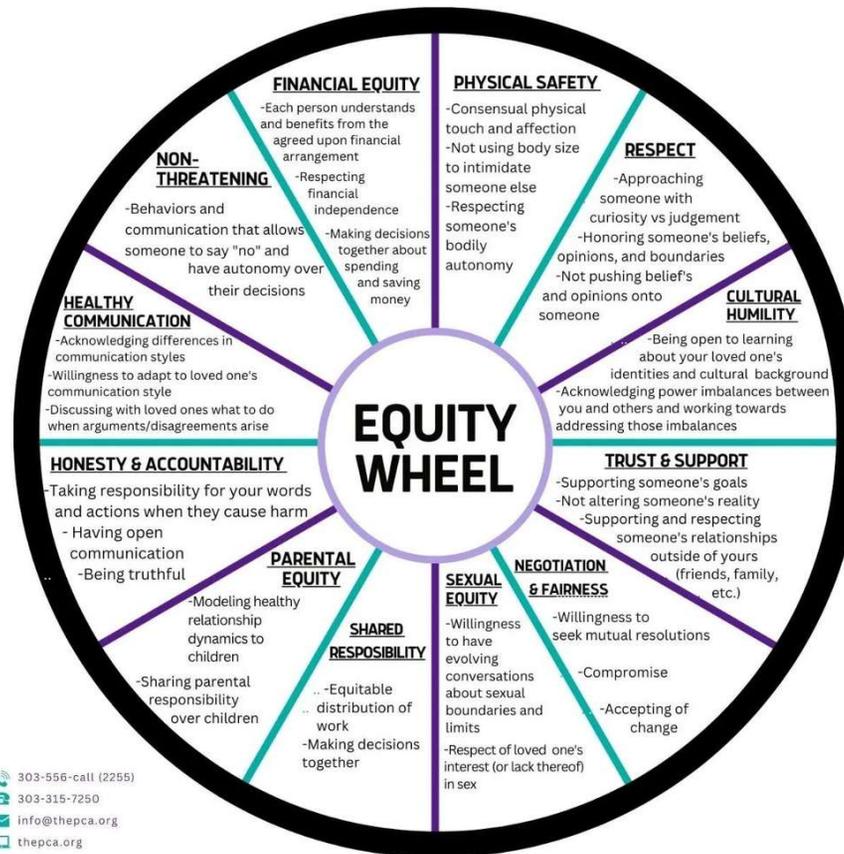
MAKING THE VICTIM FEEL GUILTY ABOUT THE CHILDREN, USING CHILDREN TO RELAY MESSAGES, USING VISITATION TO HARASS THE VICTIM, THREATENING TO TAKE OR HARM THE CHILDREN



Advocacy Resource Center 906-632-1808  
www.arcsaulttribe.com



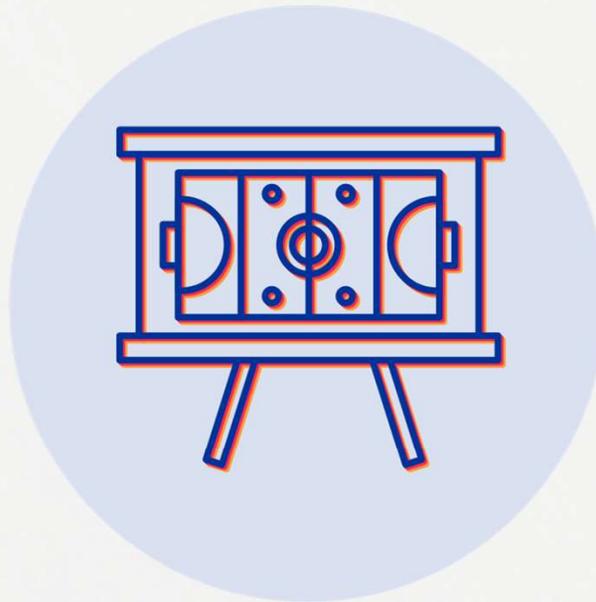
# Step #2: Teaching Content the equity wheel



