

TRANSFORMATIVE JUSTICE PROJECT | CORE CURRICULUM

The TJP Master Curriculum

A Curriculum of Mastery: Thirteen Courses and the Keystone

Vision. TJP reframes the narrative of harm, healing, and prevention.

Mission. To implement the principles and practices of Transformative Justice across all sectors of South Carolina.

Governed by: SCDC Division of Programs, Reentry, and Rehabilitative Services (oversight) | Board of Volunteers (direction) | Interdepartmental Committee (supervision)

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A Curriculum of Mastery

South Carolina Department of Corrections

Thirteen courses. One hundred thirty lessons. A think tank and a task force operating inside the walls, building the people best qualified to prevent the next crime.

PART ONE: THE FRAME

Vision

TJP reframes the narrative of harm, healing, and prevention.

Mission

To implement the principles and practices of Transformative Justice across all sectors of South Carolina.

The Premise

Every state in the country is trying to prevent crime using people who have never committed one. South Carolina is about to try something else.

The Transformative Justice Project is housed in a living unit inside SCDC and is made up of residents who have already done the work. They are educated. They are resourceful. They have completed the shadow work that most rehabilitation programming only introduces. They are not candidates for rehabilitation. They are candidates for mastery.

This curriculum exists to take them from personally transformed to professionally expert, so that the state of South Carolina possesses something no other state possesses: a standing body of credible messengers who understand the machinery of harm from the inside, who can name its neurobiology in clinical terms, and who can teach it to a room full of at-risk fourteen year olds, a police academy class, a legislative subcommittee, or a church basement, and be believed.

The people who built the problem are the people who best understand its architecture. TJP converts that understanding into public safety infrastructure.

Who Governs TJP

TJP is not an inmate-led initiative. Residents do the work. Three levels of leadership govern it.

Level	Who	Role
Oversight	SCDC Division of Programs, Reentry, and Rehabilitative Services	Sets boundaries, approves policy, and owns outcomes for the agency

Level	Who	Role
Direction	Board of Volunteers	Trustees of the vision and mission, and guardians of program integrity
Supervision	Interdepartmental Committee: the Associate Warden for Programs, the Programs Supervisor, the Chaplains, and the Education Leader	Runs the day to day: schedules, staffing, approvals, and incidents

All three levels receive the TJP Monthly Report.

Why This Curriculum Works

Most correctional programming fails for one of four reasons. It moralizes instead of explaining. It creates dependency on a facilitator instead of building capacity in the participant. It measures attendance instead of change. It ends at the gate.

This curriculum was built to defeat all four.

It grounds Transformative Justice in hard neuroscience. Every claim about why people harm each other, and every claim about how that changes, traces to a mechanism: an autonomic state, a memory system, a developmental window, a reinforcement loop. Residents do not learn that anger is bad. They learn what the sympathetic nervous system does at second three of a threat response and what interrupts it at second four.

It provides measurable indicators of transformation. Every course names validated instruments and observable behavioral markers. This curriculum can be evaluated, published, replicated, and defended in a budget hearing.

It offers concrete practice at every level. Individual, interpersonal, unit, institutional, and systemic. A resident learns a regulation protocol, uses it in a hallway conflict, teaches it to a cellmate, brings it to a unit-wide practice, and writes the policy brief arguing it should be standard in SCDC intake.

It builds capacity, not dependency. The endpoint of every course is a resident who can teach the course. This is a self-replicating system by design.

It never ends at the gate. Every course produces something that travels outside the fence: a written product, a recorded module, a live session with visitors, or a trained peer who will carry it to another unit. The work follows TJP residents wherever they go.

The Two-Phase Engine

TJP is not a class. It is a **think tank** and a **task force**.

Phase One: Research and Design. Residents study emerging fields with Transformative Justice application, interrogate the scholarship, test it against their own lived expertise, and identify where the academic literature is wrong, incomplete, or unusable by the people who need it most. This is the think tank. Its output is knowledge.

Phase Two: Application and Implementation. Residents convert that knowledge into deployable instruments: curricula, briefs, trainings, protocols, recorded modules, and live facilitation. This is the task force. Its output is change.

These two phases are not sequential program stages that put public benefit years away. They are welded together inside every single course:

Weeks	Function	Output
1-6	Research and Design (Think Tank)	Mastery of the scholarship and a critical position on it
7-9	Build and Pilot (Task Force)	A deployable product, tested inside the unit
10	Deliver and Publish	The product goes out: written, recorded, taught, or presented

Ten weeks in, every course has produced something the public can use. Thirteen courses in, TJP has produced thirteen of them, plus everything the Keystone generates.

Program Architecture

Element	Specification
Courses	13, fully modular
Course order	Modular by design. Each cohort follows the recommended order in the TJP Cohort Rotation Plan: 11, 9, 1, 3, 13, 7, 10, 2, 4, 5, 6, 8, 12
Duration	10 weeks per course, one course per 13-week quarter (3 weeks of buffer for holidays, lockdowns, and make-ups)
Cadence	One session per week, 90 minutes
Contact hours	15 per course, 195 across the full curriculum
Independent work	3 to 5 hours per week per course
Facilitation	Split model: peer-facilitated and staff-facilitated
Cohort size	12 residents (up to 15), a new cohort every 15 months, 48 beds
Resident journey	5 years: Orientation (including the Personal Narrative), Student Phase (all 13 courses, about 2.5 to 3 years), then the Facilitator Phase (co-facilitating [PEER] sessions for newer cohorts) and the Keystone
Technology assumption	Zero internet access for residents. All materials physical or on LAN-only computers
Completion	No external credential. Mastery is the standard and the reward
Keystone	Ten-week team practicum, completed during the Facilitator Phase

Why modular matters. Every course is self-contained, opens with its own foundation, and assumes nothing from any other course. Cross-references are enrichment, never dependency. That lets TJP run several cohorts at different points in the curriculum at the same time, and lets any course be moved when a clinician, a room, or a calendar requires it.

Why 90 minutes once a week works. It survives count, work assignments, lockdowns, and staffing shortages. It gives residents six days between sessions to run field practice, which is where the actual learning happens. A resident who practices a regulation protocol for six days between sessions has done more than one who sat in a chair for six hours.

The Recommended Arc

The courses are modular and require no order. For residents and facilitators who want to understand how they fit together, this arc moves from the involuntary to the intentional, then from the individual to the systemic. (The Cohort Rotation Plan sets the teaching order for cohorts; it starts with the lowest-risk courses and holds the clinical courses until licensed staff are confirmed.)

Cluster One: The Machine (the brain and body you did not choose)

Courses 1, 3, 4, 5. How the nervous system was built, what it does under threat, what trauma wrote into it, and how the body discharges what it still holds.

Cluster Two: The Pattern (the self you built on top of the machine)

Courses 6, 8, 7, 9. Shame and its relationship to violence, addiction as a solution rather than a defect, attention as the one asset nobody can confiscate, and habit as the mechanism of durable identity change.

Cluster Three: The Bond (the people you are wired to need)

Courses 10, 11. The evolutionary depth of empathy and compassion, and the technology of conflict without violence.

Cluster Four: The System and the Teaching (what you do with all of it)

Courses 2, 12, 13. How systems manufacture criminals and how repair actually works, where a broken system will move, and how to teach what you know so it lands.

The Facilitation Model

TJP runs a deliberate split: **half peer-facilitated, half staff-facilitated**. This is not a staffing compromise. It is a design decision with three purposes.

Credibility. Certain material lands differently from a peer. A resident explaining shame-driven violence to another resident is not making an argument. He is offering evidence.

Capacity. The mission requires residents who can teach. Peer facilitation is the training ground. Every peer-facilitated session is a rehearsal for the outside room.

Rigor and safety. Staff facilitation keeps the scholarship honest, holds the clinical boundary on trauma-adjacent material, and provides the institutional accountability that makes the whole model defensible to SCDC leadership.

Each course packet designates every one of its ten sessions as **[PEER]** or **[STAFF]**, using three rules:

1. Sessions that surface personal trauma content are staff-facilitated. Always.
2. Sessions that build application, practice, and teaching skill are peer-facilitated.

3. Week 1 is staff-facilitated to set the frame. Week 10 is peer-facilitated because the product belongs to the residents.

Peer facilitator standard. A peer facilitator has completed the course once, completed a facilitator preparation cycle, and co-facilitated at least one session under staff observation. Peer facilitators are not therapists and do not act as therapists. The scope of practice is education and practice, not treatment. Every course packet states this boundary explicitly and names the referral path.

The Measurement Framework

The single fastest way to lose funding is to report that participants enjoyed the program. TJP measures change. (The full system, including the TJP Evidence Workbook, is in the TJP Evidence System.)

Three layers of measurement.

Layer 1: Validated instruments. Each course names specific published instruments, administered at week 1 (baseline), week 10 (post), and at 6 months (retention). These are the numbers that go in a grant report and a peer-reviewed paper.

Layer 2: Behavioral markers. Observable, documentable events inside the institution: disciplinary infractions, use-of-force incidents, grievances filed, de-escalations documented, sessions facilitated, products completed. These are the numbers that go in front of a warden.

Layer 3: Product artifacts. The tangible output of the task force phase. A curriculum. A brief. A recorded module. A trained cohort in another unit. These are the numbers that go in front of a legislator.

Administration protocol. Instruments are administered by qualified staff, never by peers. Trauma-relevant screens (ACE, PCL-5, DES-II) are administered under clinical supervision with an established response protocol for elevated scores. Participation in measurement is voluntary and separate from participation in the course, and declining to be measured never affects a resident's standing in TJP. All data intended for research use goes through IRB review and informed consent before collection.

Institution-level indicators. Across the project, TJP tracks disciplinary infraction rate, use-of-force incidents, grievance volume, program completion rate, peer facilitation hours delivered, community contact hours delivered, and post-release outcomes for TJP alumni including recidivism at 1, 3, 5, and 10 years.

The Four Channels of Community Application

Every course produces output that reaches the public through one or more of four channels. Each channel has a different reach, a different friction level, and a different approval path.

Channel 1: Written Products. Curricula, workbooks, facilitator guides, policy briefs, op-eds, training manuals, accountability letters, and research summaries. Lowest friction, fully compatible with zero internet access, and the foundation of everything else. A written product can be handed to a school district, a reentry organization, or a legislative staffer without a single approval beyond standard mail and publication review.

Channel 2: Recorded Video and Audio. Training modules, talks, podcast segments, and demonstration recordings produced inside and distributed outside. Highest reach per unit of effort. Requires SCDC media approval, so each course packet identifies exactly one recording deliverable to keep the approval burden manageable.

Channel 3: Live Sessions with Outside Visitors. Community groups, students, at-risk youth, law enforcement trainees, judges, victim advocates, faith communities, and university classes come into the unit and TJP residents facilitate. Highest impact per contact and hardest to schedule. This is where credible messenger effect is strongest and where TJP's reputation is built.

Channel 4: Training Other Incarcerated People. TJP residents deliver curriculum to other SCDC units before, and alongside, going public. This channel does three things at once: it multiplies impact across the system, it builds the track record that makes the outside work approvable, and it gives peer facilitators repetition in a lower-stakes room.

The sequencing logic. New material moves Channel 4, then Channel 1, then Channel 3, then Channel 2. Prove it inside. Write it down. Deliver it live to visitors. Then record it for scale. Each stage produces the evidence that justifies the next.

How to Read a Course Module

Every one of the thirteen modules that follows uses the same anatomy:

- **Course Title and Subtitle.** What it is called and what it actually covers.
- **Core Scholarship.** The primary text, the primary author, and supporting scholarship.
- **Description.** What this course is, why it belongs in a Transformative Justice curriculum, and what it does that nothing else does.
- **Expectations.** What is required of a resident. Specific and non-negotiable.
- **Benefits.** The case for this course, made separately to SCDC as an institution, to the outside community, and to funders and policymakers.
- **Outcomes.** Measurable. Behavioral markers plus named validated instruments.
- **Community Applications.** How this course reaches the public, mapped to the four channels.
- **The Ten Lessons.** Ten session titles, each with a one-line description, tagged [STAFF] or [PEER].
- **Facilitation Note.** The peer and staff split for this course and its clinical boundary.
- **Materials.** Core text and no-internet-required supporting materials.

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PART ONE: THE FRAME

Vision, Mission, and The Premise | Who Governs TJP | Why This Curriculum Works | The Two-Phase Engine | Program Architecture | The Recommended Arc | The Facilitation Model | The Measurement Framework | The Four Channels of Community Application | How to Read a Course Module

PART TWO: THE THIRTEEN COURSES

#	Course	Field
1	Constructing a Changed Mind	Interpersonal Neurobiology (Siegel)
2	The Unmaking of a Criminal	Criminogenics and Restorative Justice (Haney, Zehr)
3	The Science of Safety	Polyvagal Theory (Porges)
4	Trauma and the Brain	Trauma and the Brain (van der Kolk)
5	The Unfinished Response	Somatic Practices (Levine)
6	The Engine of Violence	Shame Resilience (Brown, Gilligan, Tangney)
7	The Attention You Own	Therapeutic Mindfulness (Kabat-Zinn)
8	Ask a Different Question	Addiction Dynamics (Mate, Stringer)
9	Identity Is a Vote	Values-Based Atomic Habits (Clear)
10	Redemptive Compassion	The Age of Empathy (de Waal)
11	Acts of Violence Are Failed Requests	Nonviolent Communication (Rosenberg)
12	Leverage Points	Systems Thinking (Meadows, Stevenson)
13	No One Educates Alone	Critical Pedagogy (Freire, hooks)

PART THREE: THE KEYSTONE

The Proving Ground: ten weeks, one real problem, one deployable intervention.

APPENDICES

A. Master Reading List | B. Instrument Index with licensing and cost status | C. Implementation Notes, including minimum viable launch and an honest account of what would make this fail.

COURSE 1

CONSTRUCTING A CHANGED MIND

Mindsight and the Architecture of an Integrated Mind

Field: Interpersonal Neurobiology

Core Scholarship: Daniel J. Siegel, *Mindsight: The New Science of Personal Transformation* and *The Developing Mind*

Supporting Scholarship: Siegel and Bryson, *The Whole-Brain Child*; Allan Schore on affect regulation; Mary Main and Mary Ainsworth on attachment classification; Louis Cozolino, *The Neuroscience of Human Relationships*

Description

Interpersonal Neurobiology begins with a claim that sounds philosophical and turns out to be measurable: the mind is not located inside a single skull. It is an embodied and relational process that regulates the flow of energy and information, and it is built, damaged, and repaired through relationship. Siegel calls the resulting model the Triangle of Well-Being, in which mind, brain, and relationships are three aspects of one system rather than three separate things.

This is the foundational course of the TJP curriculum because it supplies the vocabulary every other course borrows. Integration. The window of tolerance. Implicit and explicit memory. The middle prefrontal functions. Mindsight, which Siegel defines as the capacity to perceive the internal world of yourself and of another person with accuracy.

For the Transformative Justice Project, the operational significance is direct. Harm is very often a failure of mindsight. A person who cannot read his own internal state cannot regulate it, and a person who cannot read another's internal state fills the gap with assumption, and assumption under threat defaults to hostility. What looks from the outside like a decision to harm is frequently a collapse of perception. This course treats that collapse as an engineering problem with a documented mechanism and a trainable fix.

Residents do not leave this course able to describe the brain. They leave able to teach a room full of people how to see their own minds, and how to see someone else's before reacting to it.

Expectations

Residents are expected to:

- Read the assigned text sections before each session. No exceptions. Sessions are seminars, not lectures.
- Maintain a weekly **Mindsight Log**: two documented incidents per week in which the resident tracked his own internal state or accurately read another person's, with the outcome.
- Complete and defend a personal **Integration Map** identifying which of Siegel's nine middle prefrontal functions are strong, which are underdeveloped, and what specific practice targets the gaps.
- Explain the hand model of the brain, without notes, to a person who has never heard of it, and document that person's feedback.

- Contribute substantively to the team-built Mindsight Protocol in weeks 7 through 10.
- Hold confidentiality absolutely. Nothing disclosed in this room leaves it.

Benefits

To SCDC as an institution. Emotion dysregulation is the proximate cause of the majority of disciplinary infractions and use-of-force incidents. This course targets the mechanism upstream of the incident rather than the incident itself. It gives residents and, through them, staff a shared and non-moralizing vocabulary for what is happening in a hallway confrontation. It produces residents capable of reading escalation early and interrupting it, which is unpaid de-escalation capacity distributed across the unit.

To the outside community. Mindsight is teachable to anyone from age eight upward, and it is the single most transferable skill in this curriculum. TJP residents who master it can deliver it to schools, youth programs, parenting classes, reentry cohorts, and family reunification programs. The reach is enormous because the prerequisite is zero.

To funders and policymakers. Interpersonal Neurobiology sits on an unusually deep evidence base spanning developmental psychology, attachment research, and affective neuroscience, which makes it defensible in front of a skeptical review panel. It is a low-cost, non-clinical, non-pharmacological intervention targeting emotion regulation, and emotion regulation is one of the best-supported predictors of both institutional adjustment and post-release success. It is also highly replicable: the course requires one book, one facilitator, and a room.

Outcomes

Behavioral markers (observable and documentable):

- Resident demonstrates accurate labeling of his own affective state in real time during at least 8 of 10 documented incidents.
- Reduction in reactive disciplinary infractions for the participating cohort, measured against the 6 months prior to enrollment.
- Resident delivers the hand model explanation to a minimum of three naïve listeners with documented comprehension.
- Completed Integration Map with a named practice for each identified gap, reviewed and signed off by a facilitator.
- Cohort produces one field-tested Mindsight Protocol, translated for a minimum of three distinct audiences.

Validated instruments (baseline week 1, post week 10, retention at 6 months):

- **Difficulties in Emotion Regulation Scale (DERS-18)**, Gratz and Roemer. Primary outcome measure. Expect movement on the Awareness and Clarity subscales first.
- **Toronto Alexithymia Scale (TAS-20)**, Bagby, Parker, and Taylor. Measures the capacity to identify and describe feelings, which is the literal target of this course.
- **Reflective Functioning Questionnaire (RFQ-8)**, Fonagy et al. Measures mentalizing capacity, the closest published proxy for Siegel's mindsight.
- **Mindful Attention Awareness Scale (MAAS)**, Brown and Ryan. Secondary measure of present-moment attentional capacity.

