3/14/03

INSTRUCTIONS
FOR THE PHASE II MANUAL

[Note: Text in bold type indicates material/instructions for the group provider. This text should not be disseminated to patients.]

The Skill Acquisition Phase of The Phase II Manual marks the shift from an educational format to a therapeutic format. Treatment Readiness was set up to teach the basic concepts of the Treatment Program. This phase requires patients to begin learning and applying cognitive-behavioral concepts to themselves. Also, Phase I avoided any offense-specific discussion. All subsequent phases will focus directly on the personal offense history of patients.

The group leader should expect individual differences in how quickly patients are able to make the transition from a passive to an active, therapeutic role. It should be made clear to patients that they will not be allowed to remain in phase two if they refuse to discuss their offense histories. The criteria for entry into Phase II includes acknowledging that they have a sexual problem and they want to change.

The following modules will be covered in Phase II:

I. LAY-OUT
II. RELAPSE PREVENTION
III. COGNITIVE DISTORTIONS
IV. VICTIM AWARENESS
V. AUTOBIOGRAPHY

The manual is provided as a format for the group. Groups leaders are encouraged to add examples and illustrations appropriate to their group members. The modules have no rigid time lines, nor sequences, and the facilitator should be flexible to the needs of their particular group members. However, it is important to keep the group focused on the topics in the manual rather than on day-today frustrations or other unrelated topics which group members might prefer to discuss.

The group is open-ended, and individual members may be added or removed both during the quarter and in between quarters. It is recommended that group norms and ground rules be reprocessed with the addition of each new member.

PHASE II MANUAL: SKILL ACQUISITION

Module I: Lay-Out

Topic I: Preparing the Lay-Out

Goal: 1. Patients will learn how to develop and present a Lay-Out that demonstrates an ability to take full responsibility for their sexual offending.

Method: Instructor will present mini-lecture and assign homework. Patients will then be asked to present homework assignments to the treatment group.

Mini-Lecture:

A Lay-Out is a presentation by the offender to the rest of the treatment group. It is an opportunity for each participant to introduce himself, briefly describe his crimes and victims, and then to state what his treatment goals are. The main purpose of the lay out is demonstrate that you are taking full responsibility for your sexual offending.

There are several other reasons why Lay-Outs are useful.

First, it informs all group members about your crimes. This will help them ask you appropriate questions when you present your offense chain and other assignments. The better their questions, the more quickly you will be able to identify the events, thoughts, and feelings (high risk factors) that you must learn to cope with in order to avoid reoffense.

Second, a Lay-Out helps to "level the playing field" in that it encourages everyone to be equally open and honest about his crimes. Reluctance to be honest by one or two group members can quickly result in the entire group being reluctant to be open and honest.

Third, Lay-Outs help to focus the group on the goals of treatment. Each group member should have as a goal the desire to never sexually abuse someone again. Having each acknowledge this goal (along with other goals) helps to focus and give meaning to the treatment group process.

Once each patient has shared his Lay-Out in group (see Homework assignment below), the Lay-Out should be repeated at the following occasions.

1. **At the first group session of each month.**

2. **Whenever a new member or a new facilitator enters the group.**

Instructions for the Lay-Out are as follows:

1. **Give full name**
2. **Provide a brief account of past sexual offenses and force you used.**
3. **Identify age, gender, and relationship to each victim.**
4. **Describe why you are in treatment (Goals).**

Homework assignment:

Reference patient handbook:

Phase II – Skills Acquisition
Module 1 – Lay-Outs, Topic 1
Homework Assignment – Preparing the Lay-Out

Write-out your Lay-Out and present it in group. Be willing to receive feedback from the facilitators and other group members regarding your lay-out. Also, it is important to recognize you may be asked to modify your lay-out once you have presented it.

Phase II – Skills Acquisition
Module 1 – Lay-Outs, Topic 1
Homework Assignment – Preparing the Lay-Out

Write-out your Lay-Out and present it in group. Be willing to receive feedback from the facilitators and other group members regarding your lay-out. Also, it is important to recognize you may be asked to modify your lay-out once you have presented it.

Instructions for the Lay-Out are as follows:

1. Give full name
2. Provide a brief account of past sexual offenses and force you used.
3. Identify age, gender, and relationship to each victim.
4. Describe why you are in treatment (Goals).

An example of a Lay-Out is as follows.

"My name is Bob. I am here because of my past behavior of child rape and molestation. I forced my victims to orally copulate me and then I would orally copulate them. I told them that if they did not do what I wanted, I would not let them go home. One time, I told an 8 year-old boy that I would kill his mom if he didn't orally copulate me. I've had 5 different boy victims, two of them were 8 years old, one was 7 and the other two were about 6. Two of my victims were neighborhood kids, one was a boy I knew from the church youth group and the other two were kids who went to the local park for summer Recreation group. I abused most of my victims more than once and I molested one of them over 20 times. Through this treatment group I want to learn ways to keep myself from ever offending again. I also want to learn how I can feel more comfortable with men and women my own age. "

OR

"My name is Bill. I am here because of my past behavior of raping women. I forced my victims to orally copulate me and then have intercourse with me. I told them that I would kill them if they did not do what I wanted and I showed them a knife I had with me. One time, I actually cut a woman who was struggling. I also punched three of my victims. I've had a total of 5 different victims. One was 18, one was 16 and the others were in their mid 20s. I didn't know 3 of my victims, I just followed them out of bars. The other two were friends of my brother. Through this treatment group I want to learn what I can do to stop myself from doing this again."