303-556-call (2255)  
 303-315-7250  
 info@thepca.org  
 thepca.org

# Step #3: Strategizing

& MODELING THE SKILLS YOU ARE TEACHING:  
**RESPECT, CONSENT, COLLABORATION, HUMILITY, ACCOUNTABILITY**



# Step #3: Strategizing

## “STRATEGY”

>> implies this is *expected* and normal to be challenging

- Builds shame resilience.
- Can land well with clients who have experience with and/or are motivated by athletics

## COUNSELOR’S ROLE

- Joining with Client
- The coach
- The strategist
- Introduce new tools

## COUNSELOR’S GOAL

- To show client that their concerns matter to you, too

## APPROACH

- Lead with humility - you don’t have the answers, but you have the experience and toolbox, and it helps that you aren’t “in it”
- Don’t jump to problem-solving solving but don’t minimize the problem
- First ensure you have an understanding of the problem as they view it
- Balance instillation of hope but don’t go so far into toxic positivity
- but goes into the concrete strategizing of the anticipated barriers
- This step involves (1) revisiting the barriers outlined in Step 1 and then (2) applying tools from Step 2
- Talk about how it looks to apply the concepts from teaching
- use roleplay, examples, etc.
- model the skills you are teaching
  - respect, consent, collaboration, humility, accountability
- New Tools: Attuned Decision Making
  - Sliding & Deciding
  - Relationship Road Map

# Step #3: Strategizing attuned decision making (aka love shouldn't be blind)



SLIDING VS. DECIDING



RELATIONSHIP ROAD MAP

Owen, J., Rhoades, G. K., & Stanley, S. M. (2013). Sliding versus Deciding in Relationships: Associations with Relationship Quality, Commitment, and Infidelity. *Journal of couple & relationship therapy*, 12(2), 135–149.  
<https://doi.org/10.1080/15332691.2013.779097>

# Step #3: Strategizing attuned decision making: sliding vs. deciding

## SLIDING VS. DECIDING

- SLIDING INTO TRANSITIONS (SEX, COHABITATION, PREGNANCY) WITHOUT MUTUAL DECISIONS CAN CAUSE ISSUES
- INCREASES CONSTRAINTS WITHOUT INCREASING COMMITMENT
- COUPLES WHO SLIDE INTO COHABITATION REPORT LOWER RELATIONSHIP QUALITY
- MOST COHABITING COUPLES DIDN'T EXPLICITLY DECIDE TO LIVE TOGETHER

## THOUGHTFUL RELATIONSHIP

### DECISION-MAKING MATTERS

- RELATIONSHIP CHOICES (E.G., DATING, COHABITING, MARRIAGE) DEEPLY IMPACT WELL-BEING
- CARELESS OR RUSHED DECISIONS CAN LEAD TO DISTRESS, LOWER SATISFACTION, AND LOST OPPORTUNITIES
- MORE THOUGHTFUL DECISION-MAKING IS LINKED TO:
  - GREATER SATISFACTION
  - HIGHER DEDICATION
  - FEWER OUTSIDE INVOLVEMENTS

## CLINICAL IMPLICATIONS

- THERAPISTS CAN HELP CLIENTS:
  - IDENTIFY RELATIONSHIP EXPECTATIONS AND SCHEMAS
  - REFLECT ON PAST DYNAMICS THAT INFLUENCE CURRENT CHOICES
  - MAKE EMPOWERED, CONSCIOUS DECISIONS ABOUT COMMITMENT
  - BEFORE COMMITMENT, INDIVIDUALS CAN REFLECT ON:
    - RELATIONAL SCHEMAS (MODELS OF HEALTHY LOVE)
    - MOTIVATIONS (WHY DO I WANT A RELATIONSHIP?)
    - OPPORTUNITIES (AM I MEETING EMOTIONALLY AVAILABLE, HEALTHY PARTNERS?)

