

Alberta Correctional Education Journal

Unlocking Potential

Proceedings of the Alberta Correctional Education Annual Conference

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Journal Editors  
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MISSION STATEMENT

The Alberta Correctional Education Association  
(ACEA) is dedicated to the academic, vocational, and personal  
development of offenders

and the professional enhancement of Association members.

CORE PRINCIPLES AND GUIDING VALUES

#### Every Person Has Potential To Learn

We believe education contributes to the growth and development of offenders by directing the learning process, stimulating intellectual curiosity and promoting lifelong learning.

We believe education has a responsibility to challenge offenders' understanding of themselves, their abilities, values and aspirations.

#### Every Person Has Potential To Become A More Responsible Citizen

We believe that an effective way to address crime and crime prevention is to provide education that promotes moral, social and personal skills along with a responsibility to self, family and the larger community.

We believe criminal behavior is most often a choice; appropriate educational programs influence offenders to make alternate, prosocial and ethical decisions.

We believe education promotes offenders' self-discipline, self-worth, self-confidence, values and morals, thereby encouraging responsible citizenship.

We believe the community has a responsibility to promote, through education, the reintegration of offenders into society  
Correctional Education is Unique

We believe correctional education provides holistic education to address the social, moral, personal, vocational and academic needs of offenders.

We believe correctional educators are professionals who have developed skills necessary to teach effectively in a demanding subculture that is security oriented, high risk and controlled.

We believe correctional education meets the diverse requirements of numerous stake holders.

#### Professional Associations Contribute to Growth and Development of the Members

We believe the Alberta Correctional Education Association (ACEA) maintains and develops professional standards through the creation and use of its constitution, publications, in-services, research, and anticipation of the future needs for its members.

We believe the sharing and networking of knowledge, ideas, values and experience provided through ACEA and its activities, is of benefit to both the members and the stakeholders.

We believe the members of ACEA are the major resource and strength in

achieving correctional education mandates.

#### ACKNOWLEDGMENTS

The ACEA 1998 Conference in Banff was an incredible success. We enjoyed a great hotel; the beautiful Banff Park Lodge just a stones throw from the Bow River, provided a wonderful ambience to our annual conference.

The success we achieved was possible only by the help of knowledgeable and talented presenters, and keynote speakers. A special thanks is extended to each of you. Also, thank you for the time and effort each of you put in to the manuscripts provided for this journal.

Thank you to the conference organizing committee from the Edmonton Area who have continued the tradition of excellence and quality: Bill Keith, Sandra Froehlich, Andre Masson, Alta Peachey, Vicky Worrell, Anar Fazal, Ken Shipka, Rose Waskowich, Jacques Bruyere, Gary Sears, Diane Simpson, Pauline Francis, Brenda Chwyl, Cathy Legris, Elwood Gordon, Mary Sharp, Phyllis Fleck and Gabor Dezse.

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Thanks to all of you whom attended the conference and helped us have a good time, a learning time and a time to get to know one another even better.

Special thanks to the ACEA Executive for their support of this conference, and for their dedication to correctional education.

And finally, thanks to Alberta Justice, Alberta Advanced Education, and Correctional Service Canada, for their continual support of correctional education and the ACEA.

Thank You

Kevin Wahl  
Journal Editor  
Lethbridge, AB  
July, 1998

Keith Mauthe  
Journal Editor  
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July, 1998

#### PREFACE

Another year and another journal. As I sat down to prepare this journal, I took a reflective view at the previous journals published by ACEA. What an accomplishment, and what a testament to the professionalism and quality of the Annual ACEA Conferences. Our conferences' continue to push the standard of excellence and ACEA is becoming recognized as the representative organization for correctional education in Canada; our efforts to promote correctional education and

enhance the knowledge and networking of our members are paying dividends.

Our association is unique in that we always have an incredibly large attendance of members at the conference. As I said in 1996, we come together to enjoy each others company, to swap stories of success and failure, to uplift and encourage each other, to rejoice and cheer each other on. The conferences are necessary for the professional enhancement each of us need. They are our lifeline to each other, our way to network and associate.

This year's conference was centered on the theme "Unlocking Potential" and we had knowledgeable presenters who shared with us, challenged us and gave us hope. This journal is a "hard copy" of the conference, I hope that you enjoy it.

Thank you to the presenters who helped make the ACEA, 1998 Annual Conference the success it was.

Kevin Wahl  
ACEA President  
Editor, 1998 ACEA Journal of Correctional Education

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STRESS MANAGEMENT WITH A NEW TEN-STEP PROGRAM

Dr. Henry L. Janzen  
Professor & Director  
Psychological Testing Center  
Faculty of Education Clinic  
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This session focuses on how to control stress and increase one's quality of life. Practical ideas with humor will be the focus of this session.

THE MEANING OF STRESS

Medical doctors tell us that stress is the cause of many of our emotional and physical illnesses. They caution that it would be wise not to wait for science to ascertain the link between stress and these illnesses, but rather, to do something about it now! Perhaps we should

adopt what the Chinese called the "Moi Sui" wisdom and stop using technical doubts as an excuse for not tackling the problem until it's too late. Let the scientists weigh factors like diet, heredity and environment, but in the meantime assume that failure to cope with stress is a major contributing factor in heart attacks, hypertension, angina, arrhythmia, migraines, peptic ulcers, colitis, diabetes, gastrointestinal disorders, low back pain and possibly even cancer. Stress is known to lower our resistance to all kinds of infectious diseases such as colds and influenza. Stress slows down recovery and therefore makes us more liable for continued physical as well as emotional illnesses. The effect of stress worsens our mental state. Once we face more stress than we can handle, we get the physical illnesses which further complicate our lives. While we are under stress we tend to poison the atmosphere emotionally, thus making other people's lives miserable. Stress is also known to cause careless accidents, because under stress we lose concentration as well as efficiency and effectiveness.

It is important for us to start thinking about this because our reaction to stress can affect everything we do. Perhaps it is useful, right at the outset, to state our very own definition of stress. We feel that stress is a physical, mental and emotional reaction to events or thoughts. Stress is not "out there;" Stress is a reaction to inner perceptions of what is out there. For example, one driver may be relaxed in traffic while another may be upset, impatient, angry and hostile. The first driver simply accepts the traffic and the other drivers. The second driver may be perceiving other drivers as "bad" or "idiots" and therefore reacts to them as if they are "bad." In other words, it is not the drivers that give us stress, but what we think of those drivers.

Each person has a unique way of dealing with stress. What affects one person may not affect another in the same way. Stress is usually seen in a negative light since adverse reactions are possible. However, positive events can cause the same physical and emotional reaction in the body. It is only when we repeatedly experience unpleasant thoughts and feelings that we give it the label "stress". Thus, stress is technically seen as anything that arouses the physical, mental and emotional systems in people, that over time causes serious problems at home, work and in the body. There are many other technical definitions that may vary from ours, but we feel this definition is an adequate and practical explanation of what we mean by stress. Many people use the word "burnout" and stress synonymously. We see burnout as a reaction to stress, and not the stress itself. Burnout could be considered a final stage of stress in which people are negatively affected in body and mind thus lowering their productivity. When we discuss the stages of stress, you will see that burnout happens to be a distinct phase of the stress response.

#### THE SUPER WELL PERSON

It is often useful to have criteria by which we can measure what is wrong with us, by knowing what is right with us. We want to look at indicators of what being well means. If we fall short in these areas we know that we must be not well, or experiencing stress. To do this, we have devised a symptom checklist of criteria which defines the super well person. Have a look at this list and see how many of them apply to

you.

The Super Well Person

Deeply committed to altruistic cause

Seldom sick

Others lean on you in crisis

Comfortable with the spiritual side of life

Clear sense of purpose at home and at work

Sharp, curious mind, sense of humor

Well-organized, gets lots done

Able to live and enjoy the present

Does not look back or to the future all the time

Comfortable with a wide range of emotions

Accepting one's limitations, mistakes and handicaps

Able and willing to take charge of one's life

Practices positive self-care and assertiveness

Feels good to be alive

The super well person experiences the ups and downs of life like all others, but comes to grips with them quicker. All of us will experience a major setback and loss from time to time. Some get over it, and others do not, at least not as quickly. The super well person is able to overcome these crises. People have asked us how long it should take for someone to get over the death of a loved one, for example. There is no easy answer to this because people are very different in how they respond to such a great crisis. The super well person may need treatment but will get over the loss within six months to two years and then get on with life with a new sense of direction and purpose. While the loss is never forgotten, the person can still laugh and smile in the face of the setbacks that have been experienced. The super well person can be depressed but has also found a way to overcome that illness. The super well person will get angry or can find ways to turn anger into joy. Keep in mind that we all feel super well from time to time. The test of our health, however, is that we are able to bounce back more quickly than others if we are healthy in spirit, mind and body.

#### UNDERSTANDING THE STRESS REACTION

Dr. Peter Hanson, in his book *Joy of Stress*, argues that as a casino exists simply by stacking the odds in its favour, so must we, in our daily lives, stack the decks in our favour. Many of the so-called stressors in our life need not exist. Sometimes we simply choose a life style or a goal in which our wants exceed our means. For instance, think of those purchases (wants) that put us into debt-and stress. Such a life style in and of itself will cause physical and emotional reactions, reactions that we know as stress. Of course, many experiences in life are not self-induced, such as the death of a loved one, a motor vehicle accident, unemployment, nuclear threat, rejection by peers or a traumatic break-up with a friend. Being an outstanding student, or a student that is failing an exam may not be a self-induced cause of stress. So, stress can come to us from any direction, but by and large how we think and deal with it inside is what is important. Let us look at some examples of arousal. If you are daydreaming and very relaxed, the ringing of the door bell may "arouse" you; you are more alert and awake. When we are at a movie, however, we may get

extremely aroused when we watch a death scene. We may become sexually aroused if we view a seduction scene in a movie, but if the movie is boring our arousal is reduced and we fall asleep.

Hans Selye was a physician and endocrinologist. He wrote more than 30 books and 600 scientific papers. He was a man that has been awarded sixteen honorary degrees and could lecture in ten languages. This man wrote about stress more than any other we know. Selye said that we still may not know properly how to cope with stress, but we do know how the body reacts to it. He defined stress in two ways. First, there is a specific reaction. This is a very special kind of reaction to a special kind of stress. For example, if you are riding in a car and somebody suddenly crosses your path, your body will immediately react and you may experience an intense surge in the pit of your stomach. This is a specific reaction to a specific event. The same thing can happen when somebody suddenly calls your name. Your mind has responded and immediately there is an intense feeling inside. Selye identified a second reaction called a non-specific reaction to stress. This reaction is the same in terms of the body physiology no matter what stress we experience. The nervous system reacts to all stimuli that impact on its sensory mechanisms in the same way. In other words, while specific reactions differ, the non-specific ones never do. This means that whether something is positive or negative, unpleasant or joyful, physical or mental, the non-specific reaction is always the same. We can explain it this way. We know that receiving a kiss is not the same as taking poison; yet both are stressors. They have different specific results and they also have non-specific results. The specific reaction to a kiss would be heightened arousal and much emotional pleasure. The specific reaction to poison would be heightened arousal and anxiety and a mental and emotional depression associated with the partaking of the poison. In terms of the non-specific results, the body would react in the same way emotionally and mentally to these two events. On both occasions our heart rate, blood pressure, breathing rate and perspiration rate would increase. It is only the mind that interprets them differently.