- **Experiences in Close Relationships-Revised (ECR-R)**, Fraley et al. Optional, for tracking attachment change over longer horizons.

Community Applications

Channel 1, Written. *The Hand Model Handbook*: a plain-language, illustrated guide to the brain under threat, written at a sixth grade reading level, suitable for distribution to schools, youth diversion programs, and parenting classes.

Channel 2, Recorded. A 12-minute recorded module, "What Happens in Your Brain Before You Swing," suitable for youth programs, officer training, and reentry orientation.

Channel 3, Live. A 90-minute interactive session for visiting groups in which residents teach the hand model and the window of tolerance, then facilitate participants mapping their own windows. This is the strongest first-contact session in the curriculum for outside audiences, because it is immediately useful to everyone in the room and threatens no one.

Channel 4, Inside. A 4-session condensed version delivered to receiving SCDC units, prioritizing intake and segregation step-down populations, where dysregulation is highest and vocabulary is lowest.

The Ten Lessons

Wk	Lesson Title	What It Covers	Facilitation
1	The Hand That Holds Your Brain	Siegel's hand model made physical: the exact structure that disengages when you lose control, and what "flipping your lid" means anatomically.	[STAFF]
2	You Are Not Alone in There	The Triangle of Well-Being, and why isolation is not a mood but a neurological injury with measurable consequences.	[STAFF]
3	The Window of Tolerance	Mapping your personal range between hyperarousal and shutdown, what narrowed it, and what widens it.	[STAFF]
4	Name It to Tame It	How putting language to an emotion measurably reduces its intensity, and the neural circuit that makes a word work like a brake.	[STAFF]
5	Nine Marks of a Regulated Adult	Siegel's middle prefrontal functions used as an honest audit: which of the nine you have, and which you have been faking.	[PEER]
6	The Blueprint You Never Chose	Attachment patterns installed before memory, how they still run your relationships, and the research showing they are revisable.	[STAFF]
7	Build: The Mindsight Protocol	Team design of a 20-minute teachable intervention that gives a person with no background the ability to read his own state.	[PEER]
8	Pilot It, Then Break It	Running the protocol on unit volunteers and documenting with precision every place it fails.	[PEER]
9	Same Science, Three Rooms	Rebuilding the protocol for a fourteen year old, a correctional officer, and a parent. The mechanism does not change. Everything else does.	[PEER]

Wk	Lesson Title	What It Covers	Facilitation
10	Teaching the Brain That Changed	Public delivery of the finished protocol and formal handoff to the TJP product library.	[PEER]

Facilitation Note

Five staff sessions, five peer sessions. Weeks 3, 4, and 6 are staff-facilitated without exception, because window-of-tolerance mapping and attachment history reliably surface trauma content. Peer facilitators lead the audit, build, pilot, translation, and delivery sessions.

Scope of practice. Peer facilitators teach a model and lead a practice. They do not process trauma, interpret attachment history, or offer clinical opinion. Any resident who discloses acute distress is referred to mental health services through the standard unit pathway, and the peer facilitator's only job at that moment is to make the referral and stay present.

Materials

Core text: Siegel, *Mindsight* (one copy per resident). Supporting: printed excerpt packet from *The Developing Mind* chapters on memory and attachment; laminated hand model diagram; Window of Tolerance worksheet; Integration Map template; Mindsight Log booklet. No internet access required at any point.

COURSE 2

THE UNMAKING OF A CRIMINAL

Criminogenic Environments, Prisonization, and the Restorative Alternative

Field: Criminogenics and Restorative Justice

Core Scholarship: Craig Haney, *Criminality in Context: The Psychological Foundations of Criminal Justice Reform and Reforming Punishment*; Howard Zehr, *Changing Lenses* and *The Little Book of Restorative Justice*

Supporting Scholarship: Shadd Maruna, *Making Good*; Danielle Sered, *Until We Reckon*; Andrews and Bonta, *The Psychology of Criminal Conduct*; Sampson and Laub on life-course criminology

Description

This is the course where TJP residents stop being subjects of the criminal justice literature and become its critics.

Craig Haney spent forty years assembling the evidence that criminal behavior is produced by identifiable, documentable, and largely predictable conditions, and that the American legal system is built on the opposite assumption. The system asks what the defendant chose. Haney asks what the defendant was given, and demonstrates that the second question explains far more variance than the first. This is not an argument that eliminates responsibility. It is an argument that locates responsibility accurately, which is the only way to prevent the next instance.

Howard Zehr supplies the other half. Retributive justice asks three questions: what law was broken, who broke it, and what do they deserve. Restorative justice asks three different ones: who was hurt, what do they need, and whose obligation is it to meet those needs. Zehr's reframe is not softer. It is harder, because it requires the person who caused harm to face the person harmed rather than face a docket number.

The course then goes where most restorative justice programming refuses to go. Danielle Sered's work with violent crime survivors establishes that restorative practice is most needed and most effective in exactly the cases it is usually withheld from, and that violence is driven by four conditions: shame, isolation, exposure to violence, and an inability to meet economic needs. Shadd Maruna's desistance research closes the loop by showing that people who permanently stop offending share a specific narrative structure, a redemption script, that reinterprets the past as the source of a present purpose.

That is the intellectual foundation of the entire Transformative Justice Project, stated in one course.

Expectations

Residents are expected to:

- Complete a structured **Social History Analysis** of their own life using Haney's framework, identifying the specific contingencies, exposures, and absences that shaped the pathway. This is analysis, not excuse-making, and the distinction is enforced.
- Read and be prepared to argue against the assigned material. This course requires adversarial reading.

- Complete a **Restorative Inventory**: identify every party harmed by the resident's offense, direct and indirect, name each party's likely needs, and state the resident's obligations. This document is not submitted to any court and is not a legal instrument.
- Draft a personal **Redemption Script** using Maruna's framework and defend its accuracy against peer challenge.
- Produce, as part of a team, a policy brief translating criminogenic research into one specific and actionable South Carolina intervention.
- Argue an assigned opposing position in week 9 regardless of personal belief.

Benefits

To SCDC as an institution. This course produces residents who can articulate the difference between explanation and excuse, which is the single most common failure point in correctional programming and parole preparation. It builds internal capacity for restorative conferencing, which reduces grievance volume and gives the institution a non-punitive pathway for resolving conflict that would otherwise become an infraction. It also generates institutional research product: real analysis of what SCDC's own environment produces, written by people living in it.

To the outside community. Communities absorbing returning citizens are asked to trust a transformation they cannot verify. This course produces residents who can explain, in public and under hostile questioning, exactly how a person becomes dangerous and exactly what unmakes that. It also produces trained restorative facilitators for community conflict, school discipline alternatives, and victim-offender dialogue where survivors request it.

To funders and policymakers. Restorative justice programs show consistent effects on victim satisfaction and offender accountability across multiple meta-analyses, and criminogenic needs assessment is already embedded in correctional practice nationally. This course sits directly on top of the existing evidence base and existing justice reinvestment funding streams. Its policy brief output is immediately usable legislative product, written by the population most affected and least consulted.

Outcomes

Behavioral markers:

- Completed Social History Analysis meeting a rubric standard for causal specificity, with excuse-language flagged and revised.
- Completed Restorative Inventory naming direct, secondary, and community harms with articulated obligations.
- Resident articulates Zehr's three restorative questions and applies them to an unfamiliar case with accuracy under timed conditions.
- Documented participation in at least one facilitated restorative conference or role-played equivalent inside the unit.
- Team produces one publishable policy brief that survives adversarial review.
- Reduction in cohort grievance filings and conflict-related infractions against the prior 6-month baseline.

Validated instruments (baseline week 1, post week 10, retention at 6 months):

- **Psychological Inventory of Criminal Thinking Styles (PICTS)**, Walters. Primary outcome measure. Track the Mollification, Entitlement, and Superoptimism scales specifically.
- **Criminal Sentiments Scale-Modified (CSS-M)**, Simourd. Measures attitudes toward law, courts, and police, plus identification with criminal others.
- **Measures of Criminal Attitudes and Associates (MCAA)**, Mills and Kroner. Captures both attitudes and peer association, which the Central Eight identifies as the two strongest dynamic risk factors.
- **TCU Criminal Thinking Scales**, Texas Christian University Institute of Behavioral Research. Free, widely used in corrections, and easy to defend to an evaluator.
- **Level of Service Inventory-Revised (LSI-R)** or the institution's existing risk instrument, used as a secondary systemic indicator where SCDC already administers it.

Community Applications

Channel 1, Written. *The Prevention Brief Series*: short, rigorously sourced policy briefs on specific South Carolina intervention points, written for legislative staff, county councils, and school boards. This is the flagship written output of the entire curriculum.

Channel 2, Recorded. "How a Kid Becomes a Case": a recorded module tracing the documented pathway from adverse childhood conditions to first contact to incarceration, narrated by the people who walked it.

Channel 3, Live. Restorative justice teach-ins for visiting groups, and a dedicated session format for law enforcement trainees, judges, prosecutors, and victim advocates. Also: facilitated dialogue support for community conflict where survivors initiate the request.

Channel 4, Inside. Restorative conferencing capacity delivered to other SCDC units, with TJP residents trained as circle keepers for peer conflict, plus a condensed Social History Analysis workshop for units with high infraction rates.

The Ten Lessons

Wk	Lesson Title	What It Covers	Facilitation
1	Where Do Criminals Come From?	Haney's criminology of context, and why the American legal system keeps answering a question the evidence says is the wrong one.	[STAFF]
2	The History Nobody Asked You About	Building a structured social history, and learning to read a life as a chain of contingencies without turning it into an alibi.	[STAFF]
3	What the Institution Installs	Prisonization: the adaptations that keep you alive in here and dismantle you out there, and how to name them before they name you.	[STAFF]
4	The Central Eight	What risk assessment actually measures, what it predicts, what it gets right, and where it is structurally blind.	[STAFF]
5	Changing Lenses	Zehr's reframe from "what law was broken" to "who was hurt, what do they need, whose obligation is it," and why the second set is harder.	[STAFF]

Wk	Lesson Title	What It Covers	Facilitation
6	Until We Reckon	Sered's four drivers of violence, and the case for restorative practice in precisely the violent cases where it is usually refused.	[STAFF]
7	The Redemption Script	Maruna's desistance research: the specific story structure shared by people who stop offending permanently, and how to build one that is true.	[PEER]
8	Build: The Prevention Brief	Team design of a policy brief converting criminogenic evidence into one actionable South Carolina intervention.	[PEER]
9	Argue the Other Side	Adversarial review in which every resident is assigned the opposing position and must defend it competently.	[PEER]
10	The Case for Repair	Formal presentation of the finished briefs to invited staff, advocates, and outside partners.	[PEER]

Facilitation Note

Six staff sessions, four peer sessions. Weeks 2, 3, and 6 are staff-facilitated without exception, because social history work and violence-exposure content surface trauma reliably and because the excuse-versus-explanation boundary requires an authority in the room who is not a peer.

Scope of practice. Peer facilitators do not conduct victim-offender dialogue with actual victims. Any real restorative conference involving a harmed party is convened and facilitated by trained staff or a credentialed outside facilitator, through SCDC's victim services process, with the victim's fully informed and revocable consent. Residents train as circle keepers for peer conflict only until formal restorative justice certification is available.

Materials

Core texts: Haney, *Criminality in Context*; Zehr, *The Little Book of Restorative Justice* (one copy per resident, inexpensive and short). Supporting: printed excerpt packets from *Changing Lenses*, *Making Good*, and *Until We Reckon*; Social History Analysis template; Restorative Inventory template; policy brief format guide; TCU Criminal Thinking Scales (public domain). No internet access required.

COURSE 3

THE SCIENCE OF SAFETY

Neuroception, Co-Regulation, and the Nervous System Behind Every Decision

Field: Polyvagal Theory

Core Scholarship: Stephen W. Porges, *The Pocket Guide to Polyvagal Theory* and *The Polyvagal Theory*

Supporting Scholarship: Deb Dana, *Anchored* and *The Polyvagal Theory in Therapy*; Porges and Dana, *Clinical Applications of the Polyvagal Theory*; Stephen Porges and Seth Porges, *Our Polyvagal World*

Description

Every person in a correctional facility has been told to control himself. Almost none have been told what is actually doing the controlling.

Stephen Porges identified a system that evaluates risk continuously, below awareness, faster than thought, and then sets the body's operating state before the conscious mind has any input. He named this process **neuroception**. It runs on cues the person is not aware of receiving: the pitch of a voice, the tension around a stranger's eyes, the acoustic profile of a room, the distance a body keeps. On the basis of those cues, the autonomic nervous system selects one of three states: ventral vagal social engagement, in which connection and reasoning are available; sympathetic mobilization, in which fight or flight is available and reasoning is not; or dorsal vagal shutdown, in which the system collapses to conserve life.

The forensic implication is enormous and almost entirely absent from correctional programming. A person whose neuroception was calibrated by a violent childhood and then recalibrated by prison is not misbehaving when he reads a neutral face as a threat. He is accurately executing a detection system that was correctly tuned for an environment he no longer occupies. "I don't know why I did it" is frequently a literal and honest statement about a decision made two hundred milliseconds before conscious awareness.

This course does two things. It gives residents the mechanism, so that the state they are in stops being a mystery and becomes an observation. And it gives them the intervention, because the same theory that explains the failure specifies the fix: cues of safety, and co-regulation. Nobody calms down alone. Calm is transmitted between bodies before it is achieved within one.

Expectations

Residents are expected to:

- Maintain a daily **State Log** for all ten weeks: three timestamped entries per day recording autonomic state, the cue that moved it, and the recovery time.
- Complete a personal **Neuroception Audit** identifying at least ten specific cues that reliably move the resident into mobilization or shutdown, and at least ten that reliably move him toward ventral vagal safety.
- Practice a minimum of fifteen minutes daily of assigned regulation practice, logged.

- Complete a **Co-Regulation Pair** assignment: partner with another resident for six weeks, run structured co-regulation practice, and document both partners' outcomes.
- Contribute to the team-built Regulation Protocol and deliver it live in week 10.
- Track physiological data where equipment is available, and by pulse and breath count where it is not.

Benefits

To SCDC as an institution. This is the highest-leverage safety course in the curriculum. Nearly every violent incident inside a facility involves at least one nervous system in sympathetic mobilization, and the theory specifies exactly which environmental cues drive systems there: harsh acoustics, unpredictable noise, flat prosody, restricted movement, sustained low-grade threat. Residents trained here can identify escalation two or three minutes earlier than untrained observers, because they are reading autonomic signs rather than waiting for behavior. The unit gains distributed early-warning capacity at no additional staffing cost, and the institution gains an evidence-based argument for specific low-cost environmental modifications.

To the outside community. Polyvagal-informed practice is spreading rapidly through schools, trauma-informed care, first responder training, and youth work, and there is a severe shortage of people who can teach it in plain language to non-clinical audiences. TJP residents who master this become genuinely rare assets: practitioners who can explain the nervous system to a room of teenagers, a shift of correctional officers, or a group of parents, with an authority the audience will not dismiss.

To funders and policymakers. Polyvagal-informed intervention is a leading edge of trauma-responsive practice, which makes this an unusually fundable component and positions South Carolina as an early adopter rather than a follower. Heart rate variability provides an objective, non-self-report physiological outcome measure, which is rare in correctional programming and highly persuasive in evaluation. The intervention itself requires no equipment, no medication, and no clinician.

Outcomes

Behavioral markers:

- Resident correctly identifies his own autonomic state in real time in at least 85 percent of logged entries by week 8, validated against facilitator observation.
- Measurable reduction in average recovery time from mobilization to ventral vagal state across the ten weeks, documented in the State Log.
- Completed Neuroception Audit with a minimum of ten danger cues and ten safety cues, each specific and personally verified.
- Documented use of the Regulation Protocol at a minimum of five genuine friction points, with outcome recorded.
- Reduction in cohort use-of-force involvement and reactive infractions against the prior 6-month baseline.
- Cohort produces one field-tested Regulation Protocol translated for four distinct audiences.

Validated instruments (baseline week 1, post week 10, retention at 6 months):

- **Body Perception Questionnaire, Short Form (BPQ-SF)**, Porges. Primary measure. Directly derived from the theory and assesses body awareness and autonomic reactivity.

- **Heart Rate Variability, RMSSD and respiratory sinus arrhythmia**, where chest-strap or pulse-oximetry equipment is available. The objective physiological outcome and the strongest evidence a funder will see.
- **Multidimensional Assessment of Interoceptive Awareness (MAIA-2)**, Mehling et al. Measures the interoceptive capacity the entire course depends on.
- **Perceived Stress Scale (PSS-10)**, Cohen. Broad, brief, and universally recognized by evaluators.
- **Buss-Perry Aggression Questionnaire**, Physical Aggression and Anger subscales. Secondary measure of the behavioral endpoint.

Community Applications

Channel 1, Written. *Reading the Room: A Plain-Language Guide to the Nervous System Under Threat*. Written for school staff, youth workers, and correctional officers. Deliberately contains no clinical jargon and no diagnosis.

Channel 2, Recorded. "Two Hundred Milliseconds": a recorded module on neuroception and the decisions made before conscious thought. Highest-value recording target in the curriculum for law enforcement and youth audiences.

Channel 3, Live. A 90-minute experiential session for visiting groups in which residents lead participants through state mapping and a live co-regulation exercise. Participants leave having felt the mechanism rather than having heard about it, which is the only way this material actually transfers.

Channel 4, Inside. Regulation Protocol training delivered to receiving SCDC units, prioritized for segregation step-down, intake, and any unit with elevated use-of-force rates. Also offered as an optional module for officer in-service training where the institution permits.