PHASE II MANUAL: SKILL ACQUISITION

Module 2: Relapse Prevention

Topic I: Quarterly Review of the Relapse Prevention Module

Goal:

1. **The patients will deepen their understanding of the Relapse Prevention Model and its concepts so that they can apply it to the development of their personal treatment plans.**

Objectives:

1. **Patients will reinforce their understanding of basic terms and concepts.**
2. **Patients will integrate these concepts into their work on the assignments from Phase II and improve their understanding of the purpose and relevance of the tools they are learning.**

Method: **Hand out copies of the Relapse Prevention Model (next page) to group members and review the basic concepts. This should be the first topic of each group, each quarter.**

Relapse Prevention Model diagram

PHASE II MANUAL: SKILL ACQUISITION

Module II: **Relapse Prevention**

Topic 2: **Building an Abstinence and Offense Time Line**

Goal:

1. **To explain how to create an Abstinence and Offense Time Line.**
2. **To clarify, before beginning the Behavior Offense Chain, which periods of time the patient was not offending during the course of their lives.**
3. **To further define "dysfunctional beliefs" and "cognitive distortions", and integrate these concepts into the Relapse Prevention Model.**

Materials: **Handout #1 "Abstinence and Offense Time Line"**

[Note to group leaders: ***This section will require that patients look at the origins of some of the important beliefs and distortions they hold. The value in doing this lies with the patient's here-and-now acknowledgement of a given belief/distortion. There is considerably less value, from a cognitive-behavioral point of view, in dwelling on <u>why</u> and <u>how</u> the belief formed. Groups leaders are strongly encouraged to steer the discussion back to the here-and-now ramifications of a given belief and to redirect patients who would prefer to discuss their etiology.*** **]**

Mini-Lecture:

The purpose of this topic is to get a brief overall picture of the chronology of your offending pattern – when were you offending and when were you not offending? By completing the time line, you can identify the best possible point at which to begin the analysis of your offense pattern. (Where to start your first Behavior Chain.)

The Behavior Chain process is a way to study how your thinking and behavior moved you toward offending. The Behavior Chain helps you to reconsider the thinking and behavior that led to offending and to develop coping responses. By doing so, you can prevent the pattern from happening again. (This is "Relapse Prevention".) As you progress through treatment, you will continue to develop your Time Line, adding additional information. The Abstinence and Offense Time Line will be a visual tool to help you integrate the work you have done and pick out times and areas for further work.

It is important to have a clear understanding of the concept of "abstinence". For the purposes of relapse prevention for sex offenders, abstinence means –

to hold back or voluntarily stop oneself from engaging in deviant sexual behavior as well as the thinking, behavior, and circumstances that can lead to offending.

If you can identify a point in time before an offense (or offenses) when you were making a strong effort to abstain from deviant sexual behavior, this is generally the best place to start a Behavior Chain. Some offenders, however, may not be able to identify a period of time when they were ever truly abstinent from deviant sexual behavior. For these offenders, a period of incarceration may be the best starting point for the Behavior Chain.

Just remember: incarceration does not equal abstinence!!!

Completing the Abstinence and Offense Time Line will help you to view your life over time so that you can identify the best possible place to begin or continue the task of changing old patterns and prevent relapse.

The "Abstinence and Offense Time Line" handout has an example of how to complete this task. The first step is to identify your qualifying offenses and all other convicted sex offenses. If you have multiple offenses over a span of time you can mark off that period and describe the repetition briefly.

Patients should know that clinicians are ethically and legally required to report any reasonable suspicion that there might be an unreported victim. This was explained in the Informed Consent for Phases II-IV. Time Lines should be as complete as possible. This information is being included in order to facilitate treatment, not prosecution. Nevertheless, the providers are mandated child abuse reporters and are required to report <u>any</u> suspected unreported instance of sexual abuse regardless of whether specifics (such as name of victim and time of offense) are provided.

Periods of incarceration also need to be noted on the time line. You may want to identify other significant life events (deaths, significant sexual events in your life, serious accidents or injuries, etc.) on your time line, however you don't want to clutter the time line up so much that the big picture gets obscured.

Once the exercise is completed it will be shared and discussed with the group. One of the primary tasks at this point is to reflect on which offense would be the best place to begin work on your first Behavior Chain. You will want to keep your time line and make notations on it as you proceed through Treatment.

After you have completed your Behavior Chain, you will need to add the period of time the Behavior Chain covers to the Abstinence and Offense Time Line.

You will also want to begin reflecting on the dysfunctional beliefs and cognitive distortions you were able to identify as you complete the Behavior Chain.