Selye also said that, by and large, we have many ways of dealing with specific reactions to stress but only two ways of dealing with non-specific reactions. You see, in specific reactions and special circumstances we can respond very differently. If we are offered a kiss we might be quite aroused. If we are threatened we might get very angry. These are very different reactions. However, when our body reacts in a non-specific way it usually does so in two ways. First, by fighting it. This is called catatoxic reaction. Secondly, by adapting to the stress. This is called a syntoxic reaction. So in the end, when the stressors of life pile up, we really only have two ways of coping with stress.

The other thing to keep in mind is that when stress builds up, our body, through the influence of the mind, begins to react in a non-specific way to most everything that happens to us. When this is the case, the result can be quite disastrous in terms of one's physical, mental and emotional health. Throughout this presentation we will mention specific as well as non-specific ways of coping with stress. We will show that if the body repeatedly reacts in the same way to different situations, stress is building up to the point where the individual can no longer cope with it effectively. We will present

exercises that will help you come to grips with your specific stress reaction and the possible causes. Changes in life style may be necessary, or stress management techniques may have to be learned in order to become, once again, the super well person.

#### STRESS AS AN INDIVIDUAL MATTER

We see stress as highly individual. It is related to how you look at a situation, appraise it as threatening or pleasant, and then react to it in some way. Think of how you would take a snapshot. You scan the scene and focus your camera, you decide what aspect to snap into the picture frame, and then the picture is reduced from three dimensions to two, and you take the picture. You can see the consequence of this is that a lot of information is sacrificed. The larger picture, the other things outside the picture are simply not taken in. In this analogy the settings make all the difference. For example, lens quality and type would make a difference in terms of determining what kind of picture you would get. Focus and clarity, as well as detail and depth, would make a big difference as to the kind of picture you take. Just think of how many filters you can put on your camera to change the nature of the picture. Speed-setting is also very important. The amount of light you let in will be affected by whether the object is standing still or whether you are taking a picture of a moving vehicle.

Most of the reactions to your life are determined psychologically in this very same manner. Your self-confidence, your upbringing, your values and attitudes, the quality of your inner resources and your existing thinking-style all determine how well you cope and what pictures you take in life. Essentially, the first shot you take evaluates the nature of the situation and whether it is likely to be pleasant, neutral or noxious. In other words, situations may be seen as 'good', 'bad' or 'indifferent'. The first picture is usually based on pre-existing beliefs, attitudes or expectations. This picture is the most important because it determines the next reactions, and the next view of the situation. The first picture calls for your critical response. You have the choice to make an emergency response or a confidence response. An emergency response may block the picture from one's mind or depreciating it. A confidence response invokes smiling or a feeling confident about what you have seen and what picture you have taken. The first shot also evaluates not only the risk, but your resources to cope. If you feel you don't have the resources, the perceived stress will increase and thus be very high. First picture responses are automatic. They refer to Selye's 'fight' or 'flight' reaction. We do not deliberate, compute and evaluate. Our reactions are highly subjective, fast and impulsive. So when we react to something we do it on our first shot, and many times our first shot is an exaggerated response to a situation.

We would also like to focus on areas of attitudes and values as they impact on stress. This is an important matter because attitudes and values largely determine how we react to our family, our children, our home and our work. An attitude is a more or less stable set of opinions, interests or purposes, involving expectancies of a certain kind of experience and a readiness with a certain kind of appropriate response. A value, on the other hand, is a standard or unit. Values refer to worth, merit or importance. Usually values are things or ideas considered desirable that we regard or esteem highly. So values have a

dimension, a name, and a magnitude. That is, we estimate them at a certain personal level and they have importance. Values can be very important or not so important. Values can be positive or negative, subjective or objective.

The differentiation between attitudes and values is quite important. While attitudes are usually stable in terms of our expectations, they are based on our experience and they cause a certain response. The value will determine the intensity of our reactions because of the importance we attach to the event; this can effect us. People with certain attitudes and values have a certain personality to go with it. There are some people who are serious-minded, stubborn and authoritarian. They love emotional control and are quite perfectionistic. These people are diligent and industrious and quite efficient. They seem socially polite, have a high need to achieve and are good organizers. Their value is in their strong sense of duty to others. Their attitude is that one must be conservative, morally and spiritually righteous and have the puritan work ethic. If this is the case, you can see where it would lead quickly to a personality with a high need for standards, a high value of work and an automatic predisposition to react to situations quickly when they are different from the attitudes or values that are held by this individual. You can also see that this individual could become quite a compulsive person. We give very little space to this, other than to mention that the attitudes and values that we hold automatically, determine the first picture that we take of a situation and thus the reaction to that situation. Take for example the following statements:

Men should not wear long hair.  
Sex before marriage is wrong.  
Men are smarter than women.  
Hard work is the first priority in life.  
Christianity is too strict.  
Making money is important.  
I believe in physical punishment.  
Homosexuality is a sin.

It does not take much to recognize that people who hold certain points of view to the statements above, will react in certain ways to circumstances surrounding these statements. For example, if you value and appreciate long hair, you are friendly and complimentary to a man with long hair. On the other hand, if you feel men should never wear long hair, then you might feel angry or hostile to a man who has long hair. Your attitudes and values make quite a difference in terms of how you respond. While we stress this, we also know that attitudes and values are the most difficult things to change. Nevertheless, we must recognize this factor at the outset. Our values and attitudes can produce a lot of stress in our life. We cannot simply ignore them, because these things will come to help us or haunt us as time goes on.

#### THE SYMPTOMS OF STRESS

To help us understand the extent of stress reactions in us, we have prepared a simple stress test. We ask that you have a look at this, and make a check mark against any symptoms that apply to you. While we have some scientific evidence indicating that the more symptoms you have, the more stress you experience, we also know that stress is a highly individual reaction and some people can check off many of these

symptoms and still feel quite fine, whereas others can have fewer symptoms and not feel well at all. Nevertheless, we ask you to take this stress test. Most symptoms are listed; it is not an exhaustible supply of symptoms, but merely representative of our reactions under stress.

#### THE STRESS SYMPTOM TEST

Put a checkmark beside any symptom that you have noticed lately in yourself.

PHYSICAL	EMOTIONAL	ATTITUDINAL
tired	worry a lot	empty feeling
tense	mood swings	negative
can't sleep	bad dreams	angry at God
sleep a lot	discouraged	angry at self
can't eat	little joy	angry at others
eat too much	cry often	apathy
colds, headaches	temper	unforgiving
muscle aches	don't talk	self-doubt
teeth grinding	talk too much	
cynical attitude		
restless	angry often	life goals mean
less		
SOCIAL	THINKING	PRODUCTIVITY
fewer friends	forget things	work
piling up		
stay home more	can't concentrate	miss work more
angry at others	mind wanders	
pressure at work		
feeling lonely	think too much	can't finish
up		
lower sex drive	confused	no job interest
manipulative	think negatively	
procrastinate		
clam up	feel bored	work long hours
afraid to talk	negativity	hard to work

You will notice the stress symptom test has six components. Not all six may be involved in serious stress reactions, but most of the time they are. It is true our body is going to react to stress over time. However, the first reaction is usually emotional. Remember the previous discussion about attitudes. The attitudes you hold are very stable but their emotional component may change as stress continues. Over time, you will find the social dimensions affecting you and your productivity at home and at work. If we were to select two categories of symptoms that would be easily identified as first reactions to stress, we would nominate the emotional and the thinking ones. Over an extended period of time, however, the body will begin to react. At first, when stress occurs, you will experience an increased heart rate and an increased breathing rate. When this happens, there will also be a need for increased oxygen consumption, increased glucose, increased blood coagulation and decreased clotting time. Since the heart is involved in

a stress reaction, we get increased cardiac stroke volume and increased cardiac output. Pupil dilation, perspiration and increased gastric movements are all bodily reactions to stress.

While we do not intend to be detailed in these responses, we want you to know the body responds to an aroused system, whether it is pleasant or unpleasant. The effect over time is quite remarkable. For example, under stress the natural body response is to release cortisone from the adrenal glands. This is good because it reduces inflammation, but too much cortisone destroys the body's resistance to many illnesses, including infections and cancer. Too much cortisone also reduces the stomach's resistance to its own acid, thus leading to gastro-intestinal disorders or duodenal ulcers. Another body reaction occurs when the thyroid hormone is increased. This is good because it speeds up body metabolism and burns up its fuel and gives you extra energy, but it also causes shaky nerves, insomnia and the feeling of burnout. Another body reaction is the release of endorphins from the hypothalamus. Endorphins are somewhat like the drug morphine, because they act as natural pain killers and make the body feel good. But chronic stress can deplete the level of endorphins and this is known to aggravate migraines, back aches and arthritis. Under severe stress you can get a shutdown of the entire digestive tract. This is good because now blood can be diverted to the muscles, heart and lungs. You have often seen some people have fantastic feats of strength under stress. The negative reaction is that the mouth goes dry: the stomach and intestines stop secretions. You may have to go to the bathroom more frequently. Most of us have experienced the need to go to the bathroom when we feel anxious. You have also seen public speakers who need glasses of water to speak because their mouth is dry. A dry mouth is used as a lie detector test in some countries in the world. There are other physical reactions to stress. Consult a medical dictionary for the rest. We do know that the blood thickens. This is good because it increases the capacity to carry oxygen and fight infection and to stop bleeding, but it is not good because it can cause strokes and heart attacks. Under stress we also know the skin crawls and sweats. All the senses become more acute. Although this is good because it makes us more sensitive and alert to danger, it is not good because it increases the breathing rate and over-estimates our abilities to cope with the situation. Maybe this list will suffice. At any rate, have a look at your own symptoms of stress and see how well you are faring.

Men and women are known to react differently to stress. This has been researched over and over again; we provide a summary of some of that information. The important thing to keep in mind is that both men and women will get sick physically, have headaches, feel tired and may increase some of their bad habits such as smoking and drinking as well as increasing their caffeine intake under stress. What must be understood, though, is the difference in how many men and women experience stress. Men more often experience high blood pressure, heart attack and stroke. Many of the female stress symptoms are related to women's diseases and certainly more women suffer from anorexia and bulimia under stress.

Another major difference in male / female stress symptoms is that some women tend to use more manipulation tactics in coping with stress. We have listed four, but there are many others. Mind you, men can practice these manipulation tactics as well as or better than women.

Nevertheless, research has listed them under women.  
Male and Female Stress Symptoms

Men	Women
High Blood Pressure	Anorexia
Muscle Aches	Bulimia
Low Back Pain	Daily Headaches
Daily Headaches	Amenorrhea
Increased Allergies	Sexual Disinterest
Alcoholism	Vaginismus
Ulcers	Infertility
Increased Smoking	Anxiety Reactions
Compulsive Sex	Panic Attacks
Little Sex	Manipulation Tactics
Driving Accidents	Mind Reading
Motor Habits/Tics	Grab-bagging
Verbally/Physically Abusive	Sleuthing
Overeating	Name-calling
Increased Spending	Increased Dependency
	Depression
	Disorganized

We want to stress once again, that our reactions to stress are quite unique. This is important for us to remember because often these unique reactions in and of themselves cause more stress. Take for example the situation where something very bad is happening in your life and your spouse responds to it with greater anxiety, more arousal and more anger than you do. You feel as if your spouse should have reacted the same way as you, given this difficult situation. Now you get upset, not only with this difficult situation, but also with your spouse's reaction to it. We need to understand that no two people are alike. I cannot forget the reactions I saw to a very serious motor vehicle accident on the Sumas Bridge between Chilliwack and Abbotsford. A big semi-truck had just collided with and completely demolished a motor vehicle. There were six people inside the car and they were all killed. The bodies were strewn all over the rain-soaked bridge. As my brother John and I approached the bridge, having parked our car a mile behind the bridge, we saw some people crying and others throwing up. Others were running to the aid and assistance of the people in the car. While nothing could be done for them, they proceeded to cover them up or try to resuscitate them. Some people remain reasonably calm and controlled under stress, while others panic. The different reactions can be physiological and /or experientially based. Nevertheless, they demonstrate that people react very uniquely to stress! If we keep this in mind, we will understand why people react differently to a situation.