The Ten Lessons

Wk	Lesson Title	What It Covers	Facilitation
1	Your Body Decided Before You Did	Neuroception: the threat detection running constantly beneath awareness, and why "I don't know why I did it" is often literally true.	[STAFF]
2	Three States, One Ladder	The autonomic hierarchy of social engagement, mobilization, and shutdown, and mapping the ladder you climb and fall down every day.	[STAFF]
3	The Vagal Brake	The mechanism that keeps you steady under pressure, exactly how it fails, and the evidence that it can be trained like any other capacity.	[STAFF]
4	Calibrated for a War That Ended	Why a nervous system tuned by the street and by prison misreads a safe room, and what that error costs on the day you walk out.	[STAFF]
5	Cues of Safety, Cues of Danger	Cataloguing the specific voice, face, posture, and environment signals that move a nervous system in either direction, including yours.	[PEER]
6	Nobody Regulates Alone	The face-heart connection and co-regulation: why calm is transmitted between bodies before it is achieved inside one.	[STAFF]
7	Build: The Regulation Protocol	Designing a portable, equipment-free protocol that measurably shifts autonomic state in under three minutes.	[PEER]

Wk	Lesson Title	What It Covers	Facilitation
8	Test It Under Real Pressure	Running the protocol at genuine friction points on the unit and documenting precisely what holds and what breaks.	[PEER]
9	Four Rooms, One Nervous System	Rewriting the protocol for youth, for correctional officers, for families, and for clinicians without diluting the science.	[PEER]
10	Teaching a Room to Come Down	Live facilitation of the protocol with an outside group or a receiving unit, evaluated on participant physiological and self-report change.	[PEER]

Facilitation Note

Five staff sessions, five peer sessions. Weeks 1, 4, and 6 are staff-facilitated without exception. Week 4 in particular surfaces the recognition that a person's threat detection has been miscalibrated by his own history, which lands hard and frequently opens trauma content.

Scope of practice. This course teaches autonomic self-regulation as an educational practice. It is not Somatic Experiencing, it is not therapy, and peer facilitators do not work with trauma activation. If a resident dissociates, flashes back, or shows acute autonomic collapse during practice, the session pauses, orienting support is offered, and the standard mental health referral is made immediately.

Materials

Core text: Porges, *The Pocket Guide to Polyvagal Theory* (one per resident). Alternative or companion for accessibility: Dana, *Anchored*. Supporting: State Log booklet; Neuroception Audit template; laminated autonomic ladder diagram; Co-Regulation Pair protocol sheet; chest-strap heart rate monitors or pulse oximeters where the institution approves them. No internet access required.

COURSE 4

TRAUMA AND THE BRAIN

How Trauma Writes Itself Into the Brain and Body

Field: Trauma and the Brain

Core Scholarship: Bessel van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*

Supporting Scholarship: Felitti, Anda et al., the Adverse Childhood Experiences Study; Bruce Perry and Oprah Winfrey, *What Happened to You?*; Judith Herman, *Trauma and Recovery*; Tedeschi and Calhoun on posttraumatic growth

Description

Bessel van der Kolk's central finding is deceptively simple and changes everything downstream of it: trauma is not a memory of something that happened. It is a current, ongoing imprint in the brain and body that keeps rewriting the present. The event is over. The nervous system does not know that.

The mechanism matters because it explains why an entire generation of correctional and clinical programming has failed. During a flashback, imaging studies show reduced activity in Broca's area, the region responsible for producing speech. The person is not refusing to talk about it. The equipment that would allow him to talk about it is offline. Meanwhile the amygdala fires as if the event is happening now, and the hippocampus, which is responsible for timestamping experience as past, fails to do its job. This is why trauma has no tense.

Then there is the Adverse Childhood Experiences study: ten questions, administered to over seventeen thousand mostly white, mostly insured, mostly employed adults, which predict addiction, chronic disease, suicide attempts, and incarceration decades in advance with a dose-response relationship. Every person in a TJP classroom already knows this in their body. This course gives them the citation.

The course closes on the part van der Kolk is least often quoted on and TJP cares about most: what actually works. Top-down approaches that engage the thinking brain, bottom-up approaches that go through the body, and the honest state of the evidence for each. And Tedeschi and Calhoun's posttraumatic growth research, which documents something the field resisted for years: that a meaningful proportion of people who survive severe trauma report growth in specific measurable domains, and that this is not denial.

This is the most clinically sensitive course in the curriculum. It is also the one the outside world most needs TJP to teach.

Expectations

Residents are expected to:

- Complete the ACE questionnaire privately, under clinical supervision, and complete a written analysis of the dose-response pattern in their own life. The score itself is never disclosed to peers unless the resident volunteers it.

- Maintain a **Trigger Map**: a documented catalogue of activation events, the sensory cue that started them, the state that followed, and the recovery path.
- Distinguish, in writing and under examination, between explicit and implicit memory using examples from their own history.
- Complete a **Trauma Literacy Translation**: explain one mechanism from the course to a person with no education in the subject, and document their comprehension.
- Participate in the team build of the Trauma Literacy Module.
- Observe the confidentiality standard absolutely and without exception. This is the strictest room in the curriculum.

Benefits

To SCDC as an institution. Prevalence of trauma exposure in incarcerated populations is far above community baseline, and untreated trauma is a documented driver of both violent infractions and self-harm. This course does not treat trauma, and it is not represented as treatment. It builds trauma literacy, which changes how residents interpret their own reactivity and dramatically improves engagement with clinical services when those services are offered. Facilities consistently find that residents who understand the mechanism stop experiencing help-seeking as an admission of weakness.

To the outside community. Trauma-informed practice is now expected in schools, child welfare, healthcare, youth justice, and policing, and the demand for competent plain-language training far exceeds supply. TJP residents can meet a demand no clinician can: explaining trauma to skeptical, high-risk, non-clinical audiences who will listen to them and will not listen to a therapist. Delivering this to parents, coaches, teachers, and young people interrupts intergenerational transmission at the point of transmission.

To funders and policymakers. The ACE study is one of the most cited findings in public health, and trauma-informed care has dedicated funding streams at federal and state level. This course connects directly to those streams. The Posttraumatic Growth Inventory offers something unusual in correctional evaluation: a positively-valenced, validated outcome measure, which reframes the entire program from deficit remediation to capacity development in a grant narrative.

Outcomes

Behavioral markers:

- Completed Trigger Map with a minimum of fifteen documented activation events, each including the sensory cue, the resulting state, and the recovery path.
- Resident accurately distinguishes implicit from explicit memory in unfamiliar case material under timed conditions.
- Documented increase in voluntary engagement with mental health services across the cohort during and after the course.
- Resident delivers a trauma mechanism explanation to at least two naive listeners with documented comprehension.
- Reduction in cohort self-harm incidents and trauma-reactive infractions against the prior 6-month baseline.
- Cohort produces one field-tested Trauma Literacy Module with a documented safety architecture.

Validated instruments (baseline week 1, post week 10, retention at 6 months):

- **Adverse Childhood Experiences Questionnaire (ACE)**, Felitti and Anda. Administered once at baseline as a descriptive and stratifying variable, never as an outcome. Requires clinical supervision and an elevated-score response protocol.
- **PTSD Checklist for DSM-5 (PCL-5)**, Weathers et al. Primary symptom measure. Clinical administration and supervision required.
- **Dissociative Experiences Scale-II (DES-II)**, Carlson and Putnam. Clinical administration required.
- **Childhood Trauma Questionnaire, Short Form (CTQ-SF)**, Bernstein and Fink. Baseline descriptive measure.
- **Posttraumatic Growth Inventory (PTGI)**, Tedeschi and Calhoun. Primary positively-valenced outcome. Expect movement on the Personal Strength and New Possibilities factors first.

Community Applications

Channel 1, Written. *What Happened, and What It Did*: a plain-language trauma literacy workbook written at a sixth grade reading level for people who will never sit in front of a clinician. Distributable to reentry programs, youth diversion, shelters, and family services.

Channel 2, Recorded. "Trauma Has No Tense": a recorded module on why the past keeps arriving in the present, and why willpower is the wrong tool for a memory system problem.

Channel 3, Live. Trauma literacy sessions for visiting educators, child welfare workers, coaches, faith leaders, and parents. Delivered with a hard safety architecture: no disclosure invited, no processing attempted, clear referral information distributed at the door.

Channel 4, Inside. A condensed 4-session trauma literacy module for receiving SCDC units, deliberately designed as a bridge into existing mental health services rather than a substitute for them.

The Ten Lessons

Wk	Lesson Title	What It Covers	Facilitation
1	The Body Keeps the Score	Trauma is not a story about the past. It is a live imprint in the brain and body that keeps rewriting the present.	[STAFF]
2	Ten Questions That Predicted Your Life	The ACE study: how ten yes-or-no items forecast addiction, disease, and incarceration decades in advance, and what a dose-response curve means for you.	[STAFF]
3	Speechless Terror	Why the speech centers go quiet during a flashback, and why "just talk about it" fails exactly the people who need it most.	[STAFF]
4	Two Memory Systems, One Body	Explicit memory tells the story. Implicit memory runs the body. How you can remember nothing and still react to everything.	[STAFF]
5	The Kid Who Adapted Perfectly	Developmental trauma: a nervous system built for chaos performs brilliantly in chaos and fails everywhere else, including in here.	[STAFF]
6	The Exit That Saved You	Dissociation: why leaving your body was intelligent at the time, what it cost, and what it is still costing.	[STAFF]

Wk	Lesson Title	What It Covers	Facilitation
7	What Actually Works	The honest evidence map from mindfulness and movement to EMDR and neurofeedback, including what the research does not support.	[PEER]
8	Build: The Trauma Literacy Module	Team design of a trauma education module for people who will never see a clinician and would not go if they could.	[PEER]
9	Teach It Without Detonating It	Piloting the module and building the safety architecture that keeps trauma education from becoming trauma exposure.	[PEER]
10	What Happened to You	Public delivery to an outside audience, and formal handoff to the TJP product library.	[PEER]

Facilitation Note

Six staff sessions, four peer sessions. **Weeks 1 through 6 are staff-facilitated without exception and require a licensed mental health professional either facilitating or present in the room.** This is the highest clinical-sensitivity course in the curriculum and the only one with a mandatory clinical presence requirement across six consecutive weeks.

Scope of practice. This is trauma education. It is not trauma treatment. No session invites disclosure of traumatic material, and residents are told this explicitly in week 1. Facilitators are trained to redirect disclosure toward the mechanism and away from the narrative content. A mental health referral pathway is stated aloud at the opening of every session and printed on every handout. Peer facilitators are absolutely prohibited from leading any session in weeks 1 through 6 and from responding to disclosure at any point beyond making the referral.

Materials

Core text: van der Kolk, *The Body Keeps the Score* (one per resident). Supporting: printed ACE questionnaire with clinical administration protocol; excerpt packet from Perry and Winfrey, *What Happened to You?* for accessible language modeling; Trigger Map template; brain diagram set showing amygdala, hippocampus, and Broca's area; printed referral cards. No internet access required.

COURSE 5

THE UNFINISHED RESPONSE

Somatic Practice and the Release of Stored Survival Energy

Field: Somatic Practices

Core Scholarship: Peter A. Levine, *Waking the Tiger: Healing Trauma* and *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness*

Supporting Scholarship: Levine, *Healing Trauma* (guided workbook); Eugene Gendlin, *Focusing*; Pat Ogden, *Sensorimotor Psychotherapy*; Resmaa Menakem, *My Grandmother's Hands*

Description

Peter Levine started with a question nobody in the trauma field could answer. Wild prey animals face lethal threat routinely, sometimes daily, and do not develop post-traumatic stress. An impala that survives a cheetah trembles violently for a few minutes and then walks off and grazes. Humans, facing far less, carry it for forty years. Why?

Levine's answer is that the animal completes the response and the human interrupts it. Under threat the body mobilizes an enormous quantity of survival energy for a specific defensive action: strike, run, brace, curl. When that action is executed, the energy discharges and the system returns to baseline. When the action is blocked, by restraint, by helplessness, by a child's body against an adult's, by a courtroom, by a cell, the energy does not evaporate. It stays bound in the body as an unfinished motion, and the nervous system remains organized around a threat that has already passed.

Somatic Experiencing is the method Levine built to finish those motions. It works through sensation rather than story, which is precisely why it reaches material that talk cannot. Its core operating principles are **titration**, working in drops rather than floods so the system is never overwhelmed, and **pendulation**, the deliberate rhythm of moving toward activation and back to safety so the body relearns that it can leave a threat state.

This course sits directly downstream of The Science of Safety and Trauma and the Brain, though it requires neither. Those courses explain what is stored. This one addresses what to do about it, using nothing but a body and a floor.

Expectations

Residents are expected to:

- Establish and document a minimum of five personal **resources**, internal and external anchors that reliably produce a sense of steadiness, before any activation work begins. No resident proceeds past week 4 without this.
- Maintain a daily **Sensation Log** using precise somatic vocabulary rather than emotional labels. "Tight band across the sternum, moving upward" is acceptable. "Anxious" is not.
- Practice titration and pendulation for fifteen minutes daily, logged.

- Complete a **SIBAM Tracking Sheet** on a minimum of ten experiences, documenting sensation, image, behavior, affect, and meaning as separate channels.
- Never work on another resident's activation. Practice is self-directed and paired only for observation and resourcing.
- Stop when the facilitator says stop. This is a non-negotiable safety condition of participation.

Benefits

To SCDC as an institution. Somatic practice requires no equipment, no medication, no clinician, and no property that can be weaponized. It can be practiced in a cell, in a dayroom, in restrictive housing, and during lockdown, which makes it the most operationally resilient intervention in the curriculum. Residents who can discharge accumulated activation before it reaches behavior generate fewer incidents. The practice also produces documented improvement in sleep, which is one of the most reliable and least discussed drivers of institutional conflict.

To the outside community. Somatic literacy is spreading through veteran services, first responder programs, youth work, and community healing initiatives, and access is severely limited by the cost of credentialed practitioners. TJP residents cannot and will not practice Somatic Experiencing as therapy. What they can do is teach body awareness, resourcing, and self-directed discharge as educational practice, and that alone reaches populations that would never enter a clinician's office.

To funders and policymakers. Body-based intervention is among the fastest-growing areas of trauma funding, and the cost profile is exceptional: zero marginal cost per participant after facilitator preparation. Interoceptive awareness, measured with published instruments, is an increasingly recognized mediator of emotion regulation outcomes, which lets this course be positioned as mechanism research rather than programming. That distinction matters to research funders.

Outcomes

Behavioral markers:

- Resident documents a minimum of five stable, verified personal resources by end of week 4.
- Sensation Log demonstrates measurable expansion of somatic vocabulary from baseline, scored against a rubric.
- Resident demonstrates titration and pendulation competently under facilitator observation.
- Documented reduction in self-reported time-to-settle following activation, tracked across ten weeks.
- Improvement in cohort sleep quality against baseline.
- Cohort produces one field-tested Somatic Field Kit with an explicit written scope-of-practice boundary.

Validated instruments (baseline week 1, post week 10, retention at 6 months):

- **Multidimensional Assessment of Interoceptive Awareness (MAIA-2)**, Mehling et al. Primary outcome measure. Expect movement on the Self-Regulation, Body Listening, and Trusting scales.
- **Scale of Body Connection (SBC)**, Price and Thompson. Measures body awareness and bodily dissociation as separate dimensions, which is exactly the distinction this course targets.
- **Body Awareness Questionnaire (BAQ)**, Shields, Mallory, and Simon. Secondary measure.

- **Somatic Symptom Scale-8 (SSS-8)**, Gierk et al. Tracks somatic symptom burden, which frequently declines as discharge capacity develops.
- **Pittsburgh Sleep Quality Index (PSQI)**, Buysse et al. Secondary measure and one of the most persuasive outcomes for institutional leadership.

Community Applications

Channel 1, Written. *The Field Kit: Body-Based Practices for People With No Privacy and No Equipment.* Designed for incarcerated readers, shelter residents, and anyone practicing in a place they do not control. This is a genuinely novel product with no strong equivalent currently in circulation.

Channel 2, Recorded. A guided audio series: five tracks of resourcing, orienting, and pendulation practice, recorded by residents. Audio is the correct medium for somatic instruction and the easiest recording format to get approved.

Channel 3, Live. Experiential sessions for visiting groups. Participants practice orienting and resourcing in the room and leave having felt the shift. This is the highest-impact live format in the curriculum for audiences who arrive skeptical.

Channel 4, Inside. The Field Kit delivered to receiving units, with priority to restrictive housing and step-down populations where the practice-anywhere property is most valuable and where no other intervention reaches.

The Ten Lessons

Wk	Lesson Title	What It Covers	Facilitation
1	Why the Impala Walks Away	Wild animals face lethal threat constantly without carrying it. Levine's founding question and the answer that built a field.	[STAFF]
2	The Felt Sense	Learning the vocabulary of raw sensation before it becomes emotion, story, or judgment. The whole course depends on this week.	[STAFF]
3	The Motion You Never Finished	Incomplete defensive responses: the strike, the run, the brace your body started, could not complete, and is still holding.	[STAFF]
4	Resource Before You Touch Anything	Building the internal and external anchors that make every later week safe. Nobody proceeds without this.	[PEER]
5	Drops, Not Floods	Titration and pendulation: the rhythm of moving toward activation and back to steadiness until the body learns it can leave.	[STAFF]
6	Shaking Is Not Breaking	What discharge actually looks and feels like, why the body trembles, and why this is completion rather than collapse.	[STAFF]
7	Five Channels at Once	Levine's SIBAM framework: tracking sensation, image, behavior, affect, and meaning as separate signals instead of one blur.	[PEER]
8	Build: The Somatic Field Kit	Team design of safe, non-clinical body practices deliverable in a cell, a dayroom, a shelter, or a classroom.	[PEER]

Wk	Lesson Title	What It Covers	Facilitation
9	Where the Line Is	Piloting the kit and writing the scope-of-practice boundary that keeps somatic education from drifting into somatic therapy.	[PEER]
10	Teaching the Body's Language	Live experiential delivery to an outside group or receiving unit, and handoff to the TJP product library.	[PEER]

Facilitation Note

Five staff sessions, five peer sessions. Weeks 1, 2, 3, 5, and 6 are staff-facilitated. **A facilitator trained in trauma-sensitive somatic practice must be present for weeks 5 and 6**, which involve deliberate approach to activation and the discharge response.

Scope of practice. This course teaches self-directed somatic practice as education. It is not Somatic Experiencing therapy, no resident is represented as an SE practitioner, and residents never work on another person's activation. Sessions are structured so that a participant can stop at any moment without explanation. Any resident showing sustained activation that does not settle within the session is referred to mental health services immediately, and the session's remaining time converts to resourcing for the whole group.

Materials

Core text: Levine, *Waking the Tiger* (one per resident). Supporting: *Healing Trauma* workbook; excerpt packet from *In an Unspoken Voice*; Sensation Log booklet; SIBAM Tracking Sheet; Resource Inventory template; floor mats or equivalent where the institution permits. No internet access required.