At some point in your life(possibly very early in your childhood), dysfunctional beliefs and major cognitive distortions became part of how you looked at the world and thought about things. They become part of the context you used for interpreting life events. They became part of your "schema". As we will discuss in Topic 6 of this module, maladaptive behavior, cognitive distortions, and dysfunctional beliefs are closely related in an offender's offense pattern.

For example, you may come to realize that you hold a dysfunctional belief that "victims of sexual abuse are not really harmed". It can be helpful to note on the Abstinence and Offense Time Line when you first came to this conclusion and began to think this way.

As you complete subsequent Behavior Chains, you will be asked to note the dysfunctional beliefs that are operating. Dysfunctional beliefs must be challenged and replaced by functional beliefs. This work should be reflected in your Behavior Chain coping responses and when disputing your cognitive distortions.

INSTRUCTIONS

- Have patients place notations on the Abstinence and Offense Time Line for each convicted sex offense as shown in the example.
- Instruct them to note non-convicted offenses on the time line without noting the specifics as described in the narrative above (optional but recommended).
- Tell patients to note any other significant events that might be relevant to understanding their offense patterns.
- Instruct patients to save the time line for future use.

INSTRUCTIONS FOR FUTURE USE

- After patients complete a Behavior Chain, they are to note the time that the seven events covered on their time line.
- When they have identified dysfunctional beliefs in a Behavior Chain, have them note when that dysfunctional belief was acquired.
- Patients should save the time line for future use.

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 2
Homework Assignment – Building an Abstinence and Offense Time Line

The purpose of this assignment is to help you create an overall picture of the chronology of your offending pattern. This assignment will go hand-in-hand with the work you do on your Behavior Chains.

Definition of "Abstinence" within the framework of Relapse Prevention for Sex Offenders:

> to hold back or voluntarily stop oneself from engaging in deviant sexual behavior as well as the thinking, behavior, and circumstances that can lead to offending.

INSTRUCTIONS

- Place notations on the Abstinence and Offense Time Line for each convicted sex offense as shown in the example.
- Note non-convicted offenses on the time line without noting the specifics as noted in the narrative above (optional but recommended).
- Note any other significant event that you think might be relevant to understanding your offense pattern.
- Save the time line for future use.

INSTRUCTIONS FOR FUTURE USE

- After you complete a Behavior Chain, note the time that the seven events covered on your time line.
- When you have identified dysfunctional beliefs in a Behavior Chain, note as best you can when that dysfunctional belief was acquired.
- Save the time line for future use.

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 2
Handout – Example of an Abstinence and Offense Time Line

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 2
Handout – A Blank Abstinence and Offense Time Line

PHASE II MANUAL: SKILL ACQUISITION

Module II: Relapse Prevention

Topic 3: Building a Behavior Offense Chain

Goal: To explain how to build a Behavior Offense Chain

Method: Instructor will present this mini-lecture and assignment. Patients will complete appropriate homework. Assess/review assignments in group.

Mini-Lecture:

A behavior offense chain is a tool that helps you identify some of the Seemingly Unrelated Behaviors That Lead to Error (SUBTLE) and high-risk factors that led up to your offense.

Sex offenses do not just happen. They do not come out of the blue. They are the result of a whole series or chain of decisions that you made. This chain of decisions and risk factors connect you, in your present state of abstinence, with your potential for relapse. Each decision or link builds upon the next. Your task is to understand and identify as many of these links as possible. Only then can you go about the task of breaking the links in your chain.

ABSTINENCE	Deviant sexual interest	Cognitive distortions	Access to victims	Lack of empathy	Substance abuse	RELAPSE

One possible chain of events leading to sexual offense

HOW TO BUILD A BEHAVIOR OFFENSE CHAIN

1. Identify events that led up to your crime.

The first task in being able to understand the links in your offense chain is to identify as many events as possible that led up to your offense. These are things that occurred before your rape or molest. Write them on scrap pieces of paper. You can organize them later. Some of the events may have happened only hours or minutes before your crime(s). Other times, important events that played a role in your offense(s) may have occurred months, years, and even decades earlier.

The descriptions of these events do not need to be elaborate, nor do they need to be in complete sentences. Brief phrases work the best in this task.

Include only events that happened before you started your offense. Do not include the sexual actions that were involved in the offense itself.

2. Be sure that you are listing events and not something else.

Be careful not to list feelings or thoughts instead of events. It is sometimes easy to confuse the two, but it is important to keep them straight. An event is:

- Something you did.
- Something you said.
- Something someone else did.
- Something someone else said.
- Something that happened.

Events are observable. Other people can see them or hear them. They are not the things that went on in your mind. Thoughts and feelings are very important links in the chains leading to sex offenses, but we will consider them later. For the present, simply consider the *actions* you or somebody else did, or something that happened.

As you think about important events, consider what would be recorded if a videotape had been following you around during your life. Consider which events it would record and how those events would be edited together in order to show the clear path toward your molest or rape. A video camera cannot record thoughts and feelings, it can only record actions and happenings.