#### THE STAGES OF STRESS

We want to mention one final matter with respect to understanding stress. Over time, stress can build up, but we'll respond to it in stages. Have a look at a brief summary of these stages.

Stage 1 - Arousal and Irritability

Stage 2 - Fatigue, Cynicism and Withdrawal

Stage 3 - Exhaustion and Collapse

It is important to understand these stages because different

things need to be done in each stage. For example, at Stage 1 we are more often irritable, angry and anxious. It is at this stage that we get our headaches and take the pills to control the pain. If we are sensitive enough to our body and mind's reactions to Stage 1, we can pamper ourselves, relax and exercise so as to feel better. If we are not sensitive to these signs, stress will increase and we'll move on to Stage 2.

At Stage 2 we get the feeling of tiredness, cynicism and a negative attitude. Often you will hear people say "I don't care." At Stage 2 we tend to withdraw socially; we feel very tired, yet we can't get to sleep. We begin to procrastinate at work. At Stage 2 our body may physically react to feelings of pain, not just from headaches but from low back pain, increased arthritic pain, increased teeth grinding and other such physical reactions, but the emotional reaction is to become moody and depressed. At this stage, pampering and relaxing may not help as much as making specific changes in our life or learning new stress management skills. It is at this stage that we may have to change our plans and our goals in order to cope.

At Stage 3 we find chronic sadness and depression, extreme fatigue and a dropping out of work and living. It is at this stage that we experience suicide attempts and actual suicides. We often feel like moving away and not giving our forwarding address. This is a stage at which we may need hospitalization and continued long term treatment. At Stage 3 of stress we need to take a break from the pressures of life and get away from it all, at least for a while.

#### THE TEN-STEP STRESS MANAGEMENT PROGRAM

There are many stress-fighting strategies (see Appendix A); most of us are aware of them. We know it helps to eat nutritionally, exercise, get plenty of rest, and take time to have some fun. Most of us know these are only short-term techniques. In the long run, we will have to actively work on whatever the stress-points are in our life. We have attached a ten-step program, self explanatory in its format, to help you manage stress. Take the time to work on each step.

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#### TEN-STEP STRESS MANAGEMENT GUIDE

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## SIMPLIFIED PROGRAM OF STRESS MANAGEMENT

### Introduction

Stressors are neutral. Our reactions are based on personal values and beliefs are what give the stressors positive or negative power in our lives.

A. Clarify what you would like to change-what you wish to retain-determine future goals-identify past resources and strengths-clarify areas where you need more flexibility.

### Four Major Techniques

1. Reorganize yourself - take control over how you spend your time-realistic goals-one at a time-avoid using \$10.00 worth of energy on a 10> problem. PRIORITYZEE ACTIVITIES.
2. Change the scene - positive flight.
3. Change your mind - attitude control - relabeling - avoid irrational self talk.
4. Build up your strength - develop stamina-eat right-exercise-relaxation times-meditation.

Social-emotional-physical-spiritual- use new perspectives-diversify!- read or do crosswords-get out of the rut. As the sign on the Alcan Highway suggests:

"Choose your rut carefully, you'll be in it for the next 200 miles."

Besides mediation, there are several other 'techniques' that have found favor with stress therapists.

1. Confront problems- the old adage- ignore it and it'll go away does not pertain here.
2. Turn tension into energy (assertiveness training) - (more on this in a moment.)
3. Set realistic goals.
4. Avoid eating or drinking for a release.
5. Train yourself to relax:
  - a. music
  - b. deep muscle relaxation- tense/release
  - c. meditation
6. Get a physical- eat balanced meals.
7. Take control of your life. Plan activities- one at a time.
8. Get enough recreational diversion.

9. Try to learn tolerance and understanding of self and others.
10. Share your troubles with a trusted friend/counselor.
11. Avoid irrational self-talk-learn to confront and turn the anxiety you feel into power.
12. Mastery Rehearsal - inducement of a relaxed state (relaxation response)- then visually imagine self performing in a particularly stressful situation with perfect execution. (Basketball practice vs. mastery rehearsal). Athletes may develop a written script and put it on a cassette tape, play it once per day and/or prior to sleep each night.
13. Coping rehearsal- create a script- convert to cassette tape- this will be a master list of situations that may be experienced prior to, during, or following competition that elicit emotionally charged and distracting thoughts.

Four steps to follow in completion:

1. Recognize the distraction thoughts as quickly as possible.
2. Step 2 requires the person to shout 'stop' to himself to stop the inappropriate thinking.
3. The person repeats the words "let go" and "easy" that have been associated with the relaxation response training.
4. The individual repeats a positive word or thought appropriate to the situation.

14. Modeling

15. Get "pumped up" from time to time- change the way you think- (Zig Ziglar), or another similar perspective, Dennis Waitley

#### TEN STEP STRESS MANAGEMENT WORKSHEET

Dr. Hank Janzen  
Dr. John Paterson

1. Find out how stressed you are. Use the "STRESS EXHAUSTION SYMPTOMS" checklist here. Check off your symptoms. Which category are you in?

- \_\_\_\_\_ 0-10
- \_\_\_\_\_ 11-20
- \_\_\_\_\_ 21-30
- \_\_\_\_\_ 31-40
- \_\_\_\_\_ 41-50
- \_\_\_\_\_ 51-66

2. Identify the specific areas where your stress is coming from.

Look at the partial list and check off the "BIG THREE" sources of stress.

- \_\_\_\_\_ a) Work, work conditions, colleague issues, boss issues, other work related issues
- \_\_\_\_\_ b) Home, marriage, family, children, teens, other home issues
- \_\_\_\_\_ c) Health, illness, family-member illness, emotional issues, e.g. depressed, anxious
- \_\_\_\_\_ d) Money, bills, over-extended, too little pay, other financial issues
- \_\_\_\_\_ e) Other. List, in general terms, what they are:

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3. Pick a core area to work on first. We have a chance of greater success if we don't pick the biggest stressor, since success may not happen. What would be the "core stress" area you would like to get relief from?

Core area:

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4. Let us start a stress management process now. The first step is to take a break, time-out, a time to relax, a time to practice relaxation. Attached is "The Relaxation Technique". What time each day could you practice relaxation?

Relaxation time:

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5. The next step is to watch your diet, your food-intake. Use the "Quiet Your Diet" guide now. What foods will you cut-down on, and what foods will you eat more of?

Cut-down foods/drinks:

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Eat more of foods:

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6. Exercise is another stress management tool. Are you exercising? If so, write down how much and what kind of exercise you do. If not, what exercise are you willing to add?

Current exercise:

How many hours per week?

What exercise can I do?

How much of it can I add?

7. Now we can start on problem-solving the core pain? So far, you relax, at least once-a-day, are eating better, and exercising. Now you can approach the core stress area, one at a time.

List the 'core pain' again.

Rephrase the core stress in terms of what specifically bugs out. Be specific.

Now state what is your role, responsibility, your "problem" with this core stress?

Let's not at this point, find fault with others. Instead, think of one change, you can make to ease up this stress. e.g. is it in the way you talk, think about it, what you do or don't do, how you react, etc.?

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8. Now that you have agreed to a small change, let's work on the worry that accompanies stress. Read the "How to Make Worry Work For You." If you are a worrier, start practicing problem-solving and use the "worry chain." To assist you in this, list key resource people, friends you can open-up to:

List 1 or 2 Confidants:

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9. Long-term strategies must now be thought of. Up to now we've tried to get you to identify core stressors, more relaxation, eat right and exercise. Stress isn't that easy to beat, and it surely depends on what kind of stress it is, e.g. fear of job loss, marriage problems, unemployment. To be able to "make it through tough times" and not be overwhelmed by the stressors, we've got to practice long-term stress management techniques. Here is a partial list of strategies that help. Check off those you are willing to try.

- Time management
- Learning better communication skills
- Increasing job skills
- Seeking counselling
- Learning more about conflict management
- Learning how to think more positively
- Work on balancing my life-style
- Work on building a stronger social base
- Willing to take family/marriage counselling sessions
- Willing to remove my addiction
- Learning about problem-solving strategies
- Willing to start practicing positive reinforcement to others around me.

10. Finally, we need to add a positive addiction, a fun thing to do, a hobby of some kind, a fairly regular pleasant activity. Take a look at the "Short-Term Stress Reduction Ideas" as a help. What "positive addiction" are you willing to add, something you can look forward to each week.

Positive Activities:

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Keep this form handy. Start working on it A.S.A.P.

STRESS EXHAUSTION SYMPTOMS

Check the symptoms of stress exhaustion you've noticed lately in yourself.

- | PHYSICAL   | EMOTIONAL                                  | SPIRITUAL                        |
|--|--|----------------------------------|
| <input type="checkbox"/> appetite change                         | <input type="checkbox"/> anxiety           |                                  |
| <input type="checkbox"/> <input type="checkbox"/> emptiness      |  |                                  |
| <input type="checkbox"/> headaches                               | <input type="checkbox"/> frustration       | <input type="checkbox"/> loss of |
| meaning  |  |                                  |
| <input type="checkbox"/> tension                                 | <input type="checkbox"/> the "blues"       | <input type="checkbox"/>         |
| doubt  | <input type="checkbox"/> mood swings       | <input type="checkbox"/>         |
| <input type="checkbox"/> fatigue                                 | <input type="checkbox"/> bad temper        | <input type="checkbox"/>         |
| unforgiving  | <input type="checkbox"/> nightmares        | <input type="checkbox"/>         |
| <input type="checkbox"/> insomnia                                | <input type="checkbox"/> crying spells     | <input type="checkbox"/>         |
| martyrdom  | <input type="checkbox"/> irritability      | <input type="checkbox"/>         |
| <input type="checkbox"/> weight change                           | <input type="checkbox"/> "no one cares"    |                                  |
| looking for magic  | <input type="checkbox"/> depression        | <input type="checkbox"/>         |
| <input type="checkbox"/> colds                                   | <input type="checkbox"/> nervous laughter  |                                  |
| loss of direction  | <input type="checkbox"/> worrying          |                                  |
| <input type="checkbox"/> muscle aches                            | <input type="checkbox"/> easily distracted |                                  |
| cynicism   | <input type="checkbox"/> little joy        |                                  |
| <input type="checkbox"/> digestive upsets                        |  |                                  |
| <input type="checkbox"/> <input type="checkbox"/> apathy         |  |                                  |
| <input type="checkbox"/> pounding heart                          |  |                                  |
| "needing to prove" self  |  |                                  |
| <input type="checkbox"/> accident prone                          |  |                                  |
| <input type="checkbox"/> teeth grinding                          |  |                                  |
| <input type="checkbox"/> rash                                    |  |                                  |
| <input type="checkbox"/> restlessness                            |  |                                  |
| <input type="checkbox"/> foot tapping                            |  |                                  |
| <input type="checkbox"/> finger drumming                         |  |                                  |
| <input type="checkbox"/> increased drug, alcohol,<br>tobacco use |  |                                  |

MENTAL

- forgetfulness
- dull senses
- low productivity
- negative attitude
- confusion
- lethargy
- whirling mind
- no new ideas
- boredom
- spacing out
- negative self-talk
- poor concentration

RELATIONAL

- isolation
- intolerance
- resentment
- loneliness
- lashing out
- hiding
- clamming up
- lowered sex drive
- nagging
- distrust
- lack of intimacy
- using people
- fewer contact with friends

SCORING SHEET

0-10 0-11 Normal  
11-20 Mild Stress.