COURSE 6

THE ENGINE OF VIOLENCE

Shame, Vulnerability, and the Courage to Be Seen

Field: Shame Resilience

Core Scholarship: Brene Brown, *I Thought It Was Just Me (But It Isn't)* and *Daring Greatly*

Supporting Scholarship: James Gilligan, *Violence: Reflections on a National Epidemic*; June Tangney and Ronda Dearing, *Shame and Guilt*; Tangney et al. on shame-proneness and recidivism in jail inmates; Brown, *Rising Strong*

Description

James Gilligan spent decades as a prison psychiatrist in the Massachusetts correctional system, working with the most violent men the state held, asking each of them a version of the same question: why did you do it. The answers converged with a consistency he did not expect. Some form of *he disrespected me. She made me feel like nothing. They laughed.*

Gilligan's conclusion is the most important sentence in correctional psychology and one of the least taught: the proximate cause of nearly all serious violence is shame, and the violent act is an attempt to replace shame with something that feels survivable. Violence is not a failure of values. It is a shame management strategy that works instantly and costs everything.

June Tangney then supplied the empirical hinge. Studying people held in jail, her research team found that shame-proneness and guilt-proneness, which sound like synonyms and are not, predict opposite outcomes. Guilt says *I did something bad*, focuses on the act, and motivates repair. Shame says *I am something bad*, focuses on the self, and motivates concealment, withdrawal, blame, and aggression. Guilt-proneness was associated with lower recidivism. Shame-proneness was not protective and, through its association with externalization of blame, ran the other way.

Brene Brown supplies the intervention. Her Shame Resilience Theory, built from over a thousand qualitative interviews, identifies four learnable capacities: recognizing shame and understanding its triggers, practicing critical awareness of where the expectations came from, reaching out to someone who has earned the right to hear it, and speaking shame out loud.

Put those three bodies of work in one room and you have the most direct violence prevention course in existence. This is not a course about feelings. It is a course about the mechanism that produced most of the harm in the room, and the four skills that dismantle it.

Expectations

Residents are expected to:

- Complete a **Shame Trigger Inventory** identifying the specific unwanted identities the resident will do almost anything to avoid being seen as.

- Maintain a weekly **Shame and Guilt Log** distinguishing, in real incidents, whether the felt response was about the act or about the self, and what each produced behaviorally.
- Complete a written **Violence Analysis** applying Gilligan's framework to the resident's own most serious offense. This is the hardest single assignment in the curriculum.
- Identify and name at least two people who have earned the right to hear the resident's shame, and articulate what earned it.
- Practice speaking shame aloud in group in weeks 6 through 10 at a depth the resident chooses. Participation is required. Depth is not dictated.
- Protect this room absolutely. What is spoken here does not leave, is never repeated on the yard, and is never used against anyone. A single violation removes a resident from the course.

Benefits

To SCDC as an institution. If Gilligan is even partially right, this course addresses the direct cause of institutional violence rather than its correlates. Facilities are structurally shame-generating environments: they strip name, clothing, autonomy, privacy, and adult status, and then are surprised by aggression. Residents who can recognize shame as it rises, name it, and route it somewhere other than a fist represent a measurable reduction in the institution's most expensive events. The course also gives staff a non-moralizing explanation of aggression that does not require them to like the person to understand him.

To the outside community. Shame drives more community harm than any single factor that gets discussed publicly: domestic violence, retaliation cycles, youth violence, school conflict, and the specific brand of humiliation-driven aggression that dominates young men's lives. TJP residents delivering this to young men are delivering the exact message that would have changed their own trajectory, from the only people young men will accept it from. This is the single highest-value community application in the curriculum.

To funders and policymakers. Violence prevention has broad bipartisan funding support and a clear cost-avoidance argument: the fully loaded cost of a single homicide to a community runs into the millions. This course is a targeted violence prevention intervention with a named mechanism, validated instruments, and a published evidence base linking shame-proneness to recidivism. It is also unusually easy to explain in a hearing room, which matters more than it should.

Outcomes

Behavioral markers:

- Completed Shame Trigger Inventory identifying a minimum of eight specific unwanted identities with the associated physical and behavioral signature of each.
- Resident reliably distinguishes shame from guilt in unfamiliar case material under timed conditions.
- Completed Violence Analysis meeting a rubric standard for causal honesty, reviewed by staff.
- Documented instances of shame spoken aloud rather than acted out, minimum of five, logged and corroborated.
- Reduction in cohort reactive and retaliatory infractions against the prior 6-month baseline. This is the primary institutional outcome for the entire curriculum.
- Cohort produces one field-tested shame and violence curriculum for youth audiences.

Validated instruments (baseline week 1, post week 10, retention at 6 months):

- **Test of Self-Conscious Affect (TOSCA-3)**, Tangney and Dearing. Primary outcome measure. It separates shame-proneness from guilt-proneness, which is the exact construct distinction this course targets, and it has a published correctional evidence base.
- **Guilt and Shame Proneness Scale (GASP)**, Cohen et al. Shorter alternative or companion, with useful Repair and Withdraw subscales.
- **Internalized Shame Scale (ISS)**, Cook. Measures chronic shame as a trait state.
- **Self-Compassion Scale, Short Form (SCS-SF)**, Neff. Measures the capacity that replaces shame rather than merely the absence of shame.
- **Buss-Perry Aggression Questionnaire**, Physical Aggression, Anger, and Hostility subscales. The behavioral endpoint.

Community Applications

Channel 1, Written. *Disrespect: What It Costs and Where It Comes From*. A short, direct workbook for young men aged fourteen to twenty-four, written by men who acted on exactly that feeling and are serving time for it.

Channel 2, Recorded. "He Disrespected Me": a recorded module in which residents walk an audience from the humiliation to the act, in their own cases, with the mechanism named at every step. This is the most powerful recording target in the entire curriculum and the one most likely to be adopted at scale.

Channel 3, Live. Sessions for visiting youth groups, alternative schools, juvenile diversion cohorts, and violence intervention programs. Also a distinct format for domestic violence intervention providers, who work with the same mechanism in a different setting.

Channel 4, Inside. Shame resilience training delivered to receiving SCDC units, with priority to units with elevated assault rates and to youthful offender populations where the pattern is still forming.

The Ten Lessons

Wk	Lesson Title	What It Covers	Facilitation
1	The Secret of Violence	Gilligan's finding from decades inside: shame is the proximate cause of most serious violence, and the act is an attempt to replace it.	[STAFF]
2	Shame Is Not Guilt	Tangney's distinction, and the correctional research showing one of these predicts stopping and the other does not.	[STAFF]
3	The Identities You Will Fight to Avoid	Building your shame trigger inventory: the specific things you cannot stand to be seen as, and what you have already done to avoid it.	[STAFF]
4	Who Told You That?	Critical awareness: tracing where the expectations came from, who benefits from them, and whether they were ever real.	[STAFF]
5	Earning the Right to Hear It	Why shame cannot survive being spoken to the right person, and how to identify who that actually is.	[PEER]

Wk	Lesson Title	What It Covers	Facilitation
6	Speaking Shame	The hardest skill in this curriculum: naming it out loud, accurately, without collapsing into it or performing it.	[STAFF]
7	The Armor This Place Rewards	Numbing, perfectionism, foreboding joy, and the specific armor that keeps you alive in here and destroys you out there.	[PEER]
8	Build: The Shame and Violence Curriculum	Team design of a module connecting humiliation to violence, aimed at young men who are still deciding.	[PEER]
9	Test It on the Hardest Room	Piloting with an audience that has every reason to reject it, and documenting precisely what got through.	[PEER]
10	Saying It Out Loud	Public delivery and formal handoff to the TJP product library.	[PEER]

Facilitation Note

Five staff sessions, five peer sessions. Weeks 1, 2, 3, 4, and 6 are staff-facilitated. **Week 6 requires a licensed mental health professional in the room.** The Violence Analysis assignment is reviewed by staff only and is never read aloud in group without the author's explicit request.

Scope of practice. The Violence Analysis is an educational assignment. It is not a confession, is not a legal document, and residents are informed in week 1 of the limits of confidentiality that apply under SCDC policy and mandatory reporting law before they write a single word. Any resident with an active appeal, pending charge, or upcoming parole hearing is advised to consult counsel before completing it, and may complete an alternative case-based assignment instead with no penalty.

Materials

Core text: Brown, *Daring Greatly* (one per resident). Supporting: excerpt packet from Gilligan, *Violence*; excerpt packet from Tangney and Dearing, *Shame and Guilt*; Shame Trigger Inventory template; Shame and Guilt Log booklet; Violence Analysis rubric and consent advisory. No internet access required.

COURSE 7

THE ATTENTION YOU OWN

Therapeutic Mindfulness and the Clinical Discipline of Presence

Field: Therapeutic Mindfulness

Core Scholarship: Jon Kabat-Zinn, *Full Catastrophe Living* and *Wherever You Go, There You Are*

Supporting Scholarship: The Mindfulness-Based Stress Reduction (MBSR) eight-week protocol, University of Massachusetts Medical School; Fleet Maull and the Prison Mindfulness Institute; Jenny Phillips, *The Dhamma Brothers*, Donaldson Correctional Facility; Shonin, Van Gordon, and Griffiths on mindfulness interventions in offender populations; Segal, Williams, and Teasdale, *Mindfulness-Based Cognitive Therapy*

Description

In 1979, Jon Kabat-Zinn was given a basement room at the University of Massachusetts Medical Center and the patients nobody else could help: chronic pain, terminal illness, conditions that were not going to improve. He was not offering relaxation. He was offering a training program in a specific, measurable capacity, run on a fixed eight-week protocol, delivered in a hospital, and evaluated like any other clinical intervention. He called it Mindfulness-Based Stress Reduction. Forty-five years and several thousand studies later, it is one of the most extensively evaluated behavioral interventions in existence.

The reason it belongs in a Transformative Justice curriculum has nothing to do with calm. It has to do with the interval between stimulus and response. Nearly every consequential mistake in the lives of the people in this room happened inside an interval of under three seconds. Mindfulness training is, mechanically, the practice of widening that interval and populating it with something other than reflex. Everything else, the reduced stress markers, the sleep improvement, the pain tolerance, is downstream.

The course also does something most contemplative programming refuses to do: it reports the evidence honestly. Effect sizes for mindfulness-based interventions in correctional populations are real but moderate, some of the literature is methodologically weak, and residents will read the critiques alongside the findings. TJP produces people who can defend a claim under questioning, which requires knowing where the claim is soft.

Finally, this course carries a specific significance in a correctional environment that residents recognize immediately. Property can be confiscated. Visits can be cancelled. Housing can change without notice. Attention cannot be taken. It is the one asset in this building that belongs entirely to the person holding it, and almost nobody has ever been taught to use it.

Expectations

Residents are expected to:

- Practice formal meditation daily for the full ten weeks, building from ten minutes to a minimum of thirty, logged without falsification. The log is the course.
- Complete the full **body scan** practice a minimum of three times per week.

- Maintain a **Response Gap Journal**: document five incidents per week in which the resident noticed the interval between trigger and reaction, and what he did with it.
- Complete one **day of extended practice**, a minimum of four continuous hours, at approximately week 7, subject to institutional scheduling.
- Read the critical literature as well as the supportive literature and be prepared to state the honest limits of the evidence.
- Contribute to the team-built Ten-Minute Protocol and deliver it live in week 10.

Benefits

To SCDC as an institution. Mindfulness-based interventions in correctional settings have documented associations with reduced impulsivity, reduced anger, improved emotion regulation, and improved sleep. Every one of those is a direct input to institutional safety and to healthcare cost. The practice requires no equipment, no medication, no clinician, and no property, which means it survives lockdown, restrictive housing, transfer, and staffing shortage. Sleep improvement alone justifies the course to a facility administrator, because a unit that sleeps has fewer incidents.

To the outside community. Mindfulness has spread through schools, healthcare, workplaces, and athletics, and has almost entirely failed to reach the populations with the highest stress load and the lowest access. The barrier is not interest. It is credibility and framing. A young man in a violence intervention program will not take mindfulness from a wellness professional. He may take it from someone who used it to get through eleven years in a maximum security facility. TJP residents can carry this material across a credibility gap that no amount of funding otherwise closes.

To funders and policymakers. MBSR is among the most rigorously studied behavioral interventions available, with meta-analytic support across multiple outcome domains, which makes it exceptionally easy to defend on a grant review panel. Cost per participant after facilitator preparation is effectively zero. It is also unusually attractive to health funders as well as justice funders, which opens funding streams that pure criminal justice programming cannot reach.

Outcomes

Behavioral markers:

- Documented cumulative practice minutes, minimum 1,400 across ten weeks, verified through log and facilitator check-in.
- Response Gap Journal with a minimum of fifty documented incidents demonstrating a measurable shift from reaction to response across the ten weeks.
- Completion of the extended practice day.
- Resident accurately states both the supporting evidence and the methodological limits of mindfulness research in correctional populations, assessed orally.
- Reduction in cohort impulsive infractions and improvement in cohort self-reported sleep against baseline.
- Cohort produces one field-tested Ten-Minute Protocol translated for four distinct audiences.

Validated instruments (baseline week 1, post week 10, retention at 6 months):

- **Five Facet Mindfulness Questionnaire (FFMQ-15 or FFMQ-39)**, Baer et al. Primary outcome measure. Track the Acting with Awareness and Nonreactivity facets specifically, since those are the ones that map to behavior.
- **Mindful Attention Awareness Scale (MAAS)**, Brown and Ryan. Brief, widely recognized secondary measure.
- **Barratt Impulsiveness Scale (BIS-11)**, Patton, Stanford, and Barratt. The mechanism measure most relevant to a correctional evaluator.
- **Perceived Stress Scale (PSS-10)**, Cohen. Standard MBSR outcome and directly comparable to the published literature.
- **Pittsburgh Sleep Quality Index (PSQI)**, Buysse et al. The outcome most persuasive to institutional leadership.

Community Applications

Channel 1, Written. *Ten Minutes You Own: Attention Training for People With No Quiet and No Privacy.* A short, jargon-free guide that never uses the word mindfulness on the cover, written for people who would put the book down if it did.

Channel 2, Recorded. A guided audio series of five tracks: three, five, ten, twenty, and thirty minute practices, recorded by residents. Audio is the native medium and the simplest approval path.

Channel 3, Live. Practice sessions for visiting groups, structured so participants sit for real rather than hear about sitting. A separate format for correctional officers and first responders, framed entirely around performance under stress and never around wellness.

Channel 4, Inside. A ten-minute daily practice group established in receiving SCDC units and run by trained peer facilitators, with priority to restrictive housing and step-down where the practice-anywhere property matters most.

The Ten Lessons

Wk	Lesson Title	What It Covers	Facilitation
1	Not Relaxation. Training.	What MBSR actually is: a clinical protocol built in a hospital basement for people whose pain was not going to stop, and what the data says it does.	[STAFF]
2	The Body Scan	The foundational forty-five minute practice, why it comes first, and why almost everyone hates it for the first two weeks.	[STAFF]
3	Seven Attitudes	Non-judging, patience, beginner's mind, trust, non-striving, acceptance, and letting go. The operating system underneath the technique.	[STAFF]
4	Three Seconds	The interval between stimulus and response: where every consequential decision in your life was actually made, and the evidence that it can be widened.	[STAFF]
5	Sitting With What You Cannot Fix	Full catastrophe living: practice designed for pain that is not ending, sentences that are not shortening, and losses that are not reversing.	[STAFF]

Wk	Lesson Title	What It Covers	Facilitation
6	The Dhamma Brothers and the Honest Record	Contemplative programs behind the walls, what the research actually shows, and where the evidence is weaker than the enthusiasm.	[PEER]
7	Build: The Ten-Minute Protocol	Team design of an attention training protocol for people with no privacy, no quiet, and no patience for the vocabulary.	[PEER]
8	Test It Against Contempt	Piloting on the most skeptical audience available and documenting precisely which framing survives contact.	[PEER]
9	Four Rooms, One Practice	Rewriting for youth, for officers, for families, and for clinical settings, without diluting the protocol.	[PEER]
10	Teaching Attention	Live delivery to an outside group or receiving unit, and formal handoff to the TJP product library.	[PEER]

Facilitation Note

Five staff sessions, five peer sessions. Weeks 1 through 5 are staff-facilitated to establish protocol fidelity, which is the variable that most predicts whether mindfulness programming produces results or produces nothing. Peer facilitators lead from week 6 forward.

Scope of practice. Extended silent practice occasionally surfaces trauma content, dissociation, or intrusive imagery, and this is documented in the literature rather than rare. Facilitators are trained to recognize it, and residents are told in week 1 that opening their eyes, standing, moving, or leaving is always permitted and never counted against them. Any resident with a psychotic-spectrum diagnosis or an active dissociative disorder participates only with mental health clearance and a modified practice plan.

Materials

Core text: Kabat-Zinn, *Full Catastrophe Living* (one per resident). Supporting: *Wherever You Go, There You Are* as a companion; recorded guided practice tracks loaded onto the LAN or played from unit audio equipment; Practice Log booklet; Response Gap Journal; printed critical literature packet including at least two methodological critiques. No internet access required.

COURSE 8

ASK A DIFFERENT QUESTION

The Pain Beneath Every Addiction

Field: Addiction Dynamics

Core Scholarship: Gabor Mate, *In the Realm of Hungry Ghosts: Close Encounters with Addiction*; Jay Stringer, *Unwanted: How Sexual Brokenness Reveals Our Way to Healing*

Supporting Scholarship: Bruce Alexander, *The Globalization of Addiction* and the Rat Park experiments; Carl Hart, *Drug Use for Grown-Ups*; Nora Volkow and the NIDA brain disease model; Kent Berridge on incentive salience and the wanting-liking distinction

Description

Gabor Mate worked for over a decade in Vancouver's Downtown Eastside, among people with the most severe addiction in North America, and arrived at a reframe that reorganizes the entire field: *the question is never why the addiction. The question is always why the pain.*

Addiction, in this account, is not a moral failure and not simply a disease. It is a solution. It is the most effective thing a person found for a problem that was otherwise unbearable, adopted at an age when better options were not available, and retained because it worked. Understanding it as a solution is not a softening. It is a hardening, because it means the behavior cannot be removed until the problem it solves is addressed, and every intervention that ignores this is scheduling its own failure.