(Owen et al., 2013)

# Step #3: Strategizing relationship road map



Red Flags



Yellow Flags



Red Flags



Non Starters



Dealbreakers



Blind Spot

# Step #3: Strategizing relationship road map

## GREEN FLAGS

- Positive signs that indicate a healthy, respectful, and emotionally supportive relationship
- Make you feel good
- Make you feel secure, you can rely on and trust this person

## NONSTARTERS

- Traits or situations, in which you won't accept a first date
- Aren't necessarily characterological; just not for you

## DEALBREAKERS

- These are your absolutes
- If they happen once, you are walking away
- ONE second chance MAX, and only with obvious efforts to change

## YELLOW FLAGS

- Make you raise your eyebrows, "feel a certain way," or think, "hmm didn't love that"
- You might not say something after the first time; not a huge issue in isolation, but can build up
- You might even wait 3-4 times before mentioning it and wouldn't necessarily break up with someone if they took a couple times to correct
- "I should have known better"
- easy to minimize, convincing ourselves: "it's not a big deal"

## RED FLAGS

- Traits or situations you are definitely not okay with
- Should address right away
- Openness to change is extended 2-3 times max before ending relationship and only if they are demonstrating they are working on it

## BLIND SPOT

- Personal aspects or qualities in the people you date that you have a particular soft spot for such that it puts you at higher risk for missing flags, nonstarters, & dealbreakers

# Step #4: Implementing

PUT ME IN, COACH - & PUTTING IT ALL TOGETHER



# Step #4: Implementing getting started

Physical presentation isn't everything, but it is a major component of a first impression. And oftentimes, that's all we get in dating. It's *one way* we can communicate in our first impression. Taking care of our physical selves and outward presentation can communicate a few first-impression aspects of ourselves:

- Dating is something that can lead to someone trusting us with their physical selves. We want to present that we take care of that physical self, as it is *one way* we can communicate that we would treat another's physical self with care.
  - and/or that you can treat things in general with care - a home, children, family, loved ones, pets, shared assets, etc.
- That we understand appropriateness: dressing appropriately - of situation, weather, venue, behaviors, etc.
- That it's important to us, that it's a value
- How we would like to be taken care of

Tend and take care of yourself physically - What does that mean for you?