Practice relaxation

techniques.

21-30 Moderate stress.  
to your life.

Work out some changes

31-40 Too much stress.  
change is required here.

A big

41-50 Use your EAP program for counselling

51-66 Seek time-off for treatment, e.g., hospital-based

#### THE RELAXATION TECHNIQUE

The relaxation technique is taken from a program devised by Dr. Edmond Jacobson, who called his technique "progressive relaxation."

Most people feel relaxed the first time they use this technique. But since relaxation is something that can be learned and improved upon, you will find that you'll enter into increasingly relaxed states as the process is repeated.

You may also find it helpful to have a friend read the following instructions to you or to make a tape recording of them. Allow plenty of time for completing each step in a comfortable, relaxed manner.

1. Go to a quiet room with soft lighting. Shut the door and sit in a comfortable chair, feet flat on the floor, eyes closed.
2. Become aware of your breathing.
3. Take in a few deep breaths, and as you let out each breath, mentally say the word, "relax".
4. Concentrate on your face and feel any tension in your face and eyes. Make a mental picture of this tension - it might be a rope tied in a knot or a clenched fist - and then mentally picture it relaxing and becoming comfortable, like a limp rubber band.
5. Experience your face and eyes becoming relaxed. As they relax, feel a wave of relaxation spreading throughout your body.
6. Tense your eyes and face, squeezing tightly, then relax them and feel the relaxation spreading throughout your body.
7. Apply the previous instructions to other parts of your body. Move slowly down your body - jaw, neck, shoulders, back, upper and lower arms, hands, chest, abdomen, thighs, calves, ankles, feet, toes - until every part of your body is relaxed. For each part of the body, mentally picture the tension, then picture the tension melting away; tense the areas, then relax them.
8. When you have relaxed each part of the body, rest quietly in this comfortable state for two to five minutes.
9. Then let the muscles in your eyelids lighten up, become ready to open your eyes, and become aware of the room.
10. Now let your eyes open, and you are ready to go on with your usual

activities.

If you have not already done so, we encourage you to go through this process before reading on. You can find the relaxation it produces pleasurable and energizing. People sometimes experience difficulty keeping their minds from wandering the first few times they try the process. There's no need to feel discouraged. It's very natural and criticizing yourself will only increase your tension.

#### QUIET YOUR DIET: EATING RIGHT TO CUT THE PRESSURE

The improved state of ego that running has given you has developed into a quality easily identified by spouses: stubbornness. You don't like to make changes of any kind unless they bring promise of a lower 10-K time. But there's something else you might want to consider lowering: your chances of developing hypertension. The following small changes in your diet can lead to significant changes in your blood pressure. While some of them have stronger scientific evidence to confirm their benefits than others, all contribute to good health, and in the fight some have even been shown to have a protective effect against other diseases.

##### Step One. Decrease Your Intake of Salty Foods

Most Americans consume more than 10 times more sodium each day than their bodies require. It is a myth that much salt is lost in our sweat. Scientific studies have proven again and again that a diet high in salt can have a detrimental effect on blood pressure, and that reducing salt intake can help to lower blood pressure.

##### Step Two. Increase Your Intake of Potassium-Rich Foods

Recent studies have shown that a high intake of potassium-rich foods can not only help ease hypertension, but also has a protective effect against its onset. The best sources of potassium are bananas, oranges, tomatoes, broccoli, brussel sprouts, carrots, cauliflower, mushrooms, spinach and corn.

##### Step Three. Increase Your Intake of Magnesium-Rich Foods

Magnesium plays a role in helping to maintain regular heartbeat and helping muscles relax and contract. Besides the muscles you use to run, this includes the walls of the arteries. The best sources are almonds, beans, bran, brown rice, hazelnuts, lentils, oats, peanuts, whole-rye flour and whole-wheat flour.

##### Step Four. Increase Your Intake of Calcium-Rich Foods

Although the correlation between a higher intake of calcium and reduced blood pressure is weaker than for some other nutrients, some studies have shown that increased amounts of calcium can help protect against hypertension and help in its treatment. The best sources are milk products that are low in fat.

##### Step Five. Decrease Your Intake of Red Meat

There is growing evidence that modified vegetarian diet may be the best dietary prevention against hypertension. If you exclude all animal sources of protein, make sure that you eat complementary vegetable

sources to attain a complete protein. In general it's better to eat more chicken, fish and non-animal sources of protein.

#### Step Six. Decrease Your Intake of Junk Food

Anytime you can refrain from adding refined sugar to your body you will benefit. If you're under stress, you may crave salty or sugary junk foods. A tense day at office might send you straight to the refrigerator. But don't let your body fool you: This is not a physiological yearning, but simply learned habit.

#### Step Seven. Decrease Your Intake of Alcohol

That is, limit yourself to a moderate intake, meaning no more than the equivalent of two beers, two glasses of wine or one cocktail. More than that can be harmful though this is a heated topic, alcohol does have some beneficial affects on blood cholesterol i.e.: which, naturally, helps to prevent heart disease. However, the disadvantage far outweighs its benefit.

#### Step Eight. Decrease Your Intake of Caffeine

Caffeine, along with high stressful events and ongoing situations, raises adrenaline levels in the body, which can contribute to permanent elevation of blood pressure. It's found not only in coffee, tea, cola and other soft drinks, but also in chocolate, many diet products and in many over-the-counter medications such as aspirin.

### HOW TO MAKE WORRYING WORK FOR YOU

Try This Idea!

1. You Can"T Quit Worrying, So Don't Try!
2. Think Of The Positives Of Worrying: Increases  
Vigilance  
Forces Change; Motivates  
Moves You To Problem-Solve
3. Identify The Issues - Get To The Point Don't Worry In The  
Abstract Abstract  
Write Down Each Worry
4. Now Write Down Possible Solutions
5. If Solutions Are Hard To Find, Talk To A Trusted Friend
6. If Worry Still Persists, Use The "Worry Chair" Decide To Worry  
Once-A-Day Once-A-Day  
Choose A Worry Place And Time  
Now Sit Down And Worry  
Stop After 20 Minutes  
Now Distract Yourself In Any Way  
Decide To Worry Again Next Day,  
Same Time, Same Place

## SHORT-TERM STRESS REDUCTION IDEAS

### How To Pamper Yourself Within Your Budget!

Go For A 1 Km Walk  
Take A Hot Bath, Shower  
Get A Legitimate Massage  
Listen To Relaxation Tapes  
Start Doodling And Diaries  
Buy Yourself A Small Gift  
Book A Weekend Somewhere  
Listen To Music After Work  
Stop Watching The News On TV  
Prepare Yourself For Romance And Sex  
Book Time For Your Hobby  
Plan An Evening Out With Friends  
Begin A Small Renovation Project  
Take An Evening Class Of Interest  
Read In Your Interest Area  
Do Some Volunteer Work  
Meditate And Pray Each Day  
Get Yourself A Pet  
Book Off Early Once A Week  
Take Your Spouse To A Movie, Play  
Learn To Bake From Scratch  
Daydream Before Sleep  
Etc., Etc., Etc.,

## BRAIN FUNCTION & DYSFUNCTION: THE NEURPSYCHOLOGICAL FOUNDATIONS OF DISABILITIES

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This session focuses on a broad range of disabilities and disorders by touching on key issues in the development and dysfunction of the brain from a neuro-psychological (brain and behavior) basis.

## BRAIN STRUCTURE & FUNCTION

### Important Definitions

BRAIN: Cerebral Hemispheres, Cerebellum & Brain Stem  
CNS: Brain & Spinal Cord  
PNS: Cranial & Spinal Nerves, Ganglia (associated nerve

cell collections)

NERVE CELLS: Cell Body & one or several fibres which conduct impulses toward (Dendrites) or away from (Axons) the cell body  
Basic unit of the nervous system consisting of one Axon and one or several Dendrites

SYNAPSE: Area where the fine processes of one neuron are in contact with the fine processes of another neuron - electrical impulses are transmitted here from one cell to another

SYNAPTIC CLEFT: "Gap" at the end of a Synapse where neurotransmitters are released via fluid filled pouches (Vesicles) - neurotransmitters inhibit or produce impulses in the Dendrites of other neurons and "transmit" the message chemically

GREY MATTER: Collections of Nerve Cell Bodies

WHITE MATTER: Fibre collections encased in Myelin (protein sheath)

NERVE TRACTS: Nerve Fibre collections

CEREBRAL

HEMISPHERES: Largest and uppermost part of the Brain - Control highest functions of

thought, memory, language, sensation & voluntary movements

CORTEX: Layer of Nerve Cells - Covers the entire surface of the Cerebral Hemispheres (Grey Matter) - Nerve Fibres are underneath this layer (White Matter)

GYRI: Folds on the surface of the Cerebral Hemispheres

SULCI: Fissures or furrows - Often used as markers for Lobes of the Brain

LOBES: Portions of the Brain divided by Fissures - Each Cerebral Hemisphere has Four Lobes

CORPUS

CALLOSUM: Broad band of connecting fibres that interconnect two Hemispheres

#### LATERALIZED FUNCTIONS OF THE LEFT AND RIGHT HEMISPHERES

Left Hemisphere	Right Hemisphere
Expressive speech	Spatial orientation / integration
Receptive language	Simple language comprehension
Language (general)	Nonverbal ideation
Complex motor functions	Picture & pattern recognition
Sequential processing	Gestalt / holistic processing
Verbal analysis	Visual imagery
Writing (composition)	Eye-hand coordination
Calculation / arithmetic thinking	Creative / associative
Short-term recall	Nonverbal memory
Left-right orientation	Tactile / depth perception
Analysis of detail	Holistic impressions
Abstract verbal thought	Intuitive problem solving
"Academic" skills	"Emotional" monitoring

#### BRAIN STRUCTURE & FUNCTION

Frontal Lobe        Front 1/3 portion of the Cerebral Hemispheres -  
Complex Planning / Executive Functions  
Temporal Lobe        Lateral or side portions of the Cerebral Hemispheres -  
Auditory / Language / Memory  
Occipital Lobe       Behind and below Temporal Lobe - Vision  
Parietal Lobe        Upper and rear sides of the Cerebral Hemispheres  
- Sensory / Language  
Limbic System        Deep structures of the Brain - Emotion / Memory  
Brain Stem        Small area connecting Cerebral Hemispheres with the Spinal  
Cord and Cerebellum - Automatic Regulation / Consciousness  
Cerebellum        Under the Occipital Lobe and in the rear portion of the  
Brain - Coordination / Balance / Tone

#### BRAIN INJURY SUBTYPES

Prenatal Brain Injury:

Developmental Brain Injury:

Traumatic Brain Injury: When the Brain is damaged traumatically,  
deficits stem from injury to those areas of the Brain that govern the  
involved functions

