

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

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

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WITH SAFER SOCIETY FOUNDATION

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— 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

HELPING JUSTICE-INVOLVED CLIENTS BUILD RELATIONSHIP SKILLS
LANDIS BEJAR, LMHC

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- 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

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— 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

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— 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

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— 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

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— 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

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— 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.

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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

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Key terms for Today

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



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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.

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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>

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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



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Defining *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)

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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



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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 Vleet (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.

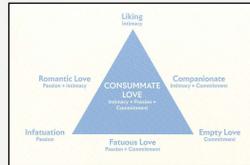
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Defining *Romantic Relationships*

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

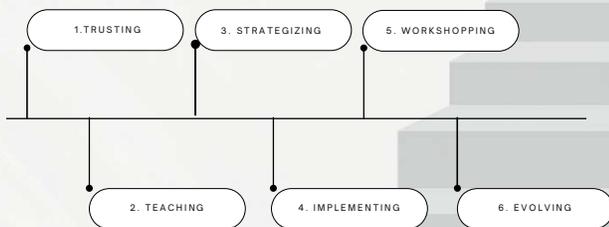


Romantic relationships are highly prized in our society. If somebody is constantly single, it's usually judged. This judgment comes from what we call **amatocromatoly**, the assumption that all human beings want to pursue a love and romantic relationship, usually in the context of monogamy. However, 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.



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6 steps for Helping Justice-Involved Clients Build Relationship Skills



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Where does any good therapeutic relationship start?
TRUST BUILDING OF COURSE



Step #1: Trusting
& MEETING A CLIENT WHERE THEY ARE

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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)

Challenges to Obtaining a Complete and Accurate Personal History

<p>• Lack of self-awareness • Clients may withhold information about their past</p>	<p>• Denial or minimization • Some clients downplay, conceal, or deny significant events</p>	<p>• Shame or stigma • Clients may feel embarrassed or judged</p>
<p>• Shame and Guilt • Clients may feel they are not good enough</p>	<p>• Trust of Authority • Clients may feel they are not qualified to help</p>	<p>• Lack of insight • Clients may not understand their own behavior</p>

sufercommunity.org

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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

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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?

<p>INTERNAL BARRIERS</p> <ul style="list-style-type: none"> • Controlling and/or "old school" probation officer <ul style="list-style-type: none"> ◦ You can't date without my permission ◦ Abstinence only • Coordinating services • Perceived or actual opinions of others <ul style="list-style-type: none"> ◦ Family ◦ Community • Concerns about perceived or actual opinions of others 	<p>INTERNAL BARRIERS</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ◦ 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
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Step 1: Building Trust & Clinical Tools to help

<p>MOTIVATIONAL INTERVIEWING APPROACH</p> <p>STAGES OF CHANGE</p> <p>ELEMENTS OF MI</p> <ul style="list-style-type: none"> • Partnership • Empowerment • Collaboration • Engagement <p>CHARACTERISTICS OF MOTIVATIONAL INTERVIEWING</p> <ol style="list-style-type: none"> 1) EXPRESS EMPATHY 2) AVOID ARGUMENTATION 3) ROLL WITH RESISTANCE 4) DEVELOP DISCREPANCY 5) SUPPORT SELF-EFFICACY 	<p>DECISIONAL MATRIX</p> <table border="1"> <tr> <td>Potential Benefits of Changing</td> <td>Potential Benefits of Not Changing</td> </tr> <tr> <td>Potential Costs of Changing</td> <td>Potential Costs of Not Changing</td> </tr> </table>	Potential Benefits of Changing	Potential Benefits of Not Changing	Potential Costs of Changing	Potential Costs of Not Changing
Potential Benefits of Changing	Potential Benefits of Not Changing				
Potential Costs of Changing	Potential Costs of Not Changing				

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Step #2: Teaching

& UNDERSTANDING PROCESS VS. CONTENT

<p>process: HOW WE TEACH</p>	<p>content: WHAT WE TEACH</p>
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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!