Be careful not to confuse an event with your reaction to the event. For example, this is not an event: “my wife made me angry”. Your anger is not the event. The event was what she did (e.g. called you names, was not home, slept with another man, etc.) that resulted in you becoming angry.

Also, be careful not to confuse an event with your interpretation of that event. (This, too, will be considered later.) For example, this is not an event: “your stepdaughter was being seductive to you”. The event was what she did (e.g. walked around the house in skimpy shorts and a tube top, gave you back-rubs, talked about sex) that you interpreted as seductive.

Finally, avoid using vague, passive, or third-person descriptions. Events are active. The more you can use active, specific language and “I” statements in writing your events, the easier they will be to work with later. For example:

Weak event: “I was drunk.”
Better event: “I drank a fifth of bourbon.”

Weak event: "The rent was unpaid."
Better event: "I spent the rent money on a prostitute."

3. Test each event for relevance.

Only events that had something to do with your offending should be included in your Behavior Chain. Ask yourself each of the three questions below about all of the events on your list so far:

1. Did it increase the chances that I would commit my crime?
2. Did it decrease the chances that I would commit my crime?
3. Did it have no effect on the chances that I would commit my crime?

Only those events that increased the likelihood of your crime are important and relevant for your Behavior Chain. Those that decreased or had no effect on the probability that you would commit the rape or molest are not relevant for the Behavior Chain.

4. Work backward in time.

It may be easiest for you to start by identifying events that occurred immediately before your offense. Then, start asking yourself what happened before that? And before that? And so on.

5. Identify the 7 most important events.

Some offenders identify hundreds of events that were relevant to their offending. Because one of the purposes of a Behavior Chain is to identify high-risk factors that you can keep in mind to avoid or learn to handle differently, such a lengthy list is not very helpful. But, it's a good place to start. Your therapist and fellow group members will help you whittle it down. If this is your case, you can look at the events on your list that represent similar themes in your life. Only pick out one or two to represent this theme or try to combine similar events in one statement. Also, review your list to determine which were the most important events. Select those that had the greatest impact on increasing your chances of offending.

Some offenders are hard pressed to come up with more than one or two events that they think led to their offenses. Sex offending never has only one or two precipitating events.

Consider this case: Michael, a sex offender in therapy, indicated that the only relevant event prior to his attempted rape was that he got drunk. Lots of people get drunk, but few end up raping someone. What made Michael different? Also, Michael was often drunk, but he didn't always end up raping someone. What made

this time different? These are the type of questions to be asking yourself to identify the relevant events that led up to your crime.

Typically there are many things that have happened to you that have influenced whether or not you ended up molesting or raping. Even if you are not sure if an event affected your chances to molest or rape, put it on the list to be included in your Behavior Chain. You might also review important events in your life with a friend, your group, or your therapist to identify factors that resulted in you being at risk to commit a sex offense.

6. Arrange your list in chronological order.

List out the events you have selected in order from earliest event to most recent event. This list of events should show a clear path that you took from abstinence to the doorstep of your sex offense.

By looking at the events you selected, it should be clear to others and to you how you ended up committing a sex offense. Even though at the time it was not so evident where you were going, looking back through the relevant events indicates that there was only one final outcome.

A successfully completed behavior offense chain should be like reading a story without a surprise ending. It should be clear to anybody reading it what you were going to end up doing and to whom.

EXAMPLE

On the following page is an example of a successively completed Behavior Offense Chain. This chain was produced after many tries by the offender and after considerable feedback from his therapists and group members. It certainly wasn't done overnight.

Notice how clearly it leads to the offense. It is of little surprise to learn that this offender ended up committing a sex offense.

Reference Patient Handbook:

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 3
Handout – Introduction to Behavior Chains

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 3
Handout – Behavior Chain Example

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 3
Homework – Instructions for Completing the Behavior Offense Chain

1. Complete the Behavior Offense Chain as shown on the next page for your most recent offense. Start in the first box where you are in a state of abstinence. Box number 7 should bring you immediately before the crime.

2. Identify which box(s) in the chain represent a lapse.

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 3
Homework – Behavior Offense Chain, blank

PHASE II MANUAL: SKILL ACQUISITION

Module II: Relapse Prevention

Topic 4: Adding Thoughts To The Behavior Offense Chain

Goal: To explain how to add thought to the Behavior Offense Chain.

Method: Instructor will present this mini-lecture and assignment. Patients ill complete appropriate homework. Discuss/review assignment(s) in group.

Mini-Lecture:

Identifying events that led up to your offense is only the first step of the process of building a Behavior Chain. It is important to remember that events do not occur in a vacuum. Several other factors must be considered if you are going to make sense out of the chain of events that lead to an offense. (This material is also covered in the Cognitive Distortions modules of Phases I & II.)

These factors, taken together, are called the "set". We won't go into great detail here about sets, but it is useful to review these concepts briefly before we discuss Behavior Chains in any more detail.