- hygiene
- grooming
- style
- clothing
- physical health

**“I want my partner to look at me and think I respect them enough to make an effort.”**  
— TAN FRANCE, *QUEER EYE*

# Step #4: Implementing getting started

## DATING APPS

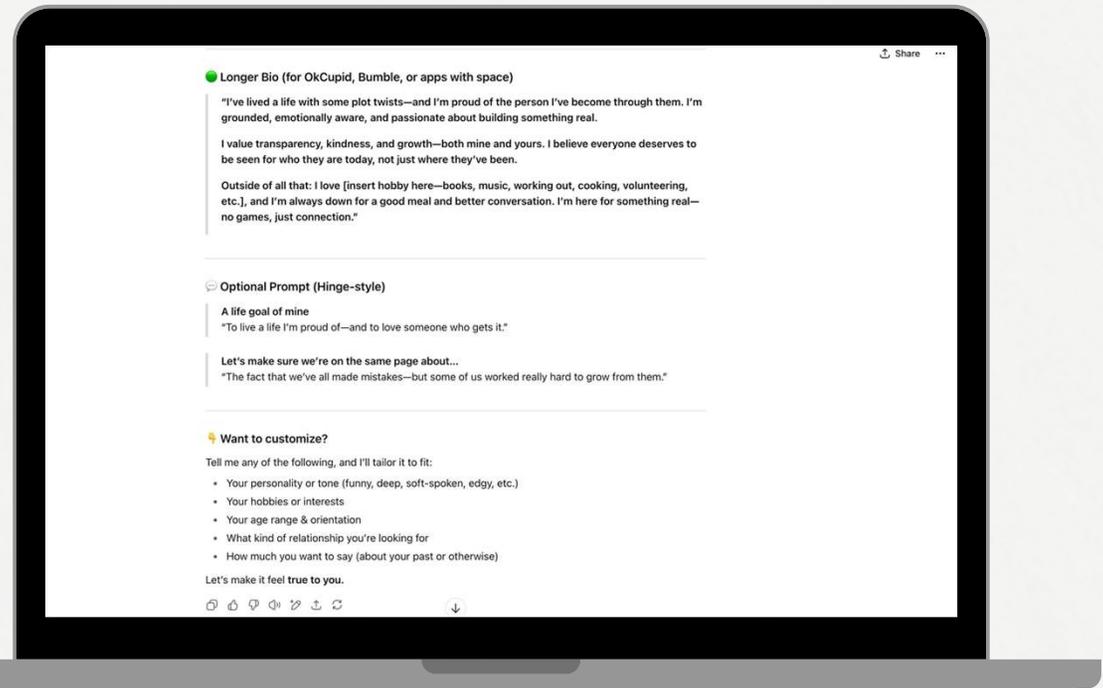
Can be a place to practice

Most major dating apps ask users to verify that they haven't been convicted of felonies when they sign up — but that language is easy to miss in the terms of service, and it's on an honor system. Generally, it only comes up if another user makes a report. The policies don't provide exceptions for nonviolent crimes, and the ban never expires. -The Marshall Project

- **Facebook Dating** – No criminal background checks or formal bans.
- **Plenty of Fish (POF)** – Largely unrestricted, though they may act on user reports.
- **Grindr / HER** – Inclusive platforms that don't screen for records.
- **OkCupid** – Offers lots of room for nuance and longer self-descriptions.
- Niche or values-based apps where users are more open to depth and complexity
  - e.g. MeetMindful, FEELD, Coffee Meets Bagel
  - Tea: helpful for dating after abuse



HEY CHATGPT, I HAVE A CRIMINAL RECORD, CAN YOU HELP ME WRITE A BIO FOR MY DATING APP?



# Step #4: Implementing one size doesn't fit all

IN-PERSON DATING: WHERE HUMAN CONNECTION PRECEDES JUDGMENT

community events

faith groups

meetup.com

sober spaces

shared interests, hobbies, activities

mutual friends or through family

social events

meetup.com

volunteer orgs

social media

# Step #4: Implementing disclosure & discussing the past

- You don't have to disclose your background immediately—but transparency at the right time can be powerful.

## Tips:

- Don't lead with it. Let someone get to know who you are now.
- Disclose intentionally. Choose a moment when trust has been established and you're ready to share context.
- Lead with positivity & growth mindset.
- Keep it clear and accountable. Briefly share what happened, take ownership, and show how you've grown & learned from the experience
- Be Honest About Your Needs
  - If you're on parole/probation or have limitations (e.g., travel restrictions, curfews), communicate those with clarity and calm.
  - If you're not ready for certain emotional or relational risks, it's okay to take things slow or set clear boundaries.

*Example: "There's something important I want you to know about my past because I value honesty. A few years ago, I made some choices that led to a conviction. I've done a lot of work since then—emotionally and practically—and I'm proud of the person I've become. I'd be happy to talk more about it if you have questions."*

# Step #4: Implementing

Intimacy is a feeling of closeness and connection in an interpersonal relationship. It is an essential part of intimate relationships, but it also plays an important role in other relationships with friends, family members, and other acquaintances.

Many people interchange the word *intimacy* with *sex*, but that is just one type of intimacy: physical/sexual

## Types Of Intimacy

### Emotional

- Communication
- Vulnerability
- Connection
- Flirting
- Laughing
- Empathy
- Dreaming together

### Physical

- Kissing
- Cuddling
- Holding hands
- Nurturing touch
- Lick / nibble
- Rub / caress
- S3xual activities

### Experiential

- Exploring
- Adventures
- Novelty
- Experiences
- Challenges
- Spontaneity
- Out of comfort zone

### Intellectual

- Deep conversations
- Thought provoking
- Mental stimulation
- Museums/Theater
- Introspection
- Creativity
- Curiosity

### Spiritual

- Inner worlds
- God
- Values/Morals
- Meditation
- Worship
- Attunement
- Prayer

### Missed

*if any got missed leave it in the comments <3*



### Types of Intimacy Worksheet

Step 1 - Rate each one on a 1-10 point scale. 1 Means you are not satisfied at all in this area. 10 Means you are completely satisfied in this area of intimacy.