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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

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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

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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

National Domestic Violence Hotline.org

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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.

National Domestic Violence Hotline.org

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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. >>

- 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

National Domestic Violence Hotline.org

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Step #2: Teaching boundaries

WE NEED BOUNDARIES TO...

- establish our identity
- develop autonomy and improve decision-making
- experience good mental & emotional health
- maintain privacy and independence
- experience healthy relationships
- stay organized and manage time effectively
- protect emotional and physical space from intrusion
- practice self-care and self-respect
- communicate our needs in a relationship
- make time and space for positive interactions
- experience more fulfillment
- share personal information gradually
- preserve our purpose and mission
- have equal partnerships where power and responsibility are shared
- separate our needs, thoughts, feelings, and desires from others
- avoid burnout

PositivePsychology.com

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Step #2: Teaching boundaries

Promissory 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.

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Step #2: Teaching boundaries

7 TYPES OF BOUNDARIES

- MENTAL:** Focuses on how your mind thinks, values, and actions. "I respect your perspective although I disagree."
- EMOTIONAL:** Focuses on how you feel about others and how you express those feelings. "I'm sorry you're feeling that way, but I can't take responsibility for your feelings."
- PHYSICAL:** Focuses on your physical space and how you use it. "I'm sorry you're feeling that way, but I can't take responsibility for your feelings."
- CONVERSATIONAL:** Focuses on how you communicate and how you listen. "I'm sorry you're feeling that way, but I can't take responsibility for your feelings."
- INTERNAL:** Focuses on your self-talk and how you think about yourself. "I'm sorry you're feeling that way, but I can't take responsibility for your feelings."
- EXTERNAL:** Focuses on how you interact with others and how you set boundaries. "I'm sorry you're feeling that way, but I can't take responsibility for your feelings."

PositivePsychology.com

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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...

BOUNDARY ERROR & **BOUNDARY VIOLATION**

↓

Someone unknowingly crosses a boundary.

This is a mistake because the person was unaware.

↓

Someone crosses a boundary despite knowing the limit you set.

In some cases this may be a repeated violation.

Healthy & Unhealthy Boundaries

Healthy	Unhealthy
<ul style="list-style-type: none"> Not allowing someone to take advantage of your generosity Remembering your own values despite what others want or think Remembering when one set mind makes Capable to control one's healthy Remembering when one set mind makes Capable to control one's healthy Remembering when one set mind makes Capable to control one's healthy 	<ul style="list-style-type: none"> Accepting a behavior that you do not want Not being able to control one's healthy

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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?



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

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Boundaries + Attachment

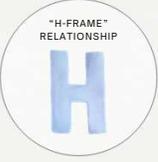
A VISUAL

"A-FRAME" RELATIONSHIP



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

"H-FRAME" RELATIONSHIP



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

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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



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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?



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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. (2020)

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



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Step #2: Teaching communication skills



FEELINGS WHEEL



IMESSAGE



PAUSE + H.A.L.T.

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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 >>

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Step #2: Teaching communication skills

"I" STATEMENT

GoodTherapy.org

I-STATEMENT

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

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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

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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

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Step #2: Teaching Barriers to healthy communication

TRIANGULATION OUR AMYGDALA R.S.D.

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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

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Step #2: Teaching Barriers to healthy communication

OUR AMYGDALAS

FIGHT FLIGHT FREEZE

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>

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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)

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Step #2: Teaching dealing with conflict





DON'T KITCHEN SINK IT BETTER APOLOGIES AVOID OR FIX 4 HORSEMEN

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Step #2: Teaching barriers to healthy communication






DEFENSIVENESS CRITICISM CONTEMPT STONEWALLING

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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



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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

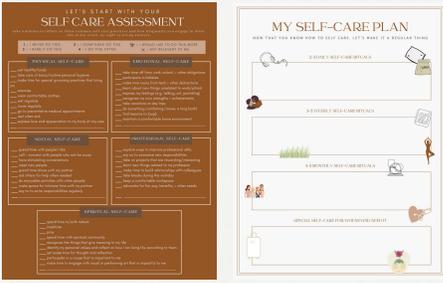
seek out + absorb inspirational stories from those who have done this kind of reparative work before you



[ConBody: Cross' Story](#)

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



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

Basic psychoed about dating today

Romantic relationships are highly prized in our society.