You will recall from Phase I:

set = internal conditions + external circumstances

Where:

<u>Internal conditions are</u>

- **Body sensations (pain, hunger, sexual arousal, etc.)**
- **Current feelings (depressed, lonely, guilty, angry, etc.)**
- **Current thoughts**
- **Schema (sum of functional and dysfunctional beliefs and expectations based on past experiences and decisions)**

and

<u>External circumstances are</u>

- **The physical surroundings in which an event occurs**

It is important to talk about the "set" as it relates to an event in the offense chain for at least two important reasons:

1. **The set is what gives an event meaning.**
2. **Elements within the set can put an offender at greater risk for reoffending.**

<u>Sets give events meaning.</u>

We all interpret the events in our lives somewhat differently.

Consider this event: "a dog starts barking". By itself, this event has no particular meaning (significance). However, if it's 3:00 AM, you're alone in the house, and you've been burglarized twice this year (external circumstances); and you haven't been able to sleep because of feelings of anxiety and you're thinking that you forgot to lock the back door before you went to bed (internal conditions)... this "set" might cause you to interpret the barking as evidence of a burglar.

Now consider the same event – "a dog starts barking" – with a different set. Imagine that it's 6:30 PM and the dinner you are preparing is almost ready (external circumstances); and Your stomach is empty and rumbling, you're thinking that your wife promised to bring home eclairs for dessert, you're feeling tired and eager to see your wife (internal conditions)... this "set" might cause you to interpret the barking as evidence of your wife's arrival.

In these examples, you can see how the set influences how you interpret the event. In other words, you interpreted the significance of the dog's barking differently depending on your internal conditions and the external circumstances.

<u>Sets can contain high risk elements.</u>

Internal risk factors such as what you think (what you say to yourself) and how you feel can be important elements that lead you down the path toward molesting or raping. External conditions such as where you are, who you are with, and what's going on around you can also contribute to lapse and relapse.

Consider this event: "a big box of chocolates arrives special delivery while you are at work".

You are a diabetic and must carefully regulate how much sugar you eat.

Set #1: You skipped breakfast. No one in the office knows you're diabetic (external circumstances); You are feeling depressed. Your stomach is growling, and you think "one little piece won't hurt" (internal conditions).

Set #2: You ate breakfast and brought a mid-morning snack to work with you. You keep a bag of sugarless candy in your desk. Everyone in your office knows you are diabetic. They support you and praise you for complying with your diet (external circumstances); Your stomach is comfortably full. You are feeling confident. You tell yourself, "One piece may lead to another and could really put my blood sugar out of control. I'll put the box away where I can't see it. It's not worth the serious health problems that could result if I let my blood sugar get out of control."

From these examples, you can see how the circumstances surrounding an event and what's going on inside you can have an enormous influence on how you will react.

Adding thoughts to the Behavior Chain.

In this section, we will focus on a portion of the set surrounding the events in your offense chain – the thoughts and feelings you had at the time of the event. You will be asked to add to your offense chains your important thoughts and feelings that eventually brought about your crime(s).

The goal of this phase of constructing your offense chain is to try and capture how you were thinking and feeling at the time you committed your offense(s). What was going through your mind? How were you seeing the victim? How were you viewing the world and the people around you?

WHAT WE THINK HAS A MAJOR INFLUENCE ON HOW WE ACT

As we have seen in the examples above, a number of factors can influence our interpretation of events. In the barking dog example, depending on what the person was thinking at the time, one set of factors may have resulted in shooting the first person who walked in the door. The other set may have resulted in kissing the first person who walked in.

You will be asked in this section to review each of the major events you identified in your behavior offense chain. For each event, you are to add how you thought or how you felt about the event that increased the chances that you would commit your crime. Here are a few tips to consider.

Reference Patient Handbook:

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 4
Handout – Adding Interpretations (thoughts) to the Behavior Chain

SELF-TALK

Our thoughts and interpretations are captured by what we say to ourselves. We have a constant conversation going in our heads reacting to the world around us, commenting on our experience, and interpreting events. We tell ourselves that we are hungry and it's time to eat; we tell ourselves we are tired and it's time to go to bed; we remind ourselves that we need to hurry to avoid being late to work; and we tell ourselves when people are mistreating or being nice to us.

For the purposes of this assignment, it is best if you try to capture some of the actual words and phrases that you said to yourself to explain the event and justify the actions you took as a result. Instead of stating, "I was angry", try and remember some of the words that you used to express your anger to yourself. This might be phrases like "She has no right to treat me this way" or "All women just take advantage of men, they have no respect for our feelings". This is an attempt to capture the "internal conversation" that helped justify the eventual sex offense and was, therefore, one of the precursors for your rape or molest.

THOUGHTS VS. FEELINGS

Sometimes, we confuse what we are thinking with how we are feeling. Your group members and group providers will help you make sure that what you are listing as "thoughts" are not, in fact, "feelings". The following definitions and examples may be helpful.

Definitions:

Thought - A product of thinking, an idea or notion.

Feeling - A state of consciousness resulting from emotions, sentiments, or desires. An emotional state or disposition.