Type of Intimacy	Rating (1-10)
Recreational intimacy (sharing fun, hobbies, recreation, leisure; refills my wells of energy)	
Intellectual intimacy (sharing the world of ideas; a genuine touching of persons based on mutual respect minds; e.g., reading, discussing, studying, learning)	
Work intimacy (sharing common tasks, supporting each other in bearing responsibilities, e.g., raising family, house, and yard chores)	
Commitment intimacy (togetherness derived from dedication to a common cause; values, e.g., Working together for a political cause)	
Aesthetic intimacy (sharing experiences of beauty, e.g., music, nature, art, theater)	
Communication intimacy (being honest, trusting, truthful, loving; giving constructive feedback)	
Emotional intimacy (sharing of significant feelings; touching of the innermost selves)	
Creative intimacy (helping each other to grow, to be co-creators, not "reformers" of each other)	
Sexual intimacy (sensual, emotional satisfaction, experience of sharing and self-abandon in the physical merging of two persons, fantasies & desires)	
Crisis intimacy (standing together in the major and minor tragedies of life; closeness in pain and problems)	

Step 2 - Compare this list to your spouse; in which areas do you agree? In which do you disagree?

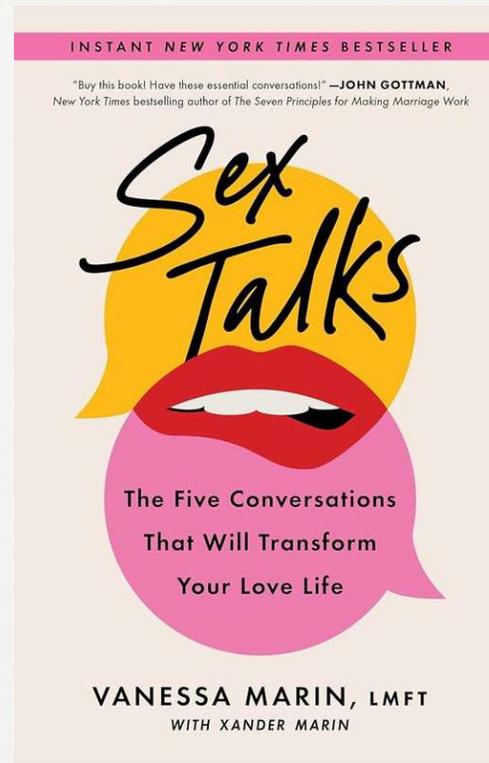
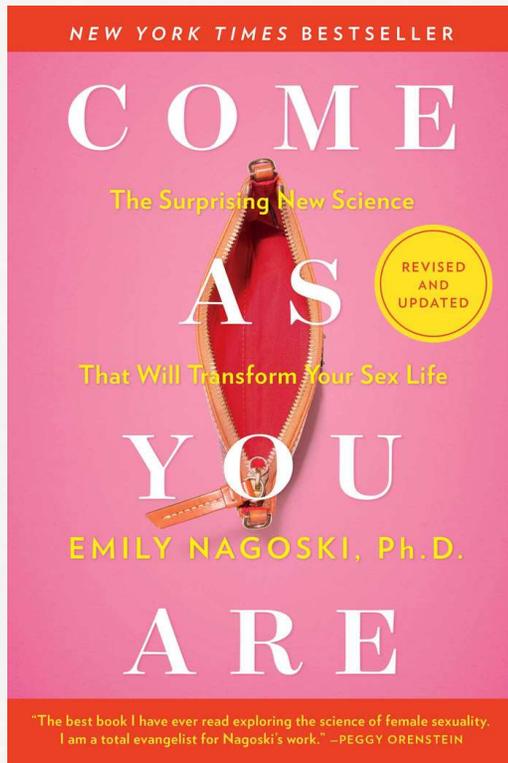
Step 3 - Which type of intimacy is causing you the biggest conflict right now? Discuss your list with your spouse and see what you need to work on together.

# Step #4: Implementing intimacy as a practice



**THE INTIMACY  
DANCE**

# Step #4: Implementing physical intimacy + sex



1. Acknowledgement: a.k.a. "Sex is a thing, and we have it."
2. Connection: a.k.a. "What do we need to feel connected to each other?"
3. Desire: a.k.a. "What do we each need to get turned on?"
4. Pleasure: a.k.a. "What do we each need to feel good?"
5. Exploration: a.k.a. "What should we try next?"