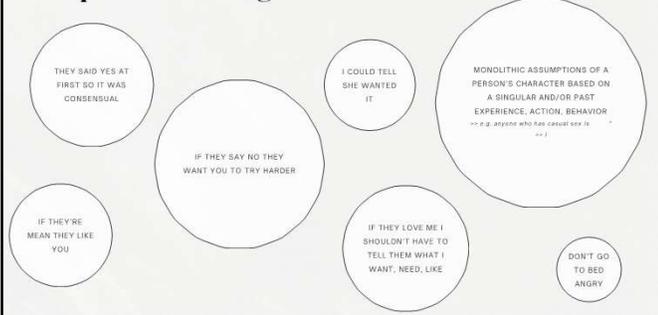
If somebody is constantly single, it brings judgments in others: "Why can't they find a partner? What's wrong with them?"

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

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Step #2: Teaching & myth busting



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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 BRASS THE VICTIM, THREATENING TO TAKE OR HARM THE CHILDREN.

Advocacy Resource Center 906-632-3809
www.orcaoutreach.com

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Step #2: Teaching Content the equity wheel

FINANCIAL EQUITY
All people, including underserved and underrepresented groups, have the same access to financial resources and opportunities.

PHYSICAL SAFETY
Everyone should have the same access to safe and healthy environments, including housing, food, and transportation.

RESPECT
Everyone should be treated with dignity and respect, including their beliefs, values, and backgrounds.

HEALTH & WELL-BEING
Everyone should have the same access to quality healthcare and resources that promote overall well-being.

SOCIAL JUSTICE
Everyone should have the same access to opportunities and resources, including education, employment, and housing.

HUMILITY & ACCOUNTABILITY
Everyone should take responsibility for their actions and actions taken by others, and be held accountable for their actions.

PARENTAL EQUITY
All parents, including underserved and underrepresented groups, have the same access to resources and opportunities to support their children's learning and development.

SHARED RESPONSIBILITY
Everyone should share responsibility for creating a more equitable and just society, and work together to address systemic inequities.

SOCIAL EQUITY
Everyone should have the same access to social resources and opportunities, including education, employment, and housing.

VISION
Everyone should have the same access to a vision of a more equitable and just society, and work together to create that vision.

TOOLS & SUPPORT
Everyone should have the same access to the tools and support they need to succeed, including education, employment, and housing.

HEALTH & WELL-BEING
Everyone should have the same access to quality healthcare and resources that promote overall well-being.

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Step #3: Strategizing

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

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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

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

SLIDING VS. DECIDING

RELATIONSHIP ROAD MAP

Owen, J., Shalton, G. K., & Starkey, J. M. (2015). Sliding versus deciding: Relationships Association with Relationship Quality. *Contemporary Family Therapy: A Journal of Practice*, 47(4), 407-420. <https://doi.org/10.1007/s10591-015-9190-7>

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

SLIDING VS. DECIDING	THOUGHTFUL RELATIONSHIP DECISION-MAKING MATTERS	CLINICAL IMPLICATIONS
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • GREATER SATISFACTION • HIGHER DEDICATION • FEWER OUTSIDE INVOLVEMENTS 	<ul style="list-style-type: none"> • THERAPISTS CAN HELP CLIENTS: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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)

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Step #3: Strategizing relationship road map

Red Flags

Yellow Flags

Red Flags

Non Starters

Dealbreakers

Blind Spot

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Step #3: Strategizing relationship road map