Examples:

Words describing Thoughts		Words describing Feelings	
concentrate	think	love	aggravated
confirm	cognitive	fondness	distressed
conjecture	aware	hurt	stressed
judgment	acquire	compassionate	nervous
suggest	adhere to	excitement	betrayed
conclude	adjust	agitated	empty
regard	admit	abandoned	relax
reckon	advice	ashamed	bitter
evaluate	opinion	uneasy	uncomfortable
reflection	advocate	surprised	comfortable
reasoning	affirm	confident	disgusted
knowledge	attitude	rested	repugnant
acknowledge	believe	overwhelmed	suspicious
disbelieve	consider	sad	good
perplexed	reflex	sick	well
remind	ponder	angry	disappointed
bewildered	interest	frustrated	enraged
blame	consider	content	happy
clarify	assume	delighted	afraid
rationalize	deliberation	terrified	mellow
decision	view	anxious	depressed
estimate	contemplate	confused	abused
intellectualize		fatigued	weak

THEN NOT NOW

The goal of this phase of the offense chain is to identify how you were thinking at the time before the offense. For this part of the exercise, do not write down what you are thinking and feeling about the events *now*. This is sometimes hard for offenders who have been in treatment or have already examined some of their thinking errors and distorted thoughts that led to their crimes. Your thoughts now are probably significantly different than they were when you were offending. It is, after all, these old thoughts and feelings that present risks for re-offending. Again, the purpose of this assignment is to identify those risks that present danger signs and red flags for a new offense. As Winston Churchill once said, “Those who fail to understand the past are bound to repeat it”.

TEST FOR RELEVANCE

It is likely that you had lots of thoughts and feelings to each of the events that you listed in the previous assignment. It is your task to pick out the most important interpretations. These are the statements that you made to yourself that presented the greatest risk and pushed you the farthest toward offending.

As in the previous section, you can determine the most relevant thoughts by asking yourself each of the three questions below:

- Did it increase the chances that I would commit my crime?
- Did it decrease the chances that I would commit my crime?
- Did it have no effect on the chances that I would commit my crime?

Only those thoughts and feelings that increased the chances of your crime should be included on your offense chain.

BE BRIEF

It only to takes a phrase or two to capture your thoughts and interpretations at the time. It is not necessary to give a complete running dialogue of everything you may have said to yourself.

SHOW THE SIGN POSTS

The ultimate goal of the offense chain is to map out exactly the road you took to your offense. Only by understanding each of the turns you made and paths you went down will you be able to figure out how to avoid going down a similar path.

Therefore, after you have added your thoughts to the offense chain it should appear as a complete set of instructions of how someone can place themselves in a position to rape a woman or molest a child. A full offense chain details exactly how you ended up in your present predicament. It should be obvious to others that these events and the associated thoughts and feelings inevitably led to your crime.

USE SELF-STATEMENTS

Look at each thought in the chain and be sure it is in the form of a self-statement — things that you were saying to yourself. Once it is clear what you were telling yourself, it is easier to figure out what you could be saying differently to change how you respond.

CASE EXAMPLE

On the following two pages is the same example from the previous section. It adds the important interpretations that were made by the offender. Notice how clearly the various steps he took are spelled out in this chain. Based on his chain, this offender was able to identify a variety of high-risk factors for which he needed to prepare strategies. These high-risk factors included: feeling sorry for himself, being involved in unsatisfactory relationships with women, alcohol abuse, interpretations that a minor was trying to seduce him, deviant sexual arousal, feelings of revenge, a belief that he can solve his problems through sex and alcohol, and believing that nobody cared if he had sex with someone underage.

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 4
Handout – Adding Interpretations to the Behavior Chain, an example
Page 1

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 4
Handout – Adding Interpretations to the Behavior Chain, an example

Page 2

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 4
Homework – Adding Interpretations to the Behavior Chain

1. Complete the offense chain on the following two pages. First put in the events that you identified in the previous assignment on the top of each box. Then put the interpretation or self-statement that you made about the event in the lower part of each box.

2. Identify as many SUBTLE's as possible in your offense chain. List them below.

3. Identify again where your lapse occurs in the chain. Do you have more than one lapse prior to the offense? If so, identify each box where a lapse occurs.

4. Identify at least 5 preliminary high-risk factors based on your offense chain.

   a.

   b.

   c.

   d.

   e.

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 4
Homework – Adding Interpretations to the Behavior Chain BLANK

Page 1

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 4
Homework – Adding Interpretations to the Behavior Chain BLANK

Page 2

PHASE II MANUAL: SKILL ACQUISITION

Module II: Relapse Prevention

Topic 5: Adding Coping Responses To The Offense Chain

Goal: To explain Coping Responses in the Offense Chain.

Method: Instructor will present this mini-lecture and assignment. Patients will complete appropriate homework. Assess/review the assignment(s) in group.

Mini-Lecture:

Now that you have identified some of the important steps that led to your past offense(s) and some of the thoughts and circumstances that were "high risk", it is possible for you to examine actions that you could have taken to detour yourself away from offending. These actions (that would have prevented you from molesting or raping) are called coping responses.