Open Head Injury        Injury by a missile - Damage is discrete

Closed Head Injury        Blunt Injury - More diffuse brain damage  
(Countercoup Injury / Acceleration - Deceleration or Rotational Injury /  
Contusion)

#### EFFECTS OF BRAIN INJURY

Indicators of Outcome:

Coma - Inability to communicate through sounds or movement with care  
givers

Duration of Coma:

Duration of Post-traumatic Amnesia (PTA):

Initial Glasgow Coma Scale Score:

Age Factors:

Physical Deficits:

Seizures:

Sensory Impairment:

Other Internal and External Injuries:

Psychological Deficits:

Impairments in Sleep-Wake Cycle:

Attention Deficits:

Cognitive Impairment:

Neuropsychological Deficits:

Memory Deficits

Deficits in Speed:

Deficits in Visuospatial / Visuoperceptual and Somatosensory Skills:

Speech-Language Deficits:

Neuropsychiatric Deficits:

Delirium:

Late Post - traumatic Psychiatric Problems:

Anxiety / Depression

Maladaptive Behavior

Organic Brain Syndrome

Organic Personality Disorder

#### NEUROPSYCHOLOGICAL DYSFUNCTION: LEARNING DISABILITIES

"Learning disability" is a generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical abilities. These disorders are intrinsic to the individual and presumed to be due to Central Nervous System Dysfunction. Even though a learning disability may occur concomitantly with other handicapping conditions (e.g., sensory impairment, mental retardation, social and emotional disturbance) or environmental influences (e.g., culture differences, insufficient / inappropriate instruction, psychogenic factors), it is not the direct result of those conditions or influences. (National Joint Council for Learning Disabilities, 1981)

"Learning Disorder" refers to any observed learning difficulty.

"Learning Disability" is a subset of Learning Disorders (as above).

"Specific Learning Disability" is a subset of Learning Disabilities and is specific to one or more academic areas (as above).

#### NEUROPSYCHOLOGICAL DYSFUNCTION: DEVELOPMENTAL DISABILITIES

A severe and chronic disability of a person which;

(a) is attributable to a mental or physical impairment or combination of mental or physical impairment;

(b) is manifested before the person attains age 22;

(c) is likely to continue indefinitely;

(d) results in substantial functional limitations in three or more of the following areas of major life activity (self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency);

(e) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated. (Haring & McCormick, 1986).

#### NEUROPSYCHOLOGICAL DISABILITIES: CHARACTERISTICS

The following "characteristics" are frequently observed in individuals known to have Neuropsychological Disabilities. There is considerable variation in all or any of the following descriptors reflecting the uniqueness of all individuals. Therefore, each should be viewed as a continuum from mild to severe.

##### 1. Disorders of Attention and Concentration:

Attention Deficit Disorder (ADD)

Attention Deficit Disorder with Hyperactivity (ADHD)

short attention span

impulsivity

distractibility

motor restlessness

selective / sustained attention deficits

auditory, visual, tactile modalities

##### 3. Perceptual Disorders:

Auditory, Visual, Tactile Disorders  
visual-motor, auditory-motor difficulties  
discrimination skills  
- spatial disorientation

4. General Motor Incoordination  
Motor Dysgraphia, Dyspraxia  
eye-hand coordination problems  
general motor clumsiness  
poor handwriting  
persistent developmental immaturity

5. Disorders of the Thinking Process:  
Memory Disturbances  
attention / storage / retrieval problems  
visual, auditory, tactile modalities  
Cognitive Processing Disorders  
concept formation  
inability to generalise or plan  
sequencing deficits

6. Specific Learning / Developmental Disabilities:  
Dyslexia, Dyscalculia, Spelling Dyspraxia, Dysgraphia  
reading / mathematics / spelling / writing deficits  
nonverbal learning disabilities  
input / output deficits  
processing deficits  
presumed CNS dysfunction  
presence of "soft" neurological signs  
suspected but unconfirmed neurological impairment

7. Speech & Language Disabilities:  
Aphasia, Dysarthria, Dyspraxia  
Language / Communication Disorders  
Receptive / Expressive Language Deficits  
delayed language development  
uneven pattern of development  
comprehension difficulties

8. Social / Emotional Disabilities:  
Lability (reactiveness), Depressive and / or Anxiety Disorders  
age inappropriate personal / social behaviors  
impulsiveness / lack of censorship of behavior  
low frustration tolerance  
mental inflexibility/disorganization  
social / behavioral maladjustment / depression

- FETAL ALCOHOL SYNDROME IN ADOLESCENT AND ADULT POPULATIONS

Dr. Valerie J. Massey  
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The focus of this presentation is to expand our understanding of Fetal Alcohol Syndrome and other related disorders.

#### DEFINITION OF FAS

New diagnostic criteria came from a 1996 study mandated by U.S. Congress by the Institute of Medicine of the National Academy of Sciences.

Fetal Alcohol Syndrome

FAS with Confirmed Maternal Alcohol Exposure

FAS without Confirmed Maternal Alcohol Exposure

Partial FAS with Confirmed Maternal Alcohol Exposure

In diagnosing Fetal Alcohol Syndrome, symptoms must appear in each of three (3) criteria:

(1) Prenatal or post-natal growth retardation - below 10th percentile for body weight, length, or head circumference when correction for gestational age is made,

(2) Central nervous system involvement - neurological abnormality, mental deficiency, developmental delay, and

(4) Characteristic facial dysmorphology (at least two or three) microcephaly (head circumference below the 3rd percentile) microphthalmia or short palpebral fissures underdeveloped philtrum, thin upper lip, maxillary hypoplasia

If symptoms present in less than three categories, then diagnosis of Fetal Alcohol Effects used to imply that fetal alcohol exposure occurred but did not result in the full-blown syndrome of characteristics.

Alcohol-Related Effects

Alcohol-Related Birth Defects (ARBD)

Alcohol-Related Neurodevelopmental Disorder (ARND)

Alcohol-Related Neurodevelopmental Disorder (ARND)

(1) Evidence of CNS neurodevelopmental abnormalities  
decreased cranial size at birth

structural brain abnormalities: microcephaly, partial or complete agenesis of the corpus callosum, cerebral hypoplasia  
neurological hard or soft signs (developmentally adjusted): impaired fine motor skills, neurosensory hearing loss, poor tandem gait, poor eye-hand coordination  
and/or

(2) Evidence of a complex pattern of behaviour or cognitive abnormalities that are inconsistent with developmental level and cannot be explained by familial background or environment alone:

learning disabilities, learning difficulties, or deficits in school performance

poor impulse control

problems in social perception

deficits in higher level receptive and expressive language  
poor capacity for abstraction or metacognition  
specific deficits in mathematical skills  
problems in memory, attention, or judgement  
and

(3) A pattern of excessive intake characterised by substantial, regular intake, or heavy episodic drinking. Evidence of this pattern may include frequent episodes of intoxication, development of tolerance or withdrawal, social problems related to drinking, legal problems related to drinking, engaging in physically hazardous behaviour while drinking, or alcohol-related medical problems such as hepatic disease.

#### COMMON CONCERNS IN CHILDREN, ADOLESCENTS AND ADULTS

##### Infancy/Preschool Years

feeding difficulties, poor sucking reflex, "failure to thrive"  
jitteriness, muscle spasms, hypersensitivity to noise, hypo-hypertonic muscle tone, irritability, seizure activity  
poor sleeping patterns, poor habituation, constant reactivity to environmental stimuli, difficulty maintaining persistent focus  
generalized hyperactivity, lack of fear or caution, impulsivity and unresponsiveness to verbal warnings or commands which can lead to an increased risk for accidental injuries

##### Elementary School Years

continued hyperactivity and often a diagnosis of ADHD  
problems with fine motor coordination and speeded production  
spelling relatively strong in comparison to poor reading and arithmetic skills  
continued fearlessness and lack of social awareness

##### Adolescent Years

problems meeting basic academic expectations in most subjects  
continued problems with attention and concentration although motor overactivity diminishes somewhat  
diminishing self-esteem, frustration, and alienation with complaints of loneliness  
truancy behaviour, gravitation towards a "bad" or delinquent peer group which is more accepting  
possible involvement in drugs and / or alcohol  
problems developing self-direction, decision making, pursuing goals, attaining responsible independence

##### Adult Years

persistent delinquent behaviour in spite of involvement with the juvenile and adult court systems  
problems with independent living, such as marginal living situations, homelessness, high transience  
high rates of drug and alcohol abuse  
increased symptoms of affective disorders, such as depression and anxiety with high rates of suicidal gestures and attempts  
persistent employment problems  
high rate of sexual harassment, assault, and rape perpetrated upon women with FAS / FAE

ongoing problems with social functioning and a high rate of relationship breakdown

#### SO NOW WHAT DO WE DO?

1. We must believe that we can make a difference.
2. We must begin where the client is, which is usually not where we want him / her to be.
3. We must involve everyone who cares for and / or works with the client.
4. We must believe the client's behaviour is rational and logical for him / her.
5. We must accept a client's reality is not our reality.
6. We must accept that extremely small steps are sometimes better than no steps at all.
7. We must give the client time to understand what is happening. To rush is to lose an FAS / FAE-affected individual.
8. We must listen without judgement.
9. We must be prepared to network and use all our skills on behalf of these people.
10. We must be aware that these clients will come to rely on us in any crisis.
11. We must admit there are no "sure fire" intervention strategies.
12. We must accept that we will fail.
13. We must be prepared to weep, and we must be equally prepared to rejoice over the smallest of victories.

#### WHAT WORKS AND WHAT DOESN'T?

1. Do not believe everything you hear. These individuals talk but do not understand what they are saying. They also do not understand what you say.
2. Do not be fooled into thinking that short-term memory equals long-term memory.
3. Do not be fooled into believing that verbalisations will translate into actions.
4. Do not expect consistency in anything. What may be mastered today could be gone tomorrow and then reappear two months later.
5. Do not expect that foundational skills have developed consistently.
6. Do not be fooled by isolated relative strengths in sight word reading or spelling.
7. Provide written information. What you say will not be remembered.
8. If you are making a referral, provide a phone number and address.
9. Use visual or kinesthetic cues. Verbal cues do not register.
10. Do not expect insight. These individuals are very concrete in their emotional functioning.
11. Traditional counselling interventions are usually not effective since they demand age-appropriate language functioning and intellect. Counselling must be directive, action-oriented, and situationally based.
12. Model the behaviours you expect from these individuals. They will not be calm if you are not calm; they will not be focussed if you are not focussed.
13. Treat the underlying attentional disorders such as ADD or ADHD. Without medication, these individuals will be unable to pay attention long enough to learn in any situation.

14. Have the training, or access to someone with the necessary training, to recognize psychopathology. Anxiety, depression, dissociative disorders, drug-induced psychoses, and personality disorders are very common in this population.
15. Competitive employment is often well beyond these individuals' capabilities. Refer them to AISH or other income supplemental programs.
16. Provide structure, structure, structure, and then more structure. Routine and consistency are important.
17. Provide treatment for alcohol and / or substance abuse disorders.
18. Be multidisciplinary and proactive in your approach.

#### LEARNING DISABILITIES IN CORRECTIONAL SETTINGS

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This presentation focuses on how to assess learning disabilities, on specific learning issues and on strategies which have been found to be reasonably successful.