<p>GREEN FLAGS</p> <ul style="list-style-type: none"> 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 	<p>NONSTARTERS</p> <ul style="list-style-type: none"> Traits or situations, in which you won't accept a first date Aren't necessarily characterological; just not for you 	<p>DEALBREAKERS</p> <ul style="list-style-type: none"> These are your absolutes If they happen once, you are walking away ONE second chance MAX, and only with obvious efforts to change
<p>YELLOW FLAGS</p> <ul style="list-style-type: none"> Make you raise your eyebrows, "feel a certain way," or think, "I'm didn't love that" You might not say something after the first date, but a huge issue in a relationship, but can build up You might never meet 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" 	<p>RED FLAGS</p> <ul style="list-style-type: none"> Traits or situations you are definitely not okay with Should address right away Openness to change is extended 2-3 times <u>max</u> before ending relationship and only if they are demonstrating they are working on it 	<p>BLIND SPOT</p> <ul style="list-style-type: none"> 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

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Step #4: Implementing

PUT ME IN, COACH - & PUTTING IT ALL TOGETHER

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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

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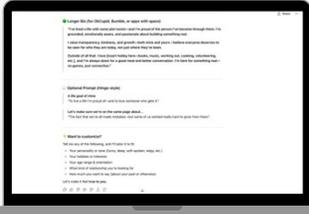
Step #4: Implementing getting started

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, if 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



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



- **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

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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

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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."

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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?

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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/>



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

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Step #5: Workshopping

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



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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, 1983](#), p. 265) but cannot be found in Freud's writings [Elin, 2009](#).
 - 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 [Stroop, 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



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Step #6: Evolving

LOVE + LEARN, LEARN + LOVE



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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?



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Step #6: Evolving

Common COGNITIVE DISTORTIONS

DISASTROPHIZING When you predict the worst case scenario is most likely to occur.	MIND READING When you assume you know what others are thinking or feeling.	NEGATIVE FOCUS When you focus on the negative aspects of a situation.
CONTROL FALLACY When you believe you can control everything that happens in your life.	PERSONALIZATION When you feel personally responsible for things you can't control.	CHANGING THE GOAL When you set goals that are too high and then think of the goal as impossible.
SPINNING-THINKING When you focus on the positive aspects of a situation, even when the overall picture is negative.	EMOTIONAL REASONING When you believe that your feelings are the only indicator of reality.	OVERGENERALIZING When you make a general conclusion about a situation based on a single event.
LABELING When you label yourself or others based on a single event or behavior.	JUST-WORLD THINKING When you believe that people get what they deserve.	FORUM TELLING When you share your problems with others.

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Step #6: Evolving

SEVEN STEPS COGNITIVE RESTRUCTURING

- 1 IDENTIFY THE TRIGGER**
Describe the situation that led to your negative emotion or thoughts.
- 2 RECORD YOUR AUTOMATIC THOUGHTS**
Write down the automatic thoughts that come up when the situation occurred.
- 3 IDENTIFY COGNITIVE DISTORTIONS**
Identify and name the cognitive distortions that caused your negative emotions.
- 4 EXAMINE THE EVIDENCE**
Evaluate the accuracy of your thoughts by examining the evidence for and against them.
- 5 REFRAME THE THOUGHT**
Develop a new, balanced, and constructive thought to replace your automatic thought.
- 6 PLAN A RESPONSE OR ACTION**
Decide on specific actions you can take to address the situation and practice your new thought.
- 7 REFLECT ON THE PROCESS**
Reflect on how you completed the process and how it impacted your thoughts and feelings about the situation.

How to Challenge COGNITIVE DISTORTIONS

- How do I know if this thought is accurate?
- What evidence do I have to support this thought or belief?
- How can I test the assumptions/beliefs that led to 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 have the "benefit of the doubt"?
- 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 about it?

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Contact Info

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

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SOCIAL	@aisletalk

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Thank you

PLEASE JOIN US AFTER THE SHORT BREAK

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

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