You now have the benefit of hindsight (which they say is always 20/20). You can see from your present vantage point where your actions were leading. You did not have the benefit of such clear vision when you were actually in the situation. Given your better viewpoint now, seeing some of the things that would have helped you avoid committing a sex crime is easier than when you were actually in the predicament. Specifically, identifying these coping responses is to your benefit because they are likely to be similar to things you can do in the future when you encounter high-risk factors and situations.

Definition -- A COPING RESPONSE IS SOMETHING YOU DO THAT:

- **Reduces the chance of an offense.**
- **Returns you to a state of abstinence.**
- **Gives you a sense of self-confidence and self-control**

Reference Patient Handbook:

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 5
Handout – Adding Coping Responses to the Behavior Chain

MAJOR STEPS IN PRODUCING A COPING RESPONSE:

1. IDENTIFY THE HIGH-RISK ELEMENTS

Being able to identify high-risk elements (whether they are internal like thoughts or feeling, or whether they are external like risky places) is critical to your ability to prevent relapse, and may be the most important part of your relapse prevention plan. If you fail to recognize the risk involved in any situation, you will not be able to alert yourself to act. If you fall down on the job of being alert to red flags, danger signals, and warning signs you won't activate any coping responses. Knowing what your high risks are and being able to recognize them when they occur is the key to never reoffending.

Each time you encounter a risky situation (whether it is some external event or an internal feeling and thought), you must practice reminding yourself this is risky. A simple statement to yourself like "this is risky, I need to be careful" can be helpful in activating your defenses against the risk.

2. REINTERPRET

Almost all high-risk situations involve some sort of distorted thinking. They contain misinterpretations based on false beliefs. It is necessary to correct these ideas before you can develop a clear, effective plan to cope with the risk. To change such cognitive distortions is not an easy matter. Over the course of treatment, we will place a lot of emphasis on teaching you to recognize and reinterpret cognitive distortions. You may find this to be hard at first. It is not something you can learn overnight. It takes practice and repetition. You may want to seek advice from friends or people in your support system to be able to help you interpret situations more clearly and in a way that will allow you to make healthy decisions. It may be helpful to look at your thinking in the "INTERPRETATION" box from your previous assignment and ask yourself what the error in that thought was.

Reinterpretation involves more than just telling yourself different things (although that is a start). It means that you also must come to believe the things that you are telling yourself. This means challenging the dysfunctional belief that is the basis for the distorted thought. When confronted with an attractive adolescent who seems to be acting sexually toward you, it may not be enough to deny that his or her behavior is seductive. You may not be able to make yourself believe it. There may be signs and signals from other adults that confirm your initial interpretation of the kid's behavior. Instead, you may want to attack the statement that allows you to respond to such sexual overtures. This may be a self-statement like "This girl is certainly flirting with me. This is dangerous (identifying the risk). She is not mature enough to handle having sex with a grown man."

You also need to be careful not to make new interpretations that increase your risk or danger. For example, don't say, "I will share my thoughts with my wife and she will support me," if she seems to be growing more distant from you. It is dangerous to deny this perception and pretend everything is going OK when it isn't.

Selecting which interpretations to modify and the healthy way to change them is something that will take continual thought and effort on your part. Keep in mind as

you try to re-interpret situations that your goal is to put yourself in a mental position from which you can make healthier decisions.

3. SELF-INSTRUCT

The third step of a Coping Response is to tell yourself what to do. It involves specifically saying to yourself what you need to do to get yourself safe. Self-instruction involves ordering yourself to do something different.

Exactly what to do is often a hard decision. Once you have identified the risks involved and re-interpreted the situation, however, the task of choosing exactly which behavior to do becomes easier. In any given situation there are lots of options to choose from that would be adequate coping responses. Unless you are aware of your options, however, they are not choices you can make. Therefore, it is helpful to plan ahead the type of risks you might encounter so you have a whole arsenal of weapons that you can choose from to combat the risks. By identifying coping responses for each step or link in your offense chain, you are taking part in the process of identifying future coping responses that you could use. You are also learning how to create and evaluate options for yourself in the event of new, risky situations.

You almost always have an opportunity to escape high-risk situations by leaving. This was discussed in the first section of this module and you may want to review that material now. Also, your reading assignments will include suggestions for specific behaviors that you can do to reduce your risk. If you are at a complete loss, you can always seek the help from a friend or supportive adviser.

4. **FOLLOW THROUGH**

It is not enough to just tell yourself what you need to do. You actually need to follow through and do it. Lots of people tell themselves they should do something. They know what is good for them and what is bad for them, but they still fail to follow through with the right decision. It is essential that once you have decided your best course of action, that you follow through with that Coping Response if you expect to be successful.

Reference Patient Handbook:

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 5
Handout – Coping Chain Example

1. Event Injured knee in auto accident. **Interpretation** Why me? Now I won't be able to work and pay the rent. How will I pay for the hospital bill? I'm angry!	**Coping** Risks – Anger, hopelessness, no financial reserves/back-up plan Reinterpretation – It's not the end of the world, I'm lucky I wasn't injured worse and it's only my knee. This is a temporary situation and I can manage it! Coping Response – 1) Negotiate with work to do administrative/clerical work while I recover. 2) Set-up a payment plan with the hospital. 3) Stay calm and focused, it's not a catastrophe.