The term "learning disability" (LD) can be used in several ways. One aspect of it is that it can refer to any learning problem, linked to mental handicap, brain injury, family problems or emotional difficulties. In another sense, it can refer to a specific processing deficit, linked to a specific subject area. By definition, a learning disability is:

. a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, write, read or spell or do mathematical calculations. The term does not include students who have learning problems which are primarily the result of visual, learning or motor handicaps, of mental retardation, of emotional disturbances, or of environmental, cultural or economic disadvantage. (Public Law 94-142, Federal Register, December 29, 1977, p. 65083, 1219.5).

The definition above is widely accepted. Our own definition simplifies the nature of the learning issue. For us, a learning disability is a condition that, for whatever known or unknown cause, consistently works toward keeping a student from meeting the demands of the age and grade curriculum.

#### LEARNING DISABILITIES IN INMATE POPULATIONS

The literature on LD in correctional facilities is plentiful. The incidence and prevalence of learning disorders is estimated at anywhere from 19-41% (Bell et. Al. 1984; Moke & Holloway, 1986). Over one-third of the prisoners are functionally illiterate (below seventh grade reading level). Over 82% are diagnosed as having a "specific learning disability" (Swanson et. Al., 1981; Moke & Holloway, 1986). Minorities are disproportionately represented in LD groups (Pasteruach & Lyon, 1982). In general, inmates score approximately one standard deviation below national norms on intelligence and achievement (Kelly et. al., 1984; Platt et. al., 1980; Smith et. al., 1983; Brown & Robbins, 1981). Only one-third of all prisoners have a high school diploma and language skills are the most deficient of all the skills (Bell et. al., 1984). LD is a huge issue and problem, in correctional settings.

#### BEING REASONABLY SURE OF THE QUESTION "IS THERE A LEARNING DISABILITY?"

Educational and psychological assessment procedures are generally quite standard, but I have found that in practice, diagnostic procedures vary from one diagnostician to another. Clearly, a standard format, choice of tests, and procedures would be ideal, but decisions on these matters have to be decided on the basis of age, grade, culture, and setting.

There are, however, routine and fairly accurate diagnostic steps that can increase the reliability of a learning disability diagnosis. The following process is suggested:

#### Analytic Steps

1. Administer an individual IQ and achievement test, preferably normed on the same population. (eg. WISC-III and WIAT-R).
2. Compare the full-scale IQ standard score with the standard scores on the achievement test. If the standard scores between IQ and achievement in one or more subject areas are one standard deviation apart, a mild learning problem exists. Greater deviations indicate bigger learning issues.
3. Administer tests of memory, visual-motor skills, concept formation, etc. to assess the possibility of a processing weakness that may be delayed or dysfunctional.
4. Consider all this information in the light of environmental, cultural, linguistic and psychopathological data available.
5. Decide if a real learning delay exists. Programs of statistical regression are available if you like to deal with probability statements.

#### CLINICAL SYNDROMES/OBSERVABLE CHARACTERISTICS

The following characteristics are frequently observed in individuals known to have learning disabilities. There is considerable variation in all, or any of the following descriptors reflecting the uniqueness of all individuals. Therefore, each should be viewed as a continuum from mild to severe.

1. Disorders of Attention and Concentration: (A disorder of attention but not classified as a "learning disability")

Attention Deficit Disorder (ADD)

Attention Deficit Disorder with Hyperactivity (ADHD)

short attention span

impulsivity

distractibility

motor restlessness

selective / sustained attention deficits

auditory, visual, tactile modalities

2. Perceptual Disorders:

Auditory, Visual, Tactile, Disorders

visual-motor, auditory-motor difficulties

discrimination skills

spatial disorientation

3. General Motor Incoordination:

Motor Dysgraphia, Dyspraxia

eye-hand coordination problems

general motor clumsiness

poor handwriting

persistent developmental immaturity

4. Disorders of the Thinking Process:

Memory Disturbances

attention / storage / retrieval problems

visual, auditory, tactile modalities

Cognitive Processing Disorders

concept formation

inability to generalize or plan

sequencing deficits

5. Specific Learning Disabilities:

Dyslexia, Dyscalculia, Spelling Dyspraxia, Dysgraphia

reading / mathematics / spelling / writing deficits

input / output deficits / processing deficits

6. Speech & Language Disabilities:

Aphasia, Dysarthria, Dyspraxia

Language / Communication Disorders

Receptive / Expressive Language Deficits

delayed language development

uneven pattern of development

comprehension difficulties

7. Social/Emotional Disabilities:

Ability (reactiveness), Depressive and / or Anxiety Disorders

age inappropriate personal / social behaviors

impulsiveness / lack of censorship of behavior

low frustration tolerance

mental inflexibility / disorganization

social / behavioral maladjustment  
depression

8. Neuropsychological Dysfunction:  
Specific Learning Disabilities, Specific Development Disorders  
presumed CNS dysfunction  
presence of "soft" neurological signs  
suspected but unconfirmed neurological impairment  
"nonverbal learning disabilities"  
mild, moderate or severe disabilities

9. Ability - Achievement Discrepancies:  
irregular / inconsistent performance  
significant and specific strengths and / or weaknesses  
at least "average" broad cognitive abilities noted on standardized tests  
achievement 1 to 2 standard deviations below age / grade expectations

#### ETIOLOGICAL FACTORS

True learning disabilities are the consequence of dysfunctions involving the central nervous system (CNS). Inferior performance for the processing of information can seriously inhibit an individual's ability to learn or respond.

There are several conditions which are known to cause brain dysfunction either before, during or after birth including:

Trauma such as head injury, cerebral hemorrhage, febrile diseases  
Inherited predispositions such as severe reading disorders  
Biological deficiencies and imbalances  
Anoxia and other forms of oxygen insufficiency / Premature birth  
Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE) / Drug Abuse

Other physiological or organic factors which contribute to brain dysfunctions include:

Malnutrition (maternal & fetal) which often lead to impaired mental development

Peripheral or central sensory deficits (vision, hearing)

Endocrine gland imbalances:

Hypothyroidism (underproduction of thyroxin)

Hyperthyroidism (overproduction of thyroxin)

Hypoglycemia (diminished blood sugar)

Hyperglycemia (Diabetes Mellitus)

Other glandular imbalance (adrenal, parathyroid, pineal,

gonads)

Lead poisoning (lead-based paints, etc.)

Radiation stress (fluorescent lights, etc.)

Maternal drug consumption (alcohol, etc.)

Smoking (maternal or environmental)

Maternal stress

#### ENVIRONMENTAL FACTORS CONTRIBUTING TO THE SEVERITY OF LD

There are several environmental factors which do not directly "cause" learning disabilities. However they are often the source of the observed learning problems. These factors often masquerade as LD and their presence often complicates both the diagnostic and remedial

processes.

1. Insufficient Early Experience:

separation from parents (particularly mother) for lengthy periods  
lengthy debilitating illnesses / unusual restraints on mobility  
lengthy deprivation of sensory experiences (fluctuating hearing loss,  
otitis media, reduced visual acuity due to infections or allergies)  
child abuse / neglect  
family mobility (transience)

2. Behavior Problems / Disorders:

unusual amount of crying / poor sleep / feeding problems  
exaggerated restlessness or lethargy  
poor attention / high distractibility / poor impulse control  
excessive fighting / temper tantrums  
inappropriate or impaired social functioning

3. Cultural / Linguistic Differences:

diagnostic use of standardized tests may be a problem

differences in cultural values and traditions, attitudes toward  
education, exceptionalty  
inadequate education / differences in educational standards

4. Poor Teaching or Lack of Educational Opportunity:

excessive absenteeism / disrupted education  
history of repeated failures without educational intervention  
instruction by unqualified personnel  
inadequate, inappropriate or inaccurate diagnosis of the problem

GENERAL TEACHING / REMEDIATION STRATEGIES

Because LD students vary according to age, achievement level, learning style, type of disorder, degree of impairment and emotional and social behaviour it is not possible to specify teaching techniques and instructional materials suitable for all learners. Furthermore, it is imperative that these students receive psycho-educational assessments in order to clearly delineate their strengths and weaknesses. In many cases, special educational programming is warranted. The following strategies are therefore general in scope, and are not intended to replace special education programming.

1. Identify the student's preferred or strong learning channel; either auditory, visual, kinesthetic or some combination of the three.
2. Provide structure. Stress organization, predictability, consistency and clearly-stated expectations in your teaching.
3. Teach students to monitor their work. Encourage proofreading. Use self-correcting materials.
4. Help students focus on the problem. Seat distractible students in quiet spots or small groups. Make directions short and simple. Before speaking, capture the class's attention and give plenty of time to process instructions. With some children, have them repeat instructions. Open area classrooms are "dynamite" for these children.
5. Give students concrete objects to count, measure, identify and label in accordance with a multi-sensory approach.

6. Keep it simple by teaching tasks using a step-by-step approach and avoid information overload. Simplify language and speak slowly and clearly.
7. Build self-esteem. Keep samples of work in folders. Chart progress on individual graphs.
8. Give frequent reinforcement. Use verbal and non-verbal social reinforcers.
9. Modify your requirements.
10. Be specific and precise in giving directions. Always use words exactly as you want them to be interpreted.
11. Give directions in two or three different ways for students who have difficulty with information processing.
12. Give a student additional language experiences and expose him / her to idioms, words with multiple meanings, etc.
13. Find ways of motivating LD students through their particular strengths or interests.

Above all, be patient. These students have unique talents and significant strengths in other areas. Their self-concept is typically poor and needs to be nurtured if they are to develop into psychologically "healthy" individuals.

#### GENERAL TEACHING / REMEDIATION STRATEGIES

##### Reading

If the student has major deficits in reading skills consider the following modifications:

1. Tape selections that the child may not be able to read but can comprehend.
2. Use filmstrips, movies and other visual aids to present or reinforce concepts in the books.
3. Provide opportunities for group projects with different assignments for each group member.
4. Allow peer tutoring with reading assignments.
5. Provide alternative reading materials on the appropriate level. Old textbooks, library books, magazines and newspapers are all good.
6. Write summaries of reading assignments and laminate.
7. Underline key concepts in science or social studies texts.
8. Use a contract system or learning centres.

##### Spelling

If the student has major deficits in spelling skills, make the following adjustments:

1. Decrease the number of spelling words required at one time.
2. Allow adequate time to study and review words at home.
3. With severely disabled students, allow the student to write only the first letter of each word or allow him / her to phonetically spell the words.
4. Use words that are also required in reading, science or social studies to increase exposure to important vocabulary.
6. Avoid spelling as a criterion for evaluating assignments.
7. Allow opportunities for students to self-correct spelling tests and isolate words that are particularly difficult. These can be

reviewed as homework and post-testing should follow.

#### Handwriting

If the student has major difficulties with handwriting, consider the following modifications:

1. Allow assignments to be typed on typewriter or word processor.
2. Allow reports to be typed or dictated for others to write.
3. Have material to be copied or directions for an assignment on the student's desk rather than on the board.
4. Ask a non-disabled student who is a good writer to carbon copy or Xerox any lecture notes or board work for the LD student.
5. Increase the time allowed to complete written assignments.
6. Decrease amount of writing for a given assignment.
7. Allow work to be completed in either manuscript or cursive styles.
8. Omit handwriting performance as a criterion for evaluating reports.
9. Construct tests that require minimal writing, such as multiple choice format exams.
10. Encourage the use of such spelling aids as The Poor Speller's Dictionary or the electronic "Spelling Ace".