# Step #4: Implementing physical intimacy + sex

## Sexuality Conversation Starters

- When you think of sex, what comes to mind?
- What does sex mean to you?
- What is important to know about you sexually?
- What aspects of your sexual life do you value and would you like to keep? To hold on to?
- Which aspects of your sexual life would you still like to experience?
- When do you feel most free in your relationship?
- In what situation do you feel most tense?
- What is a sexual dilemma for you?
- How do you experience love and sex, love without sex, and sex without love?
- A person who strongly influenced you sexually (for better or worse) is?
- What is an event in your sexual history that stands out?
- What was your first sexual experience? And how is it different today?
- What is the best compliment you like to receive?
- Do you initiate sex?
- Do you expect to initiate sex?
- Do you masturbate and what is that experience like?
- Do you have spontaneous thoughts, images or daydreams?
- Are you comfortable discussing the topic of sexual boundaries and monogamy with your partner?

## Step #3: Strategizing things to avoid...

- Trying to “prove” yourself to someone. Healthy relationships don’t require constant defense.
- Dating people who make you feel ashamed of your past. You deserve compassion and respect.
- Avoiding the topic forever. Secrecy can create deeper issues down the line.
- Trauma Bonding
  - <https://www.thehotline.org/resources/trauma-bonds-what-are-they-and-how-can-we-overcome-them/>



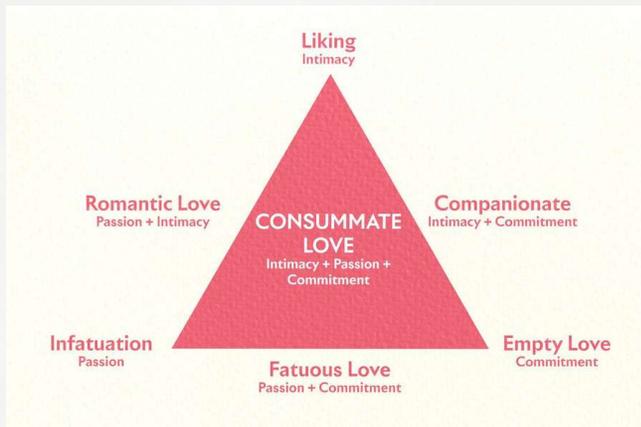
# Step #4: Implementing

**Coach encouragement:** *Many people with records go on to have incredible relationships, marriages, and families.*

Seeking partners who care about who you are now - and see Growth, accountability, and emotional maturity are deeply attractive qualities.

THE MOST IMPORTANT QUESTION TO ASK YOURSELF:

**How do I feel when i'm with this person?  
Do I like who I am when I'm with this person?**



<p><b>Anxious</b></p> <p>"I worry I'm not good enough for my partner."</p>	<p><b>Secure</b></p> <p>"It's easy for me to get close to others."</p>
<p><b>Avoidant</b></p> <p>"I prefer not to depend on others or have them depend on me."</p>	<p><b>Disorganized</b></p> <p>"I want close relationships, but I'm scared of being hurt."</p>

# Step #5: Workshopping

LOVE + LEARN: IT'S A GOOD THING! NOT A SIGN OF FAILURE



# Step #5: Workshopping

## “Workshopping”

- Builds shame resilience because it implies that it’s bound to not go well the first time
- Better put: “The First Pancake Rule”
- Where you may go back to your toolbox to re-evaluate strategies for dealing with internal, external/systemic challenges of reintegration
- Love + Learn, Learn + Love