Jay Stringer applies the same logic to a domain that correctional programming almost never handles competently. Surveying nearly four thousand people about unwanted sexual behavior, Stringer found that the behavior is not random and not merely opportunistic. It is a readable map. Specific patterns of unwanted behavior correlate with specific histories: futility, deprivation, particular forms of childhood family dynamic, and shame. His central finding is uncomfortable and useful: your behavior is far more predictable than you would like to believe, which means it is also far more addressable than you have been told.

The course refuses to be a single-theory catechism. Residents will study the NIDA brain disease model, Mate's self-medication account, Bruce Alexander's dislocation theory built on the Rat Park experiments, and Carl Hart's direct challenge to nearly all of it, including his argument that the majority of drug users are not addicted and that policy built on the addiction paradigm has caused more harm than the drugs. Residents will be required to argue positions they disagree with. TJP produces people who can hold a contested field accurately, not people who recite one framework.

Expectations

Residents are expected to:

- Complete a **Function Analysis**: what the addiction or compulsive behavior actually did for the resident, stated honestly and without moral framing, before any change plan is written.

- Complete Stringer's **Conflict Map** exercise, tracing specific behaviors to specific unmet needs and specific injuries.
- Maintain a **Craving Log**: every craving episode with its precipitant, intensity, duration, and what preceded it by one to twenty-four hours.
- Argue one assigned theoretical position in week 4 regardless of personal belief, and argue it competently.
- Identify a minimum of five personal relapse precursors that occur more than twenty-four hours before the behavior itself.
- Maintain absolute confidentiality. Sexual behavior content in particular is protected without exception.

Benefits

To SCDC as an institution. Substance-related conduct drives a substantial share of institutional infractions and is the most common single factor in violation-based returns to custody. This course targets the function of the behavior rather than the behavior itself, which is the difference between programming that produces abstinence inside and programming that produces desistance outside. It also gives the institution something rare: residents who can discuss compulsive sexual behavior with clinical accuracy rather than the mix of joke and taboo that otherwise governs the topic, which matters enormously for units housing people convicted of sexual offenses.

To the outside community. The addiction field is saturated with programming that moralizes and programming that excuses, and starved of anything that does neither. TJP residents who master this can deliver addiction education to families, recovery communities, youth programs, and reentry cohorts with a credibility no counselor possesses. Family education alone has outsized value: most families of people with addiction have never been given a functional explanation of what they are watching.

To funders and policymakers. Substance use disorder funding is among the largest and most stable streams in American health and justice policy, and the cost-avoidance argument is arithmetic: one avoided return to custody funds several years of programming. The course is also positioned for the growing recognition that adverse childhood experience is a primary driver of substance use disorder, which links it directly to trauma-informed funding as well.

Outcomes

Behavioral markers:

- Completed Function Analysis meeting a rubric standard for honesty and specificity, with moral language flagged and revised out.
- Completed Conflict Map connecting specific behaviors to specific unmet needs and documented history.
- Craving Log with a minimum of thirty documented episodes, demonstrating identification of precursors at increasing lead time across the ten weeks.
- Resident competently states the case for a theoretical position he personally rejects, assessed orally.
- Minimum of five personal relapse precursors identified at greater than twenty-four hour lead time.
- Reduction in cohort substance-related infractions against the prior 6-month baseline.
- Cohort produces one field-tested addiction education module.

Validated instruments (baseline week 1, post week 10, retention at 6 months):

- **TCU Drug Screen 5**, Texas Christian University Institute of Behavioral Research. Free, corrections-validated, and the standard evaluators expect.
- **Severity of Dependence Scale (SDS)**, Gossop et al. Brief and widely used.
- **Craving Experience Questionnaire (CEQ)**, May et al. Primary process measure, tracking the intensity and imagery of craving rather than consumption.
- **Brief Situational Confidence Questionnaire (BSCQ)**, Breslin et al. Measures abstinence self-efficacy across situations, which is the best available proxy for durable change.
- **Difficulties in Emotion Regulation Scale (DERS-18)**, Gratz and Roemer. The mechanism measure, since Mate's thesis is that addiction is a regulation strategy.
- **Hypersexual Behavior Inventory (HBI)**, Reid et al., or **Compulsive Sexual Behavior Inventory (CSBI)**, Coleman et al. For the Stringer domain. Clinical administration and supervision required.

Community Applications

Channel 1, Written. *What It Was Doing For You*: an addiction education workbook for families and for people in early recovery, built entirely on the function question and containing no moral language anywhere in it.

Channel 2, Recorded. "Why the Pain": a recorded module walking an audience from adverse experience to self-medication to compulsion to consequence, told through residents' own documented cases.

Channel 3, Live. Family education sessions for visiting groups, and a distinct format for recovery community organizations, drug court participants, and treatment provider staff who want to hear from the population they serve.

Channel 4, Inside. Addiction education delivered to receiving SCDC units as a complement to existing substance abuse programming, explicitly framed as an addition rather than a replacement, plus a specialized module for units housing people convicted of sexual offenses where competent programming is scarcest.

The Ten Lessons

Wk	Lesson Title	What It Covers	Facilitation
1	Ask a Different Question	Mate's reframe from why the addiction to why the pain, and everything that changes when the question moves upstream.	[STAFF]
2	The Realm of Hungry Ghosts	The circuitry of craving: dopamine, opioid, and incentive-salience systems, and why wanting and liking are not the same thing in the brain.	[STAFF]
3	Rat Park	Bruce Alexander's dislocation theory and the experiment suggesting addiction is a response to conditions rather than a property of a substance.	[STAFF]
4	Three Models in the Ring	Brain disease, self-medication, and dislocation. The honest evidence for each, plus Carl Hart's challenge to all three. Everyone argues a position they reject.	[PEER]

Wk	Lesson Title	What It Covers	Facilitation
5	Unwanted	Stringer's finding that compulsive sexual behavior is not random but a readable map of specific injuries and specific unmet needs.	[STAFF]
6	Futility, Deprivation, Shame	The three conditions Stringer's research locates underneath the behavior, and the work of finding them in your own history.	[STAFF]
7	Every Addiction Is a Solution	Mapping honestly what the behavior did for you, and why no change plan written before this step has ever held.	[PEER]
8	Build: The Compassionate Inquiry Module	Team design of an addiction education module that neither moralizes nor excuses, aimed at families and early recovery.	[PEER]
9	Test It on the Cynical	Piloting with an audience that has heard every version of this and rejected all of them, and documenting what got through.	[PEER]
10	Why the Pain	Public delivery and formal handoff to the TJP product library.	[PEER]

Facilitation Note

Five staff sessions, five peer sessions. Weeks 1, 2, 3, 5, and 6 are staff-facilitated. **Weeks 5 and 6 require a licensed mental health professional in the room**, and residents may complete an alternative written assignment for the Stringer domain if they choose not to engage it in group.

Scope of practice. Disclosure of previously unreported sexual offense conduct triggers mandatory reporting obligations under SCDC policy and state law. Residents are informed of this in explicit written terms in week 1, before any Stringer material is introduced, and sign an acknowledgment. Residents with pending charges, active appeals, or upcoming parole or sex offender review proceedings are advised to consult counsel and may complete the entire course using case material rather than personal material with no penalty and no notation.

Materials

Core texts: Mate, *In the Realm of Hungry Ghosts*; Stringer, *Unwanted* (one of each per resident). Supporting: excerpt packet from Alexander, *The Globalization of Addiction*; excerpt packet from Hart, *Drug Use for Grown-Ups*; NIDA brain disease model summary; Function Analysis template; Conflict Map worksheet; Craving Log booklet; written confidentiality and mandatory reporting advisory. No internet access required.

COURSE 9

IDENTITY IS A VOTE

Values-Based Habit Architecture and the Person You Are Building

Field: Developing Values-Based Atomic Habits

Core Scholarship: James Clear, *Atomic Habits: An Easy and Proven Way to Build Good Habits and Break Bad Ones*

Supporting Scholarship: Wendy Wood, *Good Habits, Bad Habits*; Steven Hayes and Kelly Wilson on values in Acceptance and Commitment Therapy; BJ Fogg, *Tiny Habits*; Charles Duhigg, *The Power of Habit*; Peter Gollwitzer on implementation intentions

Description

James Clear's most important sentence is not about habits at all. *Every action you take is a vote for the type of person you wish to become.*

That reframe is what makes this course belong in a Transformative Justice curriculum rather than in a self-improvement section. Most correctional programming asks a person to adopt new behaviors and hope an identity follows. Clear argues, with support from a substantial behavioral science literature, that the causation runs both ways and that identity-based change is far more durable than outcome-based change. A man who is trying to stay clean is fighting his identity. A man who is not a person who uses is being it. The behaviors are the same. The failure rates are not.

The course pairs Clear with something Clear does not supply: a rigorous method for determining what a person actually values, as distinct from what he was told to want, what he adopted for survival, and what he performs. This comes from the values work in Acceptance and Commitment Therapy, where values are defined as chosen life directions rather than achievable goals. You never finish being a good father. You can only be heading that way or not.

The mechanics then come from Clear's four laws, Wendy Wood's research on context and friction, which finds that a large fraction of daily behavior is executed habitually rather than deliberately, and Gollwitzer's implementation intentions. Residents build environments rather than relying on willpower, which matters especially in a setting where the environment is controlled by someone else and every point of friction has to be engineered around rather than removed.

The final third of the course targets the highest-risk window in a returning citizen's life: the first ninety days after release, when structure disappears, cues from the old environment return at full strength, and no system is in place. TJP builds that system before the gate opens.

Expectations

Residents are expected to:

- Complete a **Values Clarification** using a structured ACT protocol, distinguishing values from goals and from inherited expectations, and defend it against peer challenge.

- Maintain a **Habit Tracker** for the full ten weeks on a minimum of three target behaviors, with honest recording of failure.
- Complete an **Environment Audit** of the resident's actual living space, identifying every cue supporting and undermining the target behaviors.
- Write and execute a minimum of ten **implementation intentions** in the form "when situation X occurs, I will do Y."
- Complete a full **Behavior Demolition Plan** for one behavior the resident intends to eliminate, using the inversion of the four laws.
- Contribute to the team-built 90-Day Reentry Habit Architecture and defend it against realistic failure scenarios.

Benefits

To SCDC as an institution. Institutional life supplies external structure and removes the need for internal structure, which is precisely why release is so destabilizing. This course builds internal structure while the external structure is still present, which is the only sequence that works. Residents who run functioning personal systems generate less conflict, complete more programming, and require less staff management. The Environment Audit alone produces measurable improvement in unit cleanliness, property compliance, and routine adherence.

To the outside community. The first ninety days after release account for a disproportionate share of reoffending, and the standard response is supervision, which is monitoring rather than capacity. A returning citizen who arrives with a designed, tested, values-anchored habit architecture arrives with something no supervision condition can provide. TJP residents can also deliver this material to reentry programs, workforce development providers, recovery communities, and youth programs where it is directly and immediately usable.

To funders and policymakers. Reentry and recidivism reduction is the most reliably funded category in correctional programming, and this course produces a tangible artifact that a funder can hold: a written, individualized, ninety-day architecture per participant. That artifact is easy to audit, easy to evaluate, and easy to explain. Self-efficacy and habit strength are measurable with published instruments, and cost per participant is negligible.

Outcomes

Behavioral markers:

- Completed Values Clarification surviving structured peer challenge, with goal-language and inherited-expectation language identified and separated.
- Habit Tracker showing a minimum of 70 percent adherence on at least two of three target behaviors by week 10.
- Completed Environment Audit with a minimum of fifteen identified cues and a specific modification for each.
- Ten implementation intentions written and documented as executed.
- Completed Behavior Demolition Plan with all four inversions specified.
- Individualized 90-Day Reentry Habit Architecture completed, peer-reviewed, and stress-tested against at least three realistic failure scenarios.

- Improvement in cohort program completion rates and routine compliance against baseline.

Validated instruments (baseline week 1, post week 10, retention at 6 months):

- **Self-Report Habit Index (SRHI)**, Verplanken and Orbell. Primary outcome measure. It measures habit strength directly, which almost no correctional evaluation does.
- **Valued Living Questionnaire (VLQ)**, Wilson et al. Measures both the importance of, and current consistency with, stated values across life domains. The gap between the two is the actual outcome.
- **Brief Self-Control Scale (BSCS)**, Tangney, Baumeister, and Boone. Widely used and easily benchmarked.
- **General Self-Efficacy Scale (GSE)**, Schwarzer and Jerusalem. The strongest brief predictor of durable behavior change.
- **Acceptance and Action Questionnaire-II (AAQ-II)**, Bond et al. Measures psychological flexibility, the mechanism underneath values-based action.

Community Applications

Channel 1, Written. *The First Ninety Days*: a reentry habit architecture workbook. Individualized, structured, and designed to be completed inside and executed outside. This is the most immediately deployable written product in the curriculum, with clear adoption paths through reentry providers, probation and parole, and workforce programs.

Channel 2, Recorded. "Every Action Is a Vote": a recorded module on identity-based change, aimed at reentry cohorts and young people at the point of choosing an identity rather than at the point of consequence.

Channel 3, Live. Workshop format for visiting reentry providers, workforce development staff, and recovery communities, in which participants build a real architecture in the room rather than hear about the concept.

Channel 4, Inside. The 90-Day workbook delivered to receiving SCDC units, prioritized by release date. Every resident within twelve months of release is a candidate.

The Ten Lessons

Wk	Lesson Title	What It Covers	Facilitation
1	Every Action Is a Vote	Clear's core mechanism: habits are ballots cast for the person you are becoming, and identity-based change outlasts outcome-based change.	[STAFF]
2	What Do You Actually Value?	Separating values from goals, and from what you were told to want, what you adopted to survive, and what you perform.	[STAFF]
3	You Fall to Your Systems	Why you do not rise to the level of your goals, and what that means in a building that owns your schedule.	[STAFF]
4	The Four Laws	Make it obvious, attractive, easy, satisfying. The full installation mechanics of a behavior, with the research underneath each law.	[STAFF]
5	Engineering a Space You Do Not Control	Environment design and friction inside a cell: how to change behavior by changing cues when you cannot change the room.	[PEER]

Wk	Lesson Title	What It Covers	Facilitation
6	The Plateau of Latent Potential	Why change looks like nothing for weeks and then looks like everything, and why almost everyone quits at week five.	[STAFF]
7	The Demolition Manual	Inverting the four laws: making a behavior invisible, unattractive, difficult, and unsatisfying. How you take something apart.	[PEER]
8	Build: The First Ninety Days	Team design of a habit architecture for the highest-risk window in a returning citizen's life.	[PEER]
9	Run It, Then Break It	Three weeks of live testing inside, plus stress-testing every architecture against realistic failure scenarios.	[PEER]
10	The Vote You Cast Today	Public delivery and formal handoff to the TJP product library.	[PEER]

Facilitation Note

Five staff sessions, five peer sessions. Weeks 1 through 4 and week 6 are staff-facilitated, because the values work in week 2 frequently surfaces grief about time lost and identities abandoned, and because the four laws require fidelity to the underlying research rather than folk versions of it.

Scope of practice. This is the least clinically sensitive course in the curriculum and the most appropriate entry point for a new peer facilitator. The one caution is week 2: values clarification reliably produces grief in long-sentence populations, and facilitators are trained to hold that rather than redirect past it, with referral available.

Materials

Core text: Clear, *Atomic Habits* (one per resident). Supporting: excerpt packet from Wood, *Good Habits, Bad Habits*; ACT Values Clarification protocol; Habit Tracker booklet; Environment Audit template; Implementation Intention worksheet; Behavior Demolition Plan template; 90-Day Reentry Architecture workbook. No internet access required.

COURSE 10

REDEMPTIVE COMPASSION

The Evolutionary Roots of Empathy, Fairness, and Cooperation

Field: The Age of Empathy

Core Scholarship: Frans de Waal, *The Age of Empathy: Nature's Lessons for a Kinder Society*

Supporting Scholarship: de Waal, *Good Natured* and *Primates and Philosophers*; Michael Tomasello, *Why We Cooperate*; Sarah Blaffer Hrdy, *Mothers and Others*; Paul Bloom, *Against Empathy*; Albert Bandura on moral disengagement; Jean Decety on the neuroscience of empathy

Description

There is a story about human nature that almost everyone in a correctional facility has been told, usually by someone who meant it as a fact. Underneath the civilization, people are animals. Morality is a coat of paint. Scratch it and the real thing shows.

Frans de Waal spent a career demonstrating that this story, which he calls veneer theory, is wrong, and that it is wrong in an interesting direction. Empathy, fairness, reciprocity, consolation, and reconciliation are not human inventions layered on top of a selfish biology. They are older than humans. They are present in primates, documented in the field and the lab, and they show up in the archaeological and neurological record as deep, ancient equipment. Morality did not get added to us. It came with us.

The best-known demonstration is a capuchin monkey who happily accepts cucumber for a task until she watches her partner receive a grape for the same task, at which point she throws the cucumber at the researcher. A sense of injustice, in a primate, without language, law, or philosophy. It is the funniest ninety seconds in behavioral science and it dismantles a whole tradition of thought about where fairness comes from.

For the Transformative Justice Project this course does specific work. It removes the foundation from the most durable self-justification available to a person who has caused harm: *that's just how people are, that's just how I am*. It replaces it with a more demanding account, in which empathy is native equipment that can be suppressed, and in which the suppression is the thing to be explained. That is what makes the compassion redemptive: it is not learned from scratch, it is recovered, and a person who recovers it can turn it outward toward the people he harmed and the people he can still protect.

The course also refuses to be sentimental about it. Empathy has documented failure modes: it is biased toward the in-group, toward the identifiable individual over the statistical many, and it collapses at scale. Paul Bloom's *Against Empathy* argues on that basis that empathy is a poor guide to moral decision-making and should be replaced with rational compassion. Residents will argue both sides. A credible messenger who has only heard one side of a debate is not credible for long.

Expectations

Residents are expected to:

- Complete an **Empathy Suppression Analysis**: identify the specific conditions, environments, and relationships under which the resident's own empathy went offline, and what maintained the suppression.
- Complete Bandura's **Moral Disengagement Inventory** exercise, identifying which specific mechanisms the resident has personally used: euphemistic labeling, diffusion of responsibility, dehumanization, attribution of blame, advantageous comparison.
- Write a **Perspective Document** from the point of view of a person harmed by the resident's offense, scored against a rubric for accuracy rather than remorse. Sentiment does not score. Accuracy does.
- Argue both the pro-empathy and anti-empathy positions in week 6, competently, regardless of belief.
- Document a minimum of five **reconciliation events**: instances of relationship repair after conflict, initiated by the resident.
- Contribute to the team-built Empathy Practicum and deliver it live in week 10.