#### Mathematics

If the student has major deficits in mathematical skills, consider the following modifications:

1. Decrease the number of problems for each assignment.
2. Place fewer problems on one sheet of paper or use heavy lines to separate one problem from another.
3. Allow the use of calculators or other manipulative aids for calculations.
4. Provide concrete examples for procedures and problems.
5. Encourage estimation skills as a self-correcting procedure.
6. Avoid the use of word problems for children with known reading difficulties.
7. Use a variety of materials including audio-visual and computer-assigned programs when teaching key concepts.

#### SUMMARY

The ideas presented above are a succinct examination of the identification, prevalence, etiology and interventions typically used with most learning disabled students, whatever the setting. Our own experience has taught us that it is "the singer, not the song." It is not in type of curriculum, but in you, the teacher, your skills, your insights, your patience, and your sense of humor. We believe every student can learn. It is only in time we see results. Some students do have "deficits" of identifiable type, but regardless of this, there are ways in which they can learn. Our job is to creatively find that way.

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#### POLICING: TIME FOR A NEW WINEJUG

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Mr. Braiden, former Superintendent of the Edmonton Police Force, presents a unique view of the human mindset and how it has influenced the area of law enforcement.

Once upon a time there was a farmer who had a pumpkin patch. He went out in the spring of the year and noticing a little pumpkin growing on a vine, he idly kicked it into the neck of a winejug that was lying nearby. He thought no more about it until he returned to the patch in the autumn of the year and, lo and behold, the pumpkin had grown up to the full size of the winejug and of course had taken on its unique shape. He thought that was cute, so he cut it off, took it home and put

it on the veranda of his house. Sometime later, his son, who was a teacher, came over to visit and spotting the pumpkin asked his dad what it was. He told him. The son asked if he could take the pumpkin with him and the dad asked for what purpose. The son said, "well, I want to show the kids at school what happens to them when they allow their minds - and ultimately their lives - to be molded and stultified by either people or things around them; I want to show them what happens when they set predestined boundaries on what it is they can become in life." Henry David Thoreau made the same point beautifully when he said, "man's capacity has never been measured. Nor are we to judge what he can do by any precedents, so little has been tried".

So little has been tried indeed. Mindset is what I am talking about, and we all have one, like it or not. Our mindset influences everything in our lives: religion, politics, life-styles, the clothes we wear, even our hair style, if we have any. Our mindset dictates our thoughts which, in turn, dictate our actions. We become what we think we are.

Unfortunately, we are not what we think we are, but what we think, we are. Dwell on this for a bit for there is much to it. We are not what we think we are, but what we think, we are. In other words, we become what we contemplate. The very essence of this was captured by Ortega who put it this way, "tell me what you think and I'll tell you who you are". Our physical lives become enactments of our mind's contents.

The point I am trying to make is that many of us in our private and work lives have become self-fulfilled prophecies of what we think we are supposed to be and thus never reach what we could be. To a great degree, we have allowed the old winejugs of societal influence and human doubt to mold our perception of what it is we should be. In many cases, because we do not think we can do something, we do not even try. That's our mindset at work. I believe many of us could achieve much more than we do, if we only thought differently. That same mindset, rather than being an intellectual prison, could become an endless vista of opportunities to be explored. So many of us are content to play for a scoreless tie in life, to not lose too badly, and to tiptoe through it in an earnest effort to get out the other end unnoticed. What a waste! Others view life as an endless search to find out how much stuff God has packed in our bodies: Just like a kid with a Christmas stocking, what is in there? And so it has gone in policing, so far as I can see. Today's policing product has been molded very much by the mindset of the succession of police bureaucrats over the past several decades. It has become what they thought it should be. Those mindsets were the single, most influential ingredient in shaping policing as it exists today. But what about those mindsets? Well, unfortunately history shows that the typical police bureaucrat mindset is predominantly process-oriented, ultra-conservative, and preoccupied with control rather than creation; tight central control of the actions of people rather than finding creative solutions to community problems. Because we can not trust all, we trust none. Centralized command likes one thing of a type, not many, and so, as a consequence, we are buried in blanket rules of behavior predicated upon the most inept and dishonest amongst us. Because of this, paradoxically we go out of our way to hire the brightest people we can find and then proceed to teach them to follow orders. It seems to me that as poor old God works so hard to make us all different, policing

works so hard to make us all the same.

As well, we need to understand that over the years those mindsets were significantly influenced by two other unique phenomena which, when coupled with the mindset thing, explain why our police product is significantly out of sync with the needs of people.

First, policing has a monopoly over its product. We're the only ticket in town. Imagine what kind of car we'd be driving today if only Lada had made them for the last 50 years! Second, policing has a very nebulous job description. I defy anyone to quantify Peel's Principles and they are the best we have in terms of a job description. They are simply broad philosophical guidelines that allow for tremendous latitude dictated by the mindset interpreting them. But this can be good or bad depending upon the mindset of the interpreter. In fact, it could be argued that the function we perform today is the antithesis of what Peel had in mind for Policing.

The sum total of what I have tried to explain amounts to this; our product has become police-based versus community-based. We have ended up doing what we the police want, versus what the people need. We have molded the job to our winejug, not theirs. We have fallen into the trap of most public bureaucracies. We lack effectiveness; that is, doing the right things, and it cannot be replaced by efficiency which is doing things right. I believe in many cases, we are simply doing the wrong things. If I am right, then it matters little how well we do them.

As well, it seems to me that policing has produced many systems managers but few people leaders. Managers are efficient; they do things right. Leaders are effective; they do the right things. One is buried in daily routine inexhaustibly driven by the "In/Out" baskets which consume the day and exhaust the imagination, only to face the same baskets the next day. The other works in the future, is mission-oriented and sees the whole field. Unfortunately, no matter how hard we try, no amount of management can replace an absence of leadership.

Consider the following few figures to support my position on the police-based, community-based thesis. In one city in 1982 the police responded to 48% of all incoming calls from citizens. For the following five years, that percentage dropped every year so that in 1987, they responded to only 31% of all incoming calls. Over those same years, even though the total number of incoming calls increased considerably, they responded to 46,000 fewer calls in 1989 than they did in 1982. This trend applies to most large departments in Canada. In those intervening years, however, the creation of specialized units which siphoned off resources from the front proliferated to deal with things the bureaucrats thought more important than answering peoples' calls for assistance. Answering peoples' call for help is now seen as the most demeaning task a 'law enforcement' officer can perform with many looking for a specialized 'out'. Predictably each sub-unit, once instituted, very quickly develops its own agenda predicated upon what they consider important for that unit so that the psychology of public bureaucracies repeats itself at the level of each sub-unit. The result is that the overall core value very quickly becomes secondary to the agenda of that sub-unit. Their 'right things' overshadow those of their constituents. For instance, Training Section's 'unit of work' is training and so they generate as much of it as possible, oblivious to where their students will come from. Filling classrooms with police officers predominates all else regardless the cost to the overall organization.

The main reason why these things happen. I think, is this. The basic difference between private enterprise and public monopolies is that the former is paid to please customers while the latter is paid out of a budget. 'Success' can be achieved without pleasing the customer. We get a raise even when crime increases, for God's sake! The reality of policing today is that we are saying to the public, "you don't know what you need, we do". We're answering fewer and fewer of their calls while providing them with more and more of our solutions. Their ills and our cures are like two ships passing silently in the night, oblivious to each other. We have inexorably moved from the work of service to that of selling; we are selling ourselves instead of meeting peoples' needs. We cannot give them help when they need it, but we'll send out a crime prevention specialist (in plain clothes and a briefcase, of course) in a week to give them a lecture. But what use are 'programs' if 69 out of every 100 people who call the police do not get one. Do we know of any business that turns away customers like that? More puzzling still, we know that information is the lifeblood of policing, that ordinary people have a lock on it yet we turn a deaf ear to 70% of them. How can we know what the problem or cure is if we have not listened to the patient?

First, the basic unit of work in policing must move from Responding to a Call to Solving a Problem. Think about this; there is a lot to it. We have presumed our calls for Service (CFS) have no past or future when in fact most have both (Kelling, 1988). For instance, in Edmonton, 79% of our CFS are from repeat customers. In one area comprising 1,000 addresses, 58% of all CFS came from 21 addresses. We need to treat individual CFS as symptoms of problems. If solving a problem becomes our basic product, then that will have huge ramifications for which calls we respond to, how we respond, when we respond, how long we stay there and what we do while we're there. The management philosophy and the organization chart will have to adjust significantly to accommodate it.

Second, the 'right things' to do must be predicated on what is important to the community and individual neighborhoods. This means that decisions on what is important cannot be made in the boardroom alone. They must become much more customer-driven.

Third, allegiance must shift to the community and away from the police institution. For this to happen, the delivery system for this community-based product must be predicated upon the concept of 'ownership', ownership between an individual police officer and his/her neighborhood. Not too many of us measure up to the "He ain't heavy, he's my brother" philosophy in life. We're a flawed race and as Mark Twain observed once, "The human race is the only species that can blush and the only one that needs to". People generally will only become interested in other peoples problems when there is something in it for everyone; when the self-interest of one party overlaps that of the other. When an officer is assigned to a neighborhood on a full-time basis, problems become common ground and there is the human motivation to try and do something about them if for no better reason than to make 'their' problem go away. People will learn to need and depend on each other. If someone does not do something about it today, all must face it tomorrow. Pleasing customers, even if only for personal reasons, will become part of the police way of doing things.

I am convinced that policing is at a very significant crossroads

in its evolution, and evolve it will, with or without our help. Indeed in the past when significant change came to policing, history shows that the stimulus was external. We the police bureaucrats are not influencing our police product as much as we think we are. Things around us such as technology, economics, demographics, even the weather have more impact on our work. In Edmonton for instance because of our winters, indoor shopping, pedways, tunnel systems and rapid mass-transit will have a huge effect on where and how we police in the future. As an example, pedestrian tunnels in downtown Birmingham, England, accounted for negligible portion of all public space, but produced 72 (13%) of 552 criminal attacks on persons (Poyner, 1983). Consider; Edmonton already has more indoor shopping space than any city in the world. What this means for us is a reverse of the trends of the 1930's; people are parking their cars and spending much more time on foot, indoors. So are the bad guys! We're going to have to think about parking our cars too and going where our customers are, good and bad. Right now in the winter we are policing empty streets while most people are in shopping centres. Progressively, we are policing space instead of people.

As another example of how times are changing, think of the impact that foot patrol officers, equipped with pagers and working out of storefront offices will have on the screening out of the 69% of incoming calls? People now have the capacity to call their officer direct, bypassing the bureaucracy and boardroom decisions concerning call-screening. The individual officer will do his/her own screening. That officer and his constituents will decide on a day-to-day basis what is important to them and their neighborhood which is the very essence of neighborhood policing. And that is as it should be because I am convinced that cities are not just big globs of people to be serviced in department store fashion. In fact, they are nothing more than a collection of villages stuck together that require specialty shop solutions to unique problems. I think the human ecologists would support me on that one. Policing will need the help of these human ecologists, anthropologists, technocrats, social scientists and many other disciplines to help us make the intellectual leap necessary to get from where we are to where we need to go. The work is far too important - and has become much too complex - to be left to us alone.

But this turning outward for help in reprogramming our mindset of what it is we think we are is going to require much humility on our part, though. We simply have to accept a much broader spectrum of thinking to help us decide on the right things to do. If we are truly concerned for the future of our calling, for that is what it is if it is done right, we owe it to those who will follow to leave if it is a little healthier than we found it.