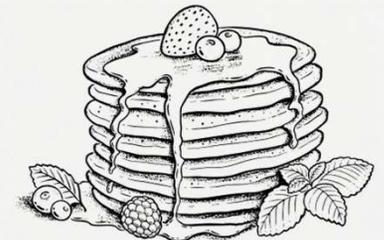
## What it’s all about Love and Work

- Balance
- Werbart, A., Bergstedt, A., & Levander, S. (2020)
  - When Freud was once asked what he thought a psychologically healthy person should be able to do well, he was reported to answer: “lieben und arbeiten” (to love and to work).
  - The phrase was quoted in 1950 by Erik Homburger [Erikson \(1963, p. 265\)](#) but cannot be found in Freud’s writings ([Elms, 2001](#)).
  - In *Civilization and its discontents* (1930/1961, p. 101), he stated: “The communal life of human being had... a twofold foundation: the compulsion to work... and the power of love...”
  - The idea of a balance between love and work is also central to several influential theories of psychological maturity and well-being (e.g. [Maslow, 1954](#); [Rogers, 1961](#); [Erikson, 1963](#)).
    - As suggested in 1980 by the grand old man of psychotherapy research, Hans [Strupp \(1980\)](#) the basic commitment of psychoanalysis is “to the dual goal of personal freedom and human relatedness” (p. 399).
    - In a seminal paper, [Hazan and Shaver \(1990\)](#) linked secure attachment with the ability to find a balance between love and work.

SF: LOVE + WORK

EP: ME + WE

LB: CONNECTION + PURPOSE



# Step #6: Evolving

LOVE + LEARN, LEARN + LOVE



# Step #6: Evolving

## Discussion questions/topics for this stage of the work

- Are we ever done learning?
- Progress is not linear
- What are you still working on?
- What are some personal blind spots you work extra hard to keep in mind
- How do you stay balanced between me/we, love/work, connection/purpose
- What plan do you have for yourself for periodic check-ins of whether your plans/systems are working/still effective
- What are your warning signs that things out of balance or you need to recalibrate?
- How do you recalibrate?



## Step #6: Evolving



# Step #6: Evolving

## SEVEN STEPS COGNITIVE RESTRUCTURING



- 1 IDENTIFY THE TRIGGER**  
Describe the situation that led to your negative emotions or thoughts.
- 2 RECORD YOUR AUTOMATIC THOUGHTS**  
Write down the immediate thoughts that came to mind when the situation occurred.
- 3 IDENTIFY COGNITIVE DISTORTIONS**  
Review your automatic thoughts and identify any cognitive distortions.
- 4 EXAMINE THE EVIDENCE**  
Challenge your automatic thoughts by examining the evidence for and against them.
- 5 REFRAME THE THOUGHT**  
Develop a new, balanced, and constructive thought to replace your automatic negative thought.
- 6 PLAN A RESPONSE OR ACTION**  
Decide on a specific action you can take to address the situation or reinforce your new thought.
- 7 REFLECT ON THE PROCESS**  
Reflect on how completing this exercise has impacted your thoughts and feelings about the situation.

[www.universalcoachinstitute.com](http://www.universalcoachinstitute.com)

## How to Challenge COGNITIVE DISTORTIONS

©2017 Sharon Martin, LCSW

- How do I know if this thought is accurate?
- What evidence do I have to support this thought or belief?
- How can I test my assumptions/beliefs to find out if they're accurate?
- Do I have a trusted friend whom I can check out these thoughts with?
- Is this thought helpful?
- Are there other ways that I can think about this situation or myself?
- Am I blaming myself unnecessarily?
- What or who else contributed to this situation?
- Is it really in my control?
- Am I overgeneralizing?
- Am I making assumptions?
- What would I say to a friend in this situation?
- Can I look for "shades of gray"?
- Am I assuming the worst?
- Am I holding myself to an unreasonable or double standard?
- Are there exceptions to these absolutes (always, never)?
- Am I making this personal when it isn't?

©2017 Sharon Martin, LCSW

[LiveWellwithSharonMartin.com](http://LiveWellwithSharonMartin.com)

---

# Contact Info

FOR CONSULTS, CONNECTIONS, OR ANY KIND OF CHAT -- I'D LOVE TO HEAR FROM YOU

E M A I L

[landis@aisle-talk.com](mailto:landis@aisle-talk.com)

W E B S I T E

[aisle-talk.com](http://aisle-talk.com)

L I N K E D I N

<https://www.linkedin.com/in/landisbejar/>

S O C I A L

[@aisletalk](#)

# Thank you

PLEASE JOIN US AFTER THE SHORT BREAK

FOR AN OPEN DISCUSSION, COLLABORATIVE Q+A, AND EXCHANGE OF  
IDEAS AMONGST PEERS