Benefits

To SCDC as an institution. The prison environment actively selects against visible empathy, and everyone who works in one knows it. Care is read as weakness, and weakness has a price. This course names that dynamic explicitly rather than pretending it does not exist, which is why it lands with a population that has correctly learned to armor. Residents who can locate and reactivate suppressed empathy without becoming targets are a stabilizing presence on a unit. Moral disengagement mechanisms are also directly measurable and are documented predictors of institutional aggression, which makes this course a targeted intervention rather than a values seminar.

To the outside community. Perspective-taking capacity is the single most requested outcome from victim advocates and from restorative justice practitioners, and it is the capacity most often faked in correctional programming. This course teaches it as an assessable skill with a rubric rather than as a display of remorse. TJP residents can then deliver perspective-taking curricula to schools, youth programs, and community conflict settings, where the evolutionary framing is unusually effective because it removes the moralizing tone that adolescents reject instantly.

To funders and policymakers. Moral disengagement and empathy deficits are established, published predictors of both offending and institutional misconduct, which makes this a mechanism-targeted intervention with pre-existing literature support. The measurement infrastructure is mature and free. The course also connects to bullying prevention and school climate funding, which are separate streams from criminal justice funding and reachable with the same product.

Outcomes

Behavioral markers:

- Completed Empathy Suppression Analysis identifying a minimum of six specific suppression conditions with the maintaining factor for each.
- Completed Moral Disengagement Inventory with personal instances documented for each mechanism the resident has used.

- Perspective Document scoring at rubric standard for accuracy, evaluated blind by staff and, where appropriate and consented, by victim advocates.
- Minimum of five documented reconciliation events initiated by the resident.
- Resident argues both sides of the empathy debate competently under oral examination.
- Reduction in cohort peer-conflict infractions and increase in documented informal conflict resolutions against baseline.
- Cohort produces one field-tested perspective-taking curriculum with a transfer measure, not just a satisfaction measure.

Validated instruments (baseline week 1, post week 10, retention at 6 months):

- **Interpersonal Reactivity Index (IRI)**, Davis. Primary outcome measure. Track Perspective Taking and Empathic Concern; Personal Distress is a secondary and sometimes inverse indicator.
- **Basic Empathy Scale (BES)**, Jolliffe and Farrington. Developed and validated substantially on offender and youth populations, which makes it the most defensible choice for this setting.
- **Moral Disengagement Scale**, Bandura et al. The mechanism measure and arguably the most important number this course produces.
- **Toronto Empathy Questionnaire (TEQ)**, Spreng et al. Brief, unidimensional, easy to administer repeatedly.
- **Reading the Mind in the Eyes Test (RMET)**, Baron-Cohen et al. Performance-based rather than self-report, which protects against the social desirability problem that contaminates most empathy measurement in corrections.

Community Applications

Channel 1, Written. *That's Just How People Are, and Other Things That Are Not True.* A short evolutionary-evidence guide to empathy and fairness written for young readers, using the primate research as the hook because it works on audiences that reject every other framing.

Channel 2, Recorded. "The Monkey and the Grape": a recorded module built around the capuchin fairness experiment, moving from primate research to moral disengagement to the specific mechanisms residents used before their own offenses.

Channel 3, Live. Perspective-taking practicum for visiting school groups, youth programs, and bullying prevention cohorts. Also a distinct session for victim advocates and restorative justice practitioners on how to assess perspective-taking capacity honestly rather than accept performed remorse.

Channel 4, Inside. Moral disengagement literacy delivered to receiving SCDC units, prioritized to youthful offender populations where the mechanisms are actively forming and still interruptible.

The Ten Lessons

Wk	Lesson Title	What It Covers	Facilitation
1	The Veneer That Is Not a Veneer	de Waal's dismantling of the idea that morality is a thin coat over a selfish animal, and what the primate record actually shows.	[STAFF]

Wk	Lesson Title	What It Covers	Facilitation
2	The Russian Doll	Empathy's layered architecture from motor mimicry to emotional contagion to concern to perspective-taking, and where each layer fails.	[STAFF]
3	The Monkey and the Grape	The capuchin fairness experiment and the evidence that a sense of injustice predates language, law, and every philosopher who claimed to invent it.	[STAFF]
4	Repair Is Ancient	How primates reconcile after conflict, and what a community without repair rituals pays for the omission.	[PEER]
5	Where Empathy Fails	In-group bias, the identifiable victim effect, and compassion collapse at scale. The honest limits of the equipment.	[STAFF]
6	Against Empathy	Paul Bloom's case that empathy is a bad moral guide, the case for rational compassion, and the requirement that you argue both.	[PEER]
7	The Switch You Learned to Flip	Moral disengagement and empathy suppression: how this environment and your old one taught you to turn it off, and what turned it back on.	[STAFF]
8	Build: The Empathy Practicum	Team design of a perspective-taking curriculum that teenagers will not immediately dismiss as a lecture.	[PEER]
9	Did It Actually Transfer?	Piloting it and measuring whether perspective-taking genuinely improved or participants just learned the correct words.	[PEER]
10	Older Than the Law	Public delivery and formal handoff to the TJP product library.	[PEER]

Facilitation Note

Five staff sessions, five peer sessions. Weeks 1, 2, 3, 5, and 7 are staff-facilitated. Week 7 is the emotionally heaviest session in the course and is where the moral disengagement inventory intersects with the resident's own offense.

Scope of practice. The Perspective Document is written from an imagined viewpoint and is never delivered to an actual victim through this course. Any contact with a harmed party occurs solely through a formal, staff-convened restorative process through SCDC's victim services, with the harmed party's fully informed and revocable consent, and never at a resident's initiative. Peer facilitators do not evaluate Perspective Documents; staff do, blind where possible.

Materials

Core text: de Waal, *The Age of Empathy* (one per resident). Supporting: excerpt packet from Bloom, *Against Empathy*; Bandura moral disengagement mechanism summary; Empathy Suppression Analysis template; Perspective Document rubric; recorded or printed materials on the capuchin fairness study. No internet access required.

COURSE 11

ACTS OF VIOLENCE ARE FAILED REQUESTS

Nonviolent Communication as Conflict Technology

Field: Nonviolent Communication

Core Scholarship: Marshall B. Rosenberg, *Nonviolent Communication: A Language of Life*

Supporting Scholarship: Rosenberg, *Speak Peace in a World of Conflict* and his documented work in correctional facilities; Stone, Patton, and Heen, *Difficult Conversations*; William Ury, *Getting to Yes* and *The Third Side*; Chris Voss, *Never Split the Difference*

Description

Marshall Rosenberg's central claim is the most operationally useful sentence in conflict studies: **all violence is the tragic expression of an unmet need**. Tragic because the need is real and legitimate. Expression because the violence is communication. Failed because it does not get the need met and it costs the person everything.

If that is true, then violence is not a character problem. It is a communication technology problem, and technology can be taught.

Nonviolent Communication is a four-step protocol, and its apparent simplicity conceals how difficult it is to execute under pressure. **Observation:** state what a camera would have recorded, with no evaluation smuggled inside. **Feeling:** name the actual emotion, which is much harder than it sounds, because most of what people call feelings are accusations in disguise. *I feel disrespected* is not a feeling. It is a judgment about someone else's behavior, and the moment it is spoken the other person defends rather than listens. **Need:** identify the universal human need underneath the feeling, drawn from a finite list that every human being shares. **Request:** ask for a specific, present-tense, doable action, phrased so that no is an acceptable answer. The instant no is unacceptable, it stopped being a request and became a demand, and demands generate resistance in every human being who has ever lived.

Rosenberg brought this into prisons himself, repeatedly, and reported that the model landed hardest with people who had used violence, because they recognized the description of themselves immediately. A man who assaulted someone over a perceived slight was, in Rosenberg's framing, making a request for respect using the only vocabulary he was ever given.

This is the most immediately deployable course in the curriculum. Its skills are usable in a hallway on the day they are learned.

Expectations

Residents are expected to:

- Maintain a **Translation Journal** for the full ten weeks: convert a minimum of five real statements per week, made by the resident or heard by him, from evaluation into observation, and from judgment into feeling and need.

- Memorize the universal needs list and demonstrate fluent use without reference by week 6.
- Complete a minimum of **fifteen documented live applications** of the four-step protocol in genuine unit conflict, each with the outcome recorded honestly, including failures.
- Complete **self-empathy practice** daily: running the four steps on the resident's own internal state before any external conversation.
- Participate in adversarial role-play designed to break the model, playing both the practitioner and the person refusing to cooperate.
- Submit recorded or transcribed practice for coding, and accept feedback on the observation-to-evaluation ratio without defending it.

Benefits

To SCDC as an institution. This is the most direct conflict-reduction intervention available and the fastest to show results. Residents fluent in NVC de-escalate conflicts that would otherwise become infractions, use-of-force events, or lockdowns, and they do it without staff involvement, at zero marginal cost, distributed across the unit twenty-four hours a day. The observation-versus-evaluation discipline also measurably improves the quality of resident communication with staff, which reduces grievance volume and reduces the number of routine interactions that escalate for no substantive reason. Institutions that have trained NVC report improvements in exactly these categories.

To the outside community. Conflict skill is the most transferable and most universally requested capability in this entire curriculum. It applies to families, workplaces, schools, community disputes, co-parenting, and the specific high-stakes conversations that returning citizens face constantly and are least prepared for. TJP residents delivering NVC to community audiences are delivering something the audience will use that week, which builds TJP's public reputation faster than any other offering.

To funders and policymakers. Violence prevention and conflict resolution funding is broad, bipartisan, and available from justice, education, health, and philanthropic sources simultaneously. The intervention is inexpensive, highly replicable, and produces observable behavioral change that can be coded from recorded practice, which gives evaluators something better than self-report. The train-the-trainer structure means one funded cohort produces facilitators who train the next, which is exactly the cost curve a funder wants to see.

Outcomes

Behavioral markers:

- Translation Journal containing a minimum of fifty converted statements, scored against a rubric for successful separation of observation from evaluation.
- Fluent use of the universal needs list without reference, assessed under timed conditions in week 6.
- Minimum of fifteen documented live applications with outcomes, including honestly recorded failures.
- Coded observation-to-evaluation ratio in recorded practice showing measurable improvement from baseline. **This is the strongest objective behavioral measure in the curriculum**, because it is coded from a transcript rather than reported by the participant.
- Documented de-escalations: incidents that a supervising officer or facilitator confirms would likely have escalated without intervention.
- Reduction in cohort conflict-related infractions and grievance filings against the prior 6-month baseline.

Validated instruments (baseline week 1, post week 10, retention at 6 months):

- **Rahim Organizational Conflict Inventory-II (ROCI-II)**. Measures conflict-handling style across integrating, obliging, dominating, avoiding, and compromising. Expect movement from dominating and avoiding toward integrating.
- **Interpersonal Communication Competence Scale (ICCS)**, Rubin and Martin. Broad communication competence measure.
- **Buss-Perry Aggression Questionnaire**, Verbal Aggression and Anger subscales. The behavioral endpoint.
- **Toronto Empathy Questionnaire (TEQ)**, Spreng et al. NVC's empathic listening component is an empathy intervention and should be measured as one.
- **Transcript coding protocol** (TJP-developed, published with the curriculum): observation-to-evaluation ratio, feeling-word accuracy, need identification, and request-versus-demand classification, double-coded with inter-rater reliability reported.

Community Applications

Channel 1, Written. *A Language for the Hardest Rooms*: a conflict communication field guide with the universal needs list, the four steps, scripts for high-stakes situations, and worked examples drawn from real prison and community conflicts rather than invented ones.

Channel 2, Recorded. "Acts of Violence Are Failed Requests": a recorded module built around residents translating their own offenses into the four-step framework, showing the request that was never made.

Channel 3, Live. The flagship live offering of TJP. Interactive workshops for visiting groups, in which participants practice on their own real conflicts and leave with something they will use before the week ends. Distinct formats exist for families, for co-parenting, for workplace conflict, and for law enforcement de-escalation training.

Channel 4, Inside. NVC training delivered to receiving SCDC units, with priority to units with elevated assault rates. This is also the best candidate in the entire curriculum for a joint resident-and-staff training cohort, where both populations learn the same protocol at the same time.

The Ten Lessons

Wk	Lesson Title	What It Covers	Facilitation
1	Acts of Violence Are Failed Requests	Rosenberg's thesis: violence is the tragic expression of an unmet need by someone who was never given another way to ask.	[STAFF]
2	What the Camera Saw	Observation without evaluation: describing what actually happened with no judgment smuggled into the description. The hardest discipline in the model.	[STAFF]
3	Words That Are Not Feelings	Why "I feel disrespected" is not a feeling but an accusation in a feeling's clothing, and what it does to the person hearing it.	[STAFF]
4	The Need Underneath	The universal needs list, and the skill of locating the need underneath a demand, an insult, a threat, or a wall of silence.	[STAFF]

Wk	Lesson Title	What It Covers	Facilitation
5	Requests, Not Demands	The single distinction that decides whether a conversation opens or closes, and how to tell which one you just made.	[PEER]
6	Yourself First	Self-empathy: running the four steps on your own state before you open your mouth, because you cannot give what you have not received.	[STAFF]
7	Hearing the Need in an Attack	Empathic listening when the other person is not calm, is not using the model, and has no interest in yours.	[PEER]
8	Build: The Conflict Technology Kit	Team design of a sixty-minute de-escalation and communication training deliverable to any audience anywhere.	[PEER]
9	Live Fire	Testing the kit in real unit conflict and in adversarial role-play built specifically to break it.	[PEER]
10	A Language for the Hardest Rooms	Public delivery and formal handoff to the TJP product library.	[PEER]

Facilitation Note

Five staff sessions, five peer sessions. Weeks 1 through 4 and week 6 are staff-facilitated, because protocol fidelity in the first four weeks determines whether residents learn NVC or learn a polite-sounding imitation of it, which is worse than nothing. Week 6 self-empathy work surfaces personal material and stays with staff.

Scope of practice. NVC is a communication protocol, not mediation and not therapy. Residents do not mediate disputes between other residents where violence is threatened or a weapon is suspected; those go to staff immediately and without exception. Recorded or transcribed practice is used for coding only, is never used in a disciplinary proceeding, and residents receive that assurance in writing before consenting to recording.

Materials

Core text: Rosenberg, *Nonviolent Communication* (one per resident). Supporting: laminated universal needs list and feelings inventory, one per resident; Translation Journal booklet; Live Application Log; adversarial role-play scenario deck; transcript coding protocol and rubric; recording equipment where institutionally approved, with written consent forms. No internet access required.

COURSE 12

LEVERAGE POINTS

Systems Thinking, Proximity, and Where a Broken System Will Actually Move

Field: Systems Thinking and Structural Analysis

Core Scholarship: Donella Meadows, *Thinking in Systems: A Primer* and *Leverage Points: Places to Intervene in a System*; Bryan Stevenson, *Just Mercy*

Supporting Scholarship: Meadows, "Dancing with Systems" (essay, 2001); Peter Senge, *The Fifth Discipline*; Michelle Alexander, *The New Jim Crow*; Kania and Kramer on collective impact

Description

This is the task force course. Everything else in the curriculum builds a person. This one builds an analyst.

Donella Meadows gave the field its most useful and most uncomfortable sentence: **a system that is producing bad outcomes is not broken. It is functioning exactly as designed.** A justice system that produces high recidivism is not failing to reduce recidivism. It is succeeding at whatever it is actually structured to do, and the analytical task is to determine what that is, precisely, without moralizing about it.

Meadows then supplies the grammar. Stocks and flows. Reinforcing loops that amplify and balancing loops that restrain. Delays between action and effect, which are the single most common reason well-intentioned interventions fail: the actor cannot see the result, so he pushes harder, and overshoots. And system traps, the recurring failure architectures that show up across wildly different domains: policy resistance, shifting the burden to the intervenor, success to the successful, escalation, the tragedy of the commons. Every one of these is visible in the South Carolina justice system, and residents will find and diagram them.

Then the hierarchy that gives the course its name. Meadows ranked twelve places to intervene in a system, from the weakest to the strongest. Numbers, parameters, subsidies, and standards sit near the bottom, and that is where nearly all policy energy goes. Near the top sit the rules of the system, the flow of information, the goals of the system, and above all the **paradigm**, the shared unstated assumption out of which the whole system arises. Meadows argued that paradigms are the highest leverage point available, and that they are also the cheapest to change, because changing a mind costs nothing but is very hard to arrange.

Bryan Stevenson supplies the method for actually arranging it. **Get proximate:** people closest to the problem hold information the system cannot obtain any other way, and distance from suffering produces bad policy reliably. **Change the narrative:** the story a state tells itself about crime and punishment determines the range of policy it is able to pass, and narrative work therefore precedes legislative work rather than following it. **Stay hopeful, and be willing to do uncomfortable things.**

Read together, Meadows and Stevenson explain the entire strategic logic of the Transformative Justice Project, and they explain its vision. TJP residents are among the most proximate people in the state to the harm system. Its paradigm is the highest leverage point. Narrative is how a paradigm moves. TJP reframes the narrative of harm, healing, and prevention, because that is where the system will actually move.

Expectations

Residents are expected to:

- Construct a **causal loop diagram** of one specific South Carolina harm system, identifying stocks, flows, reinforcing loops, balancing loops, and delays with sourced evidence for each element.
- Identify a minimum of three **system traps** operating in that system, named using Meadows' typology with the mechanism documented.
- Produce a **leverage point analysis** ranking at least six possible interventions against Meadows' hierarchy, with an honest assessment of cost, feasibility, and political viability for each.
- Complete a **paradigm statement**: articulate, in one paragraph, the unstated assumption from which the current system arises, and the assumption that would have to replace it.
- **Red-team your own analysis** in week 9: argue in detail why your team's own recommendation will fail.
- Present formally to an external audience in week 10 and defend the analysis under hostile questioning.