#### CONCLUSION

I honestly believe we are witnessing the beginning of an intellectual revolution in policing. So now that word scares people but really, revolution is only speeded up evolution and who can argue with that? A whole new way of doing business it is just beginning to emerge. There are simply too many people who are convinced that fixing up the edges of the status quo is no longer good enough. There is no point putting a new paint job on a car if the engine is shot. Another box on the edge of the org chart will not do it. What we need is a bureaucratic garage sale, a mindset transplant, a flushing out of the system in terms of the right things to do and how they should be done.

An opening up of the 'circle the wagons' mentality to allow in a breath of thoughtful fresh air. But this should surprise no one. We should have been moving intellectually long ago. That last great leap forward occurred fifty years ago with the advent of technology into policing in the form of the car, radio and telephone. We have been settling in and congratulating ourselves ever since. It is time for another lurch.

Make no mistake about it, this intellectual revolution, this lurch forward, is going to call for a different breed of cat from the one that has governed policing these past decades. It will require a winejug with a different version for policing than what has gone before. Police management has been frighteningly conservative and reactionary. For sure this intellectual change of direction will require a fair share of imagination and eccentricity, qualities that were ridiculed and rejected in the past. In the past people were rewarded for conforming to - and perpetuating - the status quo as opposed to forcing the status quo to adjust to their unique personalities. Because that is what must happen for fundamental change in anything to occur. George Bernard Shaw, I think, put it best, when he said, "the reasonable person adjusts himself to life, the unreasonable person insists on making life adjust to him. Therefore, all progress in life depends on the unreasonable person". Henry David Thoreau was more gentle when he said "If a man does not keep pace with his companions, perhaps it is because he hears a different drummer. Let him step to the music he hears, however measured or far away." Policing will need its fair share of 'unreasonable' people to see it over this hump.

That is how it looks from my winejug, anyway. POLICING: A TIME FOR WISDOM

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This presentation focuses on the development of wisdom versus the accumulation of knowledge. Mr. Braiden suggest using a mental garage sale as a tool to discover new wisdom and uses examples in law enforcement to demonstrate his concepts.

#### THE PROBLEM

"If we are for long accustomed to one way of thinking our minds grow stiff in it and we find it hard to change to another. We need a variety and a flexibility of thinking, not merely an enlargement of the possessions of our mind."

John Locke said that 350 years ago.

Locke might have been talking about policing in the 1990s. For sure it has enlarged its body of knowledge and 'stuff,' but not its body of wisdom. All of the stuff is driven by the same old stiff, one-dimensional way of thinking-more gadgets, more coppers, more prisons-all

to get better at doing the same old things. The technology is state-of-the-art but our young coppers drive around as brain-dead as I did thirty years ago. Will I turn left or right at the next intersection?

The John Lockes of history possessed great knowledge, but they also had wisdom - and the two are not the same. The Oxford dictionary defines knowledge as "A person's range of information." It defines wisdom as "The possession of experience and knowledge with the power of applying them critically and practically." Knowledge ages, wisdom does not. The wisdom of Locke's era is relevant today, but its knowledge is spent. Wisdom encompasses knowledge. Wisdom sees the whole, knowledge a piece of the whole. Wisdom is the edges of the jigsaw, knowledge the individual pieces. Wisdom brings system and context to diverse pieces of knowledge; it assembles the jigsaw. We gain knowledge from reading about specifics. We gain wisdom from thinking about what we've read and then putting them in context for a higher purpose. Today we might call them the micro (knowledge) and the macro (wisdom). But no amount of micro can replace a lack of macro, no matter what we're talking about. Here's an example of the dichotomy that applies to policing. Some see community policing as another piece of knowledge (a thing) stuck on the edge of convention. That's how we've solved every problem in the past. Create another box on the org chart, put a few bodies in it and announce the birth of whatever. Others see community policing as the wisdom (a mind-set) that brings system and direction to the disparate pieces of convention. For some, community policing is synonymous with knowledge; for others, with wisdom I am in the latter camp.

Since Locke's time, society's knowledge has grown exponentially, but our wisdom hasn't kept pace. It required great knowledge to create the nuclear weaponry of the cold war but if the politicians and bureaucrats possessed the requisite wisdom to guide that knowledge, they would have put that it to better use. They would have listened to the 9,000 scientists from both sides, including Albert Einstein and Bertrand Russell, who signed and presented a joint statement to the politicians of both sides in 1955 forecasting the madness we know to be true today. Instead they listened to the military/industrial shack-up President Eisenhower warned us of, and so we're spending billions today destroying the weaponry they spent billions creating yesterday.

Contemporary policing must learn from the consequences of knowledge without wisdom. Unfortunately, all indications are, it is repeating the process today. Check out the gadgetry-weaponry-toys on display at a chief's conference. Stacey Koon summed it all up when he was asked what his mandate was (LEN 1993). Stacey's answer?; "I'm a law enforcement officer - and the key word is force." If the only tool you have is a hammer, everything looks like a nail.

Back to Locke. For too long policing has championed-and rewarded-a singular stiff way of thinking which has transformed peace officers into law enforcement officers. Blanket rules of behaviour for everything is the norm. We go out of our way to find the brightest young people we can find and then drill them to follow orders. That one-dimensional conditioning manifests itself in screw-ups like Rodney King, Waco and Ruby Ridge. All were windows into the culture of stiff law enforcement thinking and its warlike mentality.

The Unibomber case is a graphic example of how impotent policing is so long as it remains isolated in its detached mental cocoon. For eighteen years the most expensive, extensive criminal investigation in

U.S. history was stuck at the junction until it got a kick-start from outside itself. Only then could its knowledge kick in, but it could not get the job done by itself. It needed that umbilical cord.

Lack of law enforcement knowledge is not the problem today, the lack of policing wisdom is. If we continue only to enlarge our possessions of one-dimensional law enforcement knowledge, we will have learned nothing from King, Waco, Ruby Ridge and the Unibomber. I am fed-up watching politicians and police bureaucrats buying their way out of every difficulty with another gadget or specialised unit - which must first fit a warlike acronym before it can be created. I am also fed-up with acronym and cliché, policing. If President Clinton's 100,000 coppers are indoctrinated in the same old stiff way of thinking, they could do more harm than good. Wisdom cannot be bought. Remember, shortage of coppers or specialised units was not the problem in the King, Waco, Ruby Ridge and the Unibomber incidents.

#### THE SOLUTION? GET OUT-DISCOVER NEW WISDOM-COME BACK IN

Wisdom is universal. It does not recognise time, boundaries or borders. The wisdom of one age or vocation can be applied to others. For many years I have been trying to get my head outside of itself, learn from the John Lockes and then bring their wisdom back into my world of policing. That journey has brought me to a basic conclusion about conventional law enforcement. Whatever its problems, their solutions are not to be found within conventional police thinking - because conventional police thinking is the primary problem. The wisdom we need to bring context to the reality of policing today does not exist within conventional police thinking - but it does exist elsewhere. We need to get our collective mind outside of itself, discover new wisdom and then come back in better equipped. I think that is essentially what Kelling and Wilson are talking about in Broken Windows (1982), Goldstein in his book Problem-Oriented Policing (1990) and Kelling and Coles in their book Fixing Broken Windows (1996).

#### THE TOOL? MENTAL GARAGE SALES

Here is a simple example of getting out, discovering new wisdom and coming back in that was a great help to us in the Edmonton Police Service as we strove to reconstruct ourselves between 1987'93. I got the idea from something Satchel Paige the great Negro baseball pitcher said fifty years ago; "It ain't what we don't know that hurts us. It's what we know that just ain't so."

Applying Satchel to policing, I think he was telling us we must unlearn old stuff before we start learning new stuff. I think Satchel was talking about a mental garage sale! Garage sales are full of wisdom. They force us to make decisions we have been putting off for years, decide what to keep, throw away, give to others less fortunate, and what to sell. Most important of all, they free up space in the garage for new things that fit today.

Substitute our mind for our garage and we have the blueprint for a mental garage sale. Substitute our cluttered police org chart for our cluttered garage and we have the blueprint for a bureaucratic garage sale.

This 'mental garage sale' thinking forced us in Edmonton to ask, and answer, five questions for ourselves. They forced us to search for wisdom before we worried about knowledge, to create context before

cliches, to assemble the edges in order to accommodate the pieces. The five questions?

What was policing to do in the first place?

What is it doing today?

Should it be doing what it is doing today?

If not, what should it be doing today?

How should it do what it should be doing today in order to get it back to doing what it was created to do in the first place, in the context of the present?

This 'mental garage sale' process helped us create context for all else. It taught us that we first had to create a Core Value that would serve as a beacon for all subsequent decisions. Our Core Value?; "Committed to Community Needs". That Core Value became the litmus test against which every piece of the whole was measured.

THE END

A few years ago a copper friend said something to me that I've thought a lot about in recent years: "Braiden, you used to be one of the guys-now you're a philosopher." I looked up the word philosopher. It means, "To think. to wonder." Was he implying that real coppers don't think? Was he suggesting that I lose my manliness because I think and wonder about what I do? Was he suggesting that I either think or kick ass but that I cannot do both? Maybe if we thought a little more about the why and what of policing, we might have to kick less ass. Maybe there is a better way.

The philosophers and scientists of antiquity were very thoughtful and curious. They were wonderers who wondered about things around them and so we have our awesome world of today. They possessed the wisdom to bring purpose to their knowledge. I think I've learned more about policing by getting out, hooking up with their wisdom and then bringing it back in so as to understand that world better.

Wisdom and knowledge are products of curiosity and wonder, but wisdom is the boss. Without it, knowledge can do more harm than good. There is no shortage of things to wonder at and be curious about in the real world of policing today because of the diversity and pace of society. Alas, there seems to be a great shortage of wonderers.EDUCATION AND THE DEPTHS OF IMPRISONMENT

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In this presentation, prison life and prison programs are discussed within the context of liberated versus repressive penology.

In 1921 James was sentenced to 10 years and 30 lashes in the new Kingston Penitentiary for having carnal knowledge of a woman who was not his wife. His story reflects elements of imprisonment which are quite

dissimilar to those experienced by offenders in modern day prisons. These elements contribute to what has become known as the depth of imprisonment. As you listen to his story I am asking you to consider not so much the length of his sentence (which is the usual measure of harshness) but rather the factors which cause the offender to become powerless and lose his identity and integrity. I will also be reading from letters written by James to his family and friends as the years of his incarceration passed by. I ask you to consider the matter in which he relates to his significant others noting the use of affectionate phrases such as "My Dearest Dad" or "My Dear Pal" or "Your affectionate and discouraged son". I would suggest to you that the use of such terminology reflects not only on the social mores of the time but also on the need to reach out for affection and validation as a human being. I suggest also that the need to reach out from imprisonment is magnified as the depth of incarceration increases.

I will also be sharing with you from my own personal experience in today's world of corrections and will suggest to you that staff members may also be strongly influenced by factors which contribute to the depth of incarceration. We have a mission and values in corrections which recognize the worth of individual life and which mitigate against many of the dehumanizing practices of the penal system 75 years ago. Still, violence is all too common and staff members and inmates alike lie and work in the midst of it. Listen then as I share with you a poignant story from the past and one or two from the present. I ask you to be mindful, as you listen, that you can do a great deal as teachers and as caring people to reduce the depth of incarceration for offenders in the system.