Benefits

To SCDC as an institution. This course generates actual analytical product about SCDC's own operating environment, produced by the people with the deepest available access to it and at no consulting cost. Departments routinely pay six figures for systems analysis of significantly lower proximity. It also produces residents who can distinguish an institutional constraint from an institutional choice, which makes them far more constructive participants in any reform conversation and far less likely to burn credibility on demands that no warden has authority to grant.

To the outside community. Communities attempting violence reduction, school discipline reform, or reentry improvement consistently intervene at Meadows' weakest leverage points, because those are the visible ones, and then conclude the problem is intractable. TJP residents trained here can provide communities with something genuinely scarce: rigorous, proximate systems analysis of local harm systems, delivered free, by analysts who have lived inside the system being diagrammed.

To funders and policymakers. This course produces the deliverable policymakers most want and most rarely get: a specific, sourced, feasibility-assessed intervention analysis, written by the affected population, that has already been adversarially tested by its own authors. Research and policy funders can support it as applied research rather than as programming, which opens an entirely different and generally larger funding category. It is also the clearest possible demonstration of the think tank half of TJP's identity, which is what distinguishes TJP from every rehabilitation program in the country.

Outcomes

Behavioral markers:

- Completed causal loop diagram meeting rubric standard for structural accuracy and evidentiary sourcing, reviewed by an external systems-trained evaluator where a partner is available.
- Minimum of three correctly identified and documented system traps.
- Leverage point analysis covering at least six interventions ranked against Meadows' hierarchy with feasibility assessment.
- Paradigm statement meeting rubric standard for precision. Vague statements are returned for revision.

- Documented red-team analysis of the team's own recommendation, followed by a substantive revision.
- Formal external presentation delivered and defended under hostile questioning.
- **Adoption indicator:** analysis formally received, cited, or acted upon by an external body. Tracked at 6, 12, and 24 months. This is the highest-value outcome the entire curriculum can produce.

Validated instruments (baseline week 1, post week 10, retention at 6 months):

- **Systems Thinking Scale (STS)**, Dolansky and Moore. Primary outcome measure and one of the few validated systems thinking instruments in existence.
- **Critical Consciousness Scale (CCS)**, Diemer et al. Measures critical reflection, motivation, and action, which is exactly what this course is trying to move.
- **Need for Cognition Scale (NCS)**, Cacioppo and Petty. Secondary measure of engagement with effortful analytical thinking.
- **Analysis Quality Rubric** (TJP-developed, published with the curriculum): structural accuracy, evidentiary sourcing, leverage ranking, feasibility realism, and red-team rigor, double-rated with inter-rater reliability reported.
- **External Adoption Tracking:** a longitudinal count of analyses received, cited, or acted upon by legislative, agency, judicial, academic, or community bodies.

Community Applications

Channel 1, Written. *The Leverage Series*: rigorous systems analyses of specific South Carolina harm systems, formatted for legislative staff, agency leadership, county councils, school boards, and philanthropic funders. Alongside these, an accessible companion, *Where to Push*, teaching community organizations to run leverage analysis on their own local problems.

Channel 2, Recorded. "Perfectly Designed": a recorded module on why systems produce the outcomes they produce, aimed at community organizers, advocates, and civic groups.

Channel 3, Live. Analysis briefings delivered to visiting policymakers, agency staff, advocates, and academic partners, plus systems thinking workshops in which community organizations bring a real local problem and leave with a diagram of it.

Channel 4, Inside. Systems literacy training for other SCDC units, aimed at building analytical capacity across the incarcerated population so that TJP is producing peer analysts rather than remaining the only source of this work in the system.

The Ten Lessons

Wk	Lesson Title	What It Covers	Facilitation
1	Perfectly Designed for These Results	Meadows' founding claim: a system producing bad outcomes is not broken. It is doing exactly what its structure requires.	[STAFF]
2	Stocks, Flows, and Delays	The basic grammar of systems, and why the lag between action and effect destroys more good intentions than bad intentions ever have.	[STAFF]

Wk	Lesson Title	What It Covers	Facilitation
3	Loops That Amplify, Loops That Restrain	Reinforcing and balancing feedback, and locating both inside the South Carolina justice system with evidence.	[STAFF]
4	The Traps	Policy resistance, shifting the burden, success to the successful, escalation, and the tragedy of the commons. Naming the trap you are standing in.	[STAFF]
5	Twelve Places to Intervene	Meadows' leverage hierarchy from parameters to paradigms, and why nearly all political energy is spent on the weakest possible points.	[STAFF]
6	Get Proximate	Stevenson's first principle, and the argument that people closest to the problem hold information the system structurally cannot obtain.	[PEER]
7	Change the Narrative	How the story a state tells about crime sets the boundary of the policy it can pass, and how narratives are actually moved rather than wished.	[PEER]
8	Build: The Leverage Analysis	Team production of a causal loop diagram and full leverage-point analysis of one specific South Carolina harm system.	[PEER]
9	Attack Your Own Work	Red-teaming: every team argues in detail why its own recommendation will fail, then revises it.	[PEER]
10	Where the System Will Move	Formal presentation to invited policymakers, agency staff, advocates, or academic partners, defended under hostile questioning.	[PEER]

Facilitation Note

Five staff sessions, five peer sessions. Weeks 1 through 5 are staff-facilitated to establish analytical rigor, because systems thinking taught loosely degrades into metaphor and metaphor does not survive a hearing room.

Scope of practice. This course produces policy analysis, not advocacy campaigns, and the distinction is operationally important inside a state agency. Residents analyze systems and present findings. They do not organize, lobby, or engage in political activity from inside the facility, and every product is reviewed under SCDC publication policy before external release. Any advocacy that follows from TJP analysis is carried by partners and the Board of Volunteers through their own channels, never by residents. This boundary is stated in week 1 and is what makes the course institutionally sustainable rather than a liability.

Analytical honesty requirement. Analyses that reach conclusions favorable to the residents' own interests receive heightened scrutiny, and every team is required to state its own conflict of interest in writing at the top of its product. TJP's entire external credibility rests on this course being rigorous rather than self-serving.

Materials

Core texts: Meadows, *Thinking in Systems: A Primer*; Stevenson, *Just Mercy* (one of each per resident).
 Supporting: printed copy of Meadows' *Leverage Points* essay; excerpt packet from Alexander, *The New Jim Crow*; causal loop diagram templates and large-format paper; SCDC and South Carolina justice system data packets, printed and provided by staff since residents have no internet access; Analysis Quality Rubric; red-team protocol. No internet access required by residents; staff supply all data.

COURSE 13

NO ONE EDUCATES ALONE

Critical Pedagogy and the Craft of Teaching What You Survived

Field: Critical Pedagogy and the Credible Messenger

Core Scholarship: Paulo Freire, *Pedagogy of the Oppressed*; bell hooks, *Teaching to Transgress: Education as the Practice of Freedom*

Supporting Scholarship: Freire, *Education for Critical Consciousness*; hooks, *Teaching Community*; Malcolm Knowles on andragogy; Chip and Dan Heath, *Made to Stick*; the credible messenger mentoring literature

Description

This course was added because the curriculum had a hole in the exact center of the mission.

Twelve courses make TJP residents expert. None of them make residents able to teach. Those are different capacities, and the gap between them is where most credible messenger programs quietly fail. A man who understands polyvagal theory perfectly and cannot hold a room of fifteen year olds for ninety minutes has produced nothing the public can use.

Paulo Freire wrote the definitive account of why. He named the dominant model of education the **banking model**: the teacher makes deposits, the student receives, files, and stores them, and the entire transaction confirms who has knowledge and who does not. Banking education produces compliance. It has never in recorded history produced conversion. Freire's alternative is **problem-posing education**, in which teacher and student become co-investigators of a shared reality, and in which, in his formulation, *no one educates another, nor do we educate ourselves; we educate one another in communion, mediated by the world*. He is describing exactly what TJP is.

Freire's other central term is **conscientizacao**, critical consciousness: the capacity to read your own conditions accurately, name the forces producing them, and recognize yourself as capable of acting on them rather than only being acted upon. He argued that naming your conditions is the first act of changing them. Every TJP resident has already done a version of this in their own life. This course gives them the theory and the obligation to bring it to someone else.

bell hooks supplies what Freire does not: the craft, the interior, and the honesty. Her engaged pedagogy insists that a teacher's own wholeness is a condition of the work, that the classroom is a location of possibility rather than a delivery site, and that teaching well is emotionally demanding rather than technically neutral.

The last third of the course is unapologetically practical. Learning objectives. Session arc. Pacing. Message design. Handling the hostile question. Every resident delivers a full session and is taken apart by the room, because a critique from peers is survivable and a bad session in front of a hundred teenagers is not.

In the Cohort Rotation Plan this course runs early in each cohort's journey (fifth in the recommended order), so that residents begin building facilitation skill while they still have eight courses left to practice on, and so that each cohort is ready to co-facilitate [PEER] sessions for the cohort behind it.

Expectations

Residents are expected to:

- Complete a **Banking Model Audit** of the resident's own educational history: every classroom, program, and intervention experienced, classified as banking or problem-posing, with what each produced.
- Identify a minimum of five **generative themes**: the concerns actually alive in a specific target audience, gathered by asking rather than assumed.
- Write complete, assessable **learning objectives** for a full ten-session course, using an action-verb taxonomy.
- Design and deliver a **45-minute teaching session** in week 9 and receive unsparing structured critique without defending.
- Deliver a **public session to an outside audience** in week 10, evaluated by that audience on learning gain rather than on satisfaction.
- Serve as a **peer critic** with rigor. Empty praise in this course is treated as a failure of the critic, not a kindness to the presenter.

Benefits

To SCDC as an institution. This is the course that makes the entire TJP model financially and operationally sustainable. Peer facilitation capacity is what allows twelve other courses to run without twelve staff facilitators, and this is where that capacity is manufactured. It also produces residents who can deliver programming to other units, which multiplies the institution's programming reach without proportional staffing increase. Every trained peer facilitator is a permanent asset to SCDC for as long as that resident is in custody.

To the outside community. The credible messenger effect is real and is the entire strategic premise of TJP, but credibility only converts to impact when it is joined to teaching skill. A community group that hosts a TJP session and watches a resident hold a room for ninety minutes becomes an advocate for TJP. A community group that watches a well-intentioned resident lose a room becomes a quiet skeptic. This course determines which of those happens. It is the highest-leverage course for TJP's external reputation and therefore for everything TJP wants to do next.

To funders and policymakers. Train-the-trainer architecture is the single most attractive structural feature a funder can see, because it changes the cost curve: one funded cohort produces the facilitators for the next, and marginal cost per participant falls with every cycle. It is also what makes the model replicable across facilities and across states, which is what converts a program into an initiative. Any funder evaluating scalability is evaluating this course.

Outcomes

Behavioral markers:

- Completed Banking Model Audit covering the resident's full educational history with outcome analysis for each entry.
- Five generative themes identified through actual audience inquiry, documented with method.
- Complete set of assessable learning objectives for a ten-session course, meeting rubric standard.
- 45-minute peer session delivered and evaluated against a facilitation rubric covering objectives, arc, pacing, question handling, and participation distribution.

- Public session delivered to an outside audience with **participant learning gain measured pre and post**. Participant learning gain, not participant satisfaction, is the outcome. Satisfaction is recorded separately and treated as a secondary indicator.
- Documented service as peer critic on a minimum of five sessions with substantive, specific feedback.
- Cohort certifies a minimum of six residents as TJP peer facilitators qualified to lead designated sessions.

Validated instruments (baseline week 1, post week 10, retention at 6 months):

- **Teachers' Sense of Efficacy Scale (TSES)**, Tschannen-Moran and Woolfolk Hoy. Primary outcome measure, tracking efficacy in engagement, instruction, and classroom management.
- **Critical Consciousness Scale (CCS)**, Diemer et al. Measures critical reflection, critical motivation, and critical action. The closest published operationalization of Freire's conscientizacao.
- **Personal Report of Communication Apprehension (PRCA-24)**, McCroskey. Measures the anxiety that most often prevents a competent resident from becoming a competent facilitator.
- **Facilitation Competency Rubric** (TJP-developed, published with the curriculum): double-rated by staff and peers with inter-rater reliability reported.
- **Participant Learning Gain**: pre and post knowledge assessment administered to the *audience*, not the resident. This is the only measure in the entire curriculum that evaluates whether the teaching actually worked, and it is the most important number TJP produces.

Community Applications

Channel 1, Written. *The TJP Facilitator's Handbook*: the complete methodology for training credible messengers to teach, covering pedagogy, session design, message construction, and critique protocol. This is the product that lets another state replicate TJP, and it is the single most valuable written asset TJP will generate.

Channel 2, Recorded. A facilitator training series: recorded modules on session design, message construction, and handling the hostile room, usable by credible messenger programs nationally.

Channel 3, Live. Train-the-trainer sessions for visiting youth workers, credible messenger programs, violence interruption organizations, and reentry providers. TJP teaching other people how to teach is the highest-order activity TJP can perform for an outside audience.

Channel 4, Inside. Facilitator certification cycles delivered to other SCDC units, which is how the entire TJP curriculum propagates across the system without requiring TJP residents to physically deliver every session.

The Ten Lessons

Wk	Lesson Title	What It Covers	Facilitation
1	Nobody Is an Empty Account	Freire's banking model: education as deposit-making, and why it reliably produces compliance and never conversion.	[STAFF]
2	Co-Investigators	Problem-posing education, where the teacher is also taught and the student also teaches, and what that requires of both.	[STAFF]
3	Reading the Word and the World	Conscientizacao: critical consciousness, and why accurately naming your conditions is the first act of changing them.	[STAFF]

Wk	Lesson Title	What It Covers	Facilitation
4	Praxis	Reflection without action is verbalism. Action without reflection is noise. The discipline of holding both at once.	[STAFF]
5	Engaged Pedagogy	bell hooks on the teacher's own wholeness as a working condition, and the classroom as a location of possibility.	[STAFF]
6	The Credible Messenger	What the research says about who actually changes whom, and why your record is the qualification rather than the disqualification.	[PEER]
7	Designing Ninety Minutes That Land	Learning objectives, generative themes, arc, pacing, participation distribution, and the mechanics of a session that works.	[PEER]
8	Made to Stick	Why some ideas survive contact with an audience and others evaporate, and how to build a message that travels without you in the room.	[PEER]
9	Teach It and Be Taken Apart	Every resident delivers a full forty-five minute session and receives unsparing structured critique. No defending.	[PEER]
10	Teaching What You Survived	Public delivery to an outside audience, evaluated on what that audience actually learned.	[PEER]

Facilitation Note

Five staff sessions, five peer sessions. Weeks 1 through 5 are staff-facilitated to establish theoretical grounding. Weeks 6 through 10 are peer-facilitated by design, because a course about peer facilitation that is delivered entirely by staff would be a demonstration of Freire's banking model and would deserve every criticism it received.

Peer facilitator certification. This course is the formal certification pathway. A resident who completes it, delivers both sessions at rubric standard, and co-facilitates once under staff observation is certified as a TJP peer facilitator. Certification is approved by the Interdepartmental Committee, is internal to TJP, is not a professional credential, is not represented as one, and is reviewed annually. Certified facilitators may lead sessions designated [PEER] and may not lead any session designated [STAFF] under any circumstance. Facilitators of TJP meetings are trained separately through the Facilitator Training Workshop in the TJP Meeting Rhythm.

Materials

Core texts: Freire, *Pedagogy of the Oppressed*; hooks, *Teaching to Transgress* (one of each per resident). Supporting: excerpt packet from Heath and Heath, *Made to Stick*; learning objective action-verb taxonomy; session design template; Facilitation Competency Rubric; critique protocol; participant learning gain assessment templates. No internet access required.

THE KEYSTONE

THE PROVING GROUND

Ten Weeks. One Real Problem. One Deployable Intervention.

- Eligibility:** Completion of all thirteen courses and certification as a TJP peer facilitator through Course 13 (No One Educates Alone). The Keystone runs during the Facilitator Phase of each resident's five-year journey, on the schedule set by the TJP Cohort Rotation Plan.
- Format:** 10 weeks, one 90-minute session per week, plus a minimum of 6 hours per week of team production work.
- Structure:** Teams of 3 to 5 residents.
- Process:** One full ADOPT cycle stretched across ten weeks (weeks 1 to 3 Agree on the Problem, week 4 leverage check inside Diverge Wide, weeks 5 and 6 One Path and Prototype Small, week 7 pilot, weeks 8 and 9 Try, Test, Tune, week 10 defense).
- Output:** One complete, tested, deployable community intervention per team, with an evaluation plan attached.

Why the Keystone Exists

A keystone is the wedge-shaped stone at the top of an arch. Every other stone leans on it. Without it, the arch is just a pile of stones standing near each other. With it, the arch carries weight.

Every course in this curriculum ends with a product. The Keystone exists because a product is not a program.

Thirteen courses produce thirteen excellent components: a regulation protocol, a shame curriculum, a conflict kit, a reentry architecture, a leverage analysis. What no single course produces is the thing a school district, a sheriff's office, a reentry provider, or a foundation can actually adopt: a full intervention with a defined population, a theory of change, a session-by-session curriculum, trained facilitators, a materials package, an evaluation plan, and an honest account of what it cannot do.

The Keystone is where TJP stops being a set of courses and becomes a producer of programs. It is also the clearest single demonstration of the task force half of TJP's identity, and the strongest artifact TJP can put in front of a funder.

The Ten Weeks

Wk	Phase	Work	Facilitation
1	Select the Harm	Teams choose one specific, bounded harm in a named South Carolina community. Not "youth violence." Something like "retaliatory violence among 14 to 19 year olds in a specific county after a specific triggering event type." Specificity is graded. The TJP map of intervention points, <i>Forks in the Road</i> , is the starting menu.	[STAFF]
2	Proximity Interview	Teams gather from the most proximate available sources: family members, returning citizens, staff, and, where consented and staff-convened, community partners. Assumption is not data.	[STAFF]

Wk	Phase	Work	Facilitation
3	Theory of Change	Teams state the mechanism: what condition produces the harm, what intervention interrupts it, and what evidence supports the claim. Every link in the chain must be sourced. The team writes its PROOF line this week, before anything is built.	[STAFF]
4	Leverage Check	Teams rank their proposed intervention against Meadows' hierarchy and justify why they are not intervening at a higher leverage point. Most first drafts fail this week.	[PEER]
5	Curriculum Build I	Session-by-session design: objectives, arc, materials, facilitator notes. Course 13 methodology applied at full scale.	[PEER]
6	Curriculum Build II	Completion of the build, plus the materials package, facilitator preparation guide, and the scope-of-practice and safety architecture.	[PEER]
7	Pilot Inside	Live delivery to a real audience within the institution. Full sessions, real participants, measured outcomes. Not a rehearsal.	[PEER]
8	Adversarial Review	Every team is assigned another team's intervention and given one instruction: destroy it. Then the original team responds and revises.	[PEER]
9	Evaluation Design	Teams build the measurement plan: instruments, behavioral markers, data collection protocol, and a written statement of what would count as failure.	[STAFF]
10	The Defense	Formal presentation to a panel of invited staff, members of the Board of Volunteers, community partners, academic partners, and funders. Hostile questioning. Panel scores against the Keystone rubric.	[PEER]

Required Deliverables

Every team produces a single bound package containing:

1. **Problem Statement.** The specific harm, the specific population, the specific geography, with data.
2. **Proximity Report.** What the most affected people said, with method documented and assumptions distinguished from findings.
3. **Theory of Change.** A sourced causal chain from condition to intervention to outcome.
4. **Leverage Justification.** Position on Meadows' hierarchy, and an honest defense of why not higher.
5. **Full Curriculum.** Session-by-session, with objectives, materials, and facilitator notes. Complete enough that a stranger could run it.
6. **Facilitator Preparation Guide.** How to train the people who will deliver it.
7. **Safety and Scope Architecture.** What this intervention does not do, who it is not appropriate for, what the referral pathways are, and where the clinical boundary sits.
8. **Evaluation Plan.** Instruments, markers, collection protocol, and a written definition of failure.
9. **Limitations Statement.** What the team does not know, what the intervention cannot address, and what would make it stop working. **A package without an honest limitations statement is returned unscored.**
10. **Adoption Package.** A two-page summary for a decision-maker who will never read the other nine documents.

Assessment

The Keystone is scored by an external panel, not by TJP facilitators, on five dimensions:

Dimension	What Is Scored
Specificity	Is the problem bounded tightly enough to be actionable, or is it a category?
Evidentiary Rigor	Is every causal link sourced, and are proximity findings distinguished from assumptions?
Deployability	Could a stranger run this from the package alone?
Honesty	Does the limitations statement name real limitations, and did the team survive adversarial review without retreating into defensiveness?
Adoption Potential	Would a decision-maker in the target sector plausibly adopt this?

The Outcome That Matters

Every other measure in this curriculum tracks change in a resident. The Keystone tracks one thing beyond that: **adoption**.

TJP maintains a longitudinal Adoption Register of every Keystone package, tracking at 6, 12, 24, and 36 months whether it was received by an external body, piloted, adopted, funded, replicated, or cited. That register lives in the TJP Evidence Workbook and is the single most important record TJP produces. It is the answer to the only question that finally matters about the Transformative Justice Project, which is not whether the residents changed, but whether anything outside the fence did.

APPENDIX A: MASTER READING LIST

All texts are available in print. No title in this curriculum requires internet access to obtain or use. Core texts are one copy per resident. Supporting texts may be held at a ratio of one copy per three to five residents, or supplied as printed excerpt packets prepared by staff. Note: SCDC currently accepts books only when shipped from approved vendors; donors should purchase through those vendors (confirm the current rule with the Interdepartmental Committee).

Core Texts (13, one per course)

Course	Core Text	Author
1 Constructing a Changed Mind	<i>Mindsight: The New Science of Personal Transformation</i>	Daniel J. Siegel
2 The Unmaking of a Criminal	<i>Criminality in Context</i> and <i>The Little Book of Restorative Justice</i>	Craig Haney; Howard Zehr
3 The Science of Safety	<i>The Pocket Guide to Polyvagal Theory</i>	Stephen W. Porges
4 Trauma and the Brain	<i>The Body Keeps the Score</i>	Bessel van der Kolk
5 The Unfinished Response	<i>Waking the Tiger: Healing Trauma</i>	Peter A. Levine
6 The Engine of Violence	<i>Daring Greatly</i>	Brene Brown
7 The Attention You Own	<i>Full Catastrophe Living</i>	Jon Kabat-Zinn
8 Ask a Different Question	<i>In the Realm of Hungry Ghosts</i> and <i>Unwanted</i>	Gabor Mate; Jay Stringer
9 Identity Is a Vote	<i>Atomic Habits</i>	James Clear
10 Redemptive Compassion	<i>The Age of Empathy</i>	Frans de Waal
11 Acts of Violence Are Failed Requests	<i>Nonviolent Communication: A Language of Life</i>	Marshall B. Rosenberg
12 Leverage Points	<i>Thinking in Systems: A Primer</i> and <i>Just Mercy</i>	Donella Meadows; Bryan Stevenson
13 No One Educates Alone	<i>Pedagogy of the Oppressed</i> and <i>Teaching to Transgress</i>	Paulo Freire; bell hooks

Supporting Scholarship by Course

Course 1. Siegel, *The Developing Mind*. Siegel and Bryson, *The Whole-Brain Child*. Cozolino, *The Neuroscience of Human Relationships*. Allan Schore on affect regulation. Ainsworth and Main on attachment classification.

Course 2. Haney, *Reforming Punishment*. Zehr, *Changing Lenses*. Maruna, *Making Good*. Sered, *Until We Reckon*. Andrews and Bonta, *The Psychology of Criminal Conduct*. Sampson and Laub on life-course criminology.

Course 3. Porges, *The Polyvagal Theory*. Dana, *Anchored* and *The Polyvagal Theory in Therapy*. Porges and Dana, *Clinical Applications of the Polyvagal Theory*. Porges and Porges, *Our Polyvagal World*.

Course 4. Felitti, Anda et al., the Adverse Childhood Experiences Study (Kaiser Permanente and CDC, over 17,000 participants). Perry and Winfrey, *What Happened to You?*. Herman, *Trauma and Recovery*. Tedeschi and Calhoun on posttraumatic growth.

Course 5. Levine, *In an Unspoken Voice* and *Healing Trauma*. Gendlin, *Focusing*. Ogden, *Sensorimotor Psychotherapy*. Menakem, *My Grandmother's Hands*.

Course 6. Brown, *I Thought It Was Just Me* and *Rising Strong*. Gilligan, *Violence: Reflections on a National Epidemic*. Tangney and Dearing, *Shame and Guilt*. Tangney, Stuewig, and Martinez, "Two Faces of Shame," *Psychological Science* (2014), which is the specific source for the shame-proneness and guilt-proneness recidivism finding.

Course 7. Kabat-Zinn, *Wherever You Go, There You Are*. Segal, Williams, and Teasdale, *Mindfulness-Based Cognitive Therapy for Depression*. Jenny Phillips, *The Dhamma Brothers* (Donaldson Correctional Facility, Alabama). Fleet Maull and the Prison Mindfulness Institute. Shonin, Van Gordon, and Griffiths on mindfulness interventions in offender populations, including the methodological critiques.

Course 8. Alexander, *The Globalization of Addiction* and the Rat Park research. Hart, *Drug Use for Grown-Ups*. Volkow and the NIDA brain disease model. Berridge on incentive salience and the wanting-versus-liking distinction.

Course 9. Wood, *Good Habits, Bad Habits*. Hayes and Wilson on values in Acceptance and Commitment Therapy. Fogg, *Tiny Habits*. Duhigg, *The Power of Habit*. Gollwitzer on implementation intentions.

Course 10. de Waal, *Good Natured* and *Primates and Philosophers*. Brosnan and de Waal, "Monkeys reject unequal pay," *Nature* (2003), the capuchin fairness study. Tomasello, *Why We Cooperate*. Hrdy, *Mothers and Others*. Bloom, *Against Empathy*. Bandura on moral disengagement. Decety on the neuroscience of empathy.

Course 11. Rosenberg, *Speak Peace in a World of Conflict*. Stone, Patton, and Heen, *Difficult Conversations*. Ury, *Getting to Yes* and *The Third Side*. Voss, *Never Split the Difference*.

Course 12. Meadows, "Leverage Points: Places to Intervene in a System" (essay) and "Dancing with Systems" (essay, 2001). Senge, *The Fifth Discipline*. Alexander, *The New Jim Crow*. Kania and Kramer on collective impact.

Course 13. Freire, *Education for Critical Consciousness*. hooks, *Teaching Community*. Knowles on andragogy. Heath and Heath, *Made to Stick*. The credible messenger mentoring literature.

APPENDIX B: INSTRUMENT INDEX

Every validated instrument named in this curriculum, with its administration requirement and its cost status.

Cost status matters operationally. A curriculum that specifies four proprietary instruments per course is a curriculum that will not be measured. Where a proprietary instrument is named, a free alternative is identified.

Legend.

Free = public domain or free for non-commercial research and treatment use.

Permission = free but requires author or publisher permission for formal use.

Proprietary = purchase required.

Clinical = requires a licensed clinician to administer, score, or interpret, and requires an elevated-score response protocol.

Emotion Regulation and Mentalizing

Instrument	Author	Course	Status
Difficulties in Emotion Regulation Scale (DERS / DERS-18)	Gratz and Roemer	1, 8	Free
Toronto Alexithymia Scale (TAS-20)	Bagby, Parker, Taylor	1	Permission
Reflective Functioning Questionnaire (RFQ-8)	Fonagy et al.	1	Free
Experiences in Close Relationships-Revised (ECR-R)	Fraley et al.	1	Free

Criminal Thinking and Risk

Instrument	Author	Course	Status
TCU Criminal Thinking Scales	TCU Institute of Behavioral Research	2	Free. Recommended primary.
TCU Drug Screen 5	TCU Institute of Behavioral Research	8	Free. Recommended primary.
Criminal Sentiments Scale-Modified (CSS-M)	Simourd	2	Permission
Measures of Criminal Attitudes and Associates (MCAA)	Mills and Kroner	2	Permission
Psychological Inventory of Criminal Thinking Styles (PICTS)	Walters	2	Proprietary (Multi-Health Systems). Use TCU CTS instead unless funded.
Level of Service Inventory-Revised (LSI-R)	Andrews and Bonta	2	Proprietary and requires certified training. Use only if SCDC already administers it.

Autonomic, Somatic, and Interoceptive

Instrument	Author	Course	Status
Body Perception Questionnaire, Short Form (BPQ-SF)	Porges	3	Free
Multidimensional Assessment of Interoceptive Awareness (MAIA-2)	Mehling et al.	3, 5	Free
Scale of Body Connection (SBC)	Price and Thompson	5	Free
Body Awareness Questionnaire (BAQ)	Shields, Mallory, Simon	5	Free
Somatic Symptom Scale-8 (SSS-8)	Gierk et al.	5	Free
Heart Rate Variability (RMSSD, RSA)	n/a	3	Equipment cost only. Requires institutional approval.

Trauma

Instrument	Author	Course	Status
Adverse Childhood Experiences Questionnaire (ACE)	Felitti and Anda	4	Free. Clinical. Baseline descriptive only, never an outcome.
PTSD Checklist for DSM-5 (PCL-5)	Weathers et al.	4	Free (National Center for PTSD). Clinical.
Dissociative Experiences Scale-II (DES-II)	Carlson and Putnam	4	Free. Clinical.
Childhood Trauma Questionnaire, Short Form (CTQ-SF)	Bernstein and Fink	4	Proprietary (Pearson). Clinical. Optional; ACE covers most of the need.
Posttraumatic Growth Inventory (PTGI)	Tedeschi and Calhoun	4	Free

Shame, Guilt, and Aggression

Instrument	Author	Course	Status
Test of Self-Conscious Affect (TOSCA-3)	Tangney and Dearing	6	Permission. Primary measure for Course 6.
Guilt and Shame Proneness Scale (GASP)	Cohen et al.	6	Free. Shorter alternative to TOSCA-3.
Internalized Shame Scale (ISS)	Cook	6	Permission
Self-Compassion Scale, Short Form (SCS-SF)	Neff	6	Free

Instrument	Author	Course	Status
Buss-Perry Aggression Questionnaire	Buss and Perry	3, 6, 11	Free

Attention, Impulsivity, and Sleep

Instrument	Author	Course	Status
Five Facet Mindfulness Questionnaire (FFMQ-15, FFMQ-39)	Baer et al.	7	Free
Mindful Attention Awareness Scale (MAAS)	Brown and Ryan	1, 7	Free
Barratt Impulsiveness Scale (BIS-11)	Patton, Stanford, Barratt	7	Permission
Perceived Stress Scale (PSS-10)	Cohen	3, 7	Free
Pittsburgh Sleep Quality Index (PSQI)	Buysse et al.	5, 7	Permission (free for non-commercial)

Addiction

Instrument	Author	Course	Status
Severity of Dependence Scale (SDS)	Gossop et al.	8	Free
Craving Experience Questionnaire (CEQ)	May et al.	8	Free
Brief Situational Confidence Questionnaire (BSCQ)	Breslin et al.	8	Free
Hypersexual Behavior Inventory (HBI)	Reid et al.	8	Permission. Clinical.
Compulsive Sexual Behavior Inventory (CSBI)	Coleman et al.	8	Permission. Clinical.

Habit, Values, and Self-Efficacy

Instrument	Author	Course	Status
Self-Report Habit Index (SRHI)	Verplanken and Orbell	9	Free
Valued Living Questionnaire (VLQ)	Wilson et al.	9	Free
Brief Self-Control Scale (BSCS)	Tangney, Baumeister, Boone	9	Free
General Self-Efficacy Scale (GSE)	Schwarzer and Jerusalem	9	Free
Acceptance and Action Questionnaire-II (AAQ-II)	Bond et al.	9	Free

Empathy, Moral Disengagement, and Communication

Instrument	Author	Course	Status
Interpersonal Reactivity Index (IRI)	Davis	10	Free
Basic Empathy Scale (BES)	Jolliffe and Farrington	10	Free. Developed on youth and offender populations.
Moral Disengagement Scale	Bandura et al.	10	Free
Toronto Empathy Questionnaire (TEQ)	Spreng et al.	10, 11	Free
Reading the Mind in the Eyes Test (RMET)	Baron-Cohen et al.	10	Free. Performance-based, resistant to social desirability.
Rahim Organizational Conflict Inventory-II (ROCI-II)	Rahim	11	Proprietary but low cost
Interpersonal Communication Competence Scale (ICCS)	Rubin and Martin	11	Free

Systems Analysis and Teaching

Instrument	Author	Course	Status
Systems Thinking Scale (STS)	Dolansky and Moore	12	Free
Need for Cognition Scale (NCS)	Cacioppo and Petty	12	Free
Critical Consciousness Scale (CCS)	Diemer et al.	12, 13	Free
Teachers' Sense of Efficacy Scale (TSES)	Tschannen-Moran and Woolfolk Hoy	13	Free
Personal Report of Communication Apprehension (PRCA-24)	McCroskey	13	Free

TJP-Developed Instruments

These do not exist elsewhere and are published with the curriculum. Each requires double-coding with inter-rater reliability reported.

Instrument	Course	Measures
NVC Transcript Coding Protocol	11	Observation-to-evaluation ratio, feeling-word accuracy, need identification, request-versus-demand classification
Analysis Quality Rubric	12	Structural accuracy, sourcing, leverage ranking, feasibility realism, red-team rigor
Facilitation Competency Rubric	13	Objectives, arc, pacing, question handling, participation distribution

Instrument	Course	Measures
Participant Learning Gain Assessment	13	Pre and post knowledge change in the audience , not the resident
Keystone Panel Rubric	Keystone	Specificity, evidentiary rigor, deployability, honesty, adoption potential

APPENDIX C: IMPLEMENTATION NOTES

Minimum Viable Launch

TJP does not need thirteen courses running to start. It needs the first courses of Cohort A, run well, with measurement in place from day one. The Cohort Rotation Plan sets the order, and the first five courses are chosen for exactly this reason:

1. **Course 11, Acts of Violence Are Failed Requests.** Fastest visible institutional result, lowest clinical risk, highest immediate utility to residents.
2. **Course 9, Identity Is a Vote.** Low clinical sensitivity, a good training ground for first peer facilitators, and a tangible reentry artifact.
3. **Course 1, Constructing a Changed Mind.** Supplies the vocabulary every later course borrows.
4. **Course 3, The Science of Safety.** The highest-leverage safety course, and the nervous-system foundation for the clinical block.
5. **Course 13, No One Educates Alone.** Manufactures the peer facilitation capacity that every later cohort depends on.

Run those, measure them properly, publish the results internally through the TJP Monthly Report, and the case for the rest writes itself.

Sequencing Constraint

Courses 4 (Trauma and the Brain), 5 (The Unfinished Response), 6 (The Engine of Violence), and 8 (Ask a Different Question) carry the highest clinical requirements and should not run until a licensed mental health professional, or a facilitator trained in trauma-sensitive somatic practice for Course 5, is confirmed available for the designated sessions. If that confirmation is not in place one full quarter before the course is due, the Interdepartmental Committee swaps in a lower-risk course and moves the clinical block back. Running any of these without that presence is the single most likely way to generate an adverse incident and lose institutional support for the whole project.

What Would Make This Fail

An honest statement, included because a curriculum that cannot name its own failure modes should not be trusted with the ones it is trying to fix.

- **Measurement collapse.** Instruments administered at baseline and never again. This is the most common failure and it is fatal, because it converts a research project into a program with anecdotes.
- **Peer facilitation drift.** Peer facilitators leading [STAFF] sessions because staffing was short that week. The clinical boundary holds absolutely or it does not hold.
- **Product without adoption.** Thirteen excellent products sitting in a binder because nobody built the external relationships to place them. The four channels require relationship work that no curriculum can do for you. That work belongs to the Board of Volunteers and TJP's partners, guided by the TJP Partner Prospectus.
- **Credibility damage from a single bad public session.** One resident losing a room of visitors costs more external trust than ten good sessions build. Course 13 is not optional.

- **Self-serving analysis.** The moment a Leverage Series brief reads as advocacy for the authors' own interests, TJP's external credibility is gone and does not come back.

Companion Documents

This curriculum is one part of the TJP Operating System. Its companions are the TJP Meeting Rhythm, the TJP Playbook, the TJP Needs Analysis, the TJP Partner Prospectus, the TJP Evidence System and Workbook, the TJP Monthly Report, the TJP Cohort Rotation Plan, the Personal Narrative, *Forks in the Road* (the TJP map of intervention points), and the ADOPT Model workshop for task force teams.