↓

2. Event Abused prescription drugs. **Interpretation** Might as well enjoy the drugs since they're giving them to me. Since I'm stuck at home, it's okay to use drugs. Nobody will ever know!	**Coping** Risks – Anger, hopelessness, no financial reserves. Reinterpretation – Drug abuse has caused me problems in the past and I need to avoid them at all cost. Keeping secrets always gets me in trouble. I don't have to use drugs just because they're available. Coping Response – 1) Tell M.D. about my drug abuse problem, 2) Ask for a different (non-addicting) medication.

↓

3. Event Fired from job. **Interpretation** These jerks don't know how much they'll miss me when I'm gone. I should've never taken those drugs. Anger/anxiety/depression.	**Coping** Risks – Anger/depression, no income, giving-up, feeling sorry for myself. Reinterpretation – It's my fault I lost this job because my drug abuse was interfering with my job performance. I am a competent employee, but I cannot abuse drugs and keep a job. There is hope if I get help. Coping Response – 1) Go back to NA and tell M.D. about my problem. 2) Use Employee Assistance Program (EAP) and negotiate with boss to get job back if I participate in treatment.

↓

4. Event	**Coping**
Moved in with parents.	Risks – Shame/anger, desire to escape, sense of helplessness
Interpretation	Reinterpretation – I'm grateful my parents are willing to help, I'm not sure what I would do without it. I can use this as an opportunity to get myself back on track.
This is humiliating, I hate having to be around my parents again. If I get a girlfriend we won't be able to be alone. I wish I hadn't lost my job. I need an escape.	Coping Response – 1) Get a job. 2) Save money for six months before moving out on my own again. 3) Continue with NA and treatment.

↓

5. Event	**Coping**
Avoided friends and spent evenings driving around	Risks – Isolation, cruising, increased deviant fantasy.
Interpretation	Reinterpretation – When I don't feel like being around friends is probably the time I need them the most. Meeting a woman on the street is extremely high risk for me and even if I had good intentions, it is unlikely I would meet someone with whom I could develop a committed relationship.
I don't like being around people when I'm down. It would be great to pick-up some woman and forget my problems. Better to have sex than do drugs.	Coping Response – 1) Join a social group now. 2) Call up some friends and do something fun. 3) Let others drive and avoid cruising or driving in the evening alone.

↓

6. Event	**Coping**
Began masturbating to deviant fantasy average of 3 times per day.	Risks – Masturbating to deviant fantasy, urges to rape, seeing women only as objects to meet my sexual desires.
Interpretation	Reinterpretation – I'm out of control, but I haven't reoffended yet and it's not too late to get help. Sex is only one part of life, there are lots of other things I enjoy.
Masturbation is one of the few pleasures I have – I deserve this. This is boring, I need to find a sex partner.	Coping Response – 1) Call therapist and ask for help to cope with deviant arousal (anti-androgens or behavioral technique). Stop masturbating now and do something else that I enjoy.

↓

7. Event	**Coping**
While cruising, I picked-up a woman hitchhiker.	Risks – Cruising, picking-up hitchhiker, increased deviant arousal, sense of entitlement.
Interpretation	Reinterpretation – I'm in a dangerous situation, I need help right now or I risk spending the rest of my life in prison. Just because a woman is hitchhiking does not mean she wants sex.
She's cute and she's coming on to me. I'm turned on. She won't say no. She owes me, I'm giving her a ride and she'll enjoy it.	Coping Response – 1) Drive to local police station and sit in lobby before I pick-up a hitchhiker. 2) Pull to side of road and ask her to get out.

SEX OFFENSE

There are lots of things this guy could have done at each step of the chain to handle his situation. Some of his coping responses would, undoubtedly, not have worked. He therefore, had to develop back-up strategies that he could use. Then, he needed to develop back-up plans for his back-up plans.

You will notice also that the coping responses early in the chain are likely to be easier to accomplish than those later in the chain. It is much easier, for example, to cope with feelings of isolation when they first occur than it is to cope with the presence of a hitchhiker in the car when you are sexually aroused.

Finally, you will notice there is no coping response back to abstinence for the last box. By the time a molest or rape has started, it is too later to intervene. Coping responses must occur prior to the crime.

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 5
Homework Assignment – Coping Chain with Back-up Responses

1. Complete the Coping Chain on the next three pages. List the high-risk elements, write a reinterpretation of the thoughts, and then write out what you will tell yourself to do.

2. Think of a back up plan for each of the 7 boxes in your Coping Chain. Describe each back-up plan if your primary coping response didn't work. This is called an "alternate coping response".

3. Attach your Time line to the front of the Behavior Chain. From now on, all Behavior Chains will include the time line that shows where in your life the Behavior Chain occurred. As you develop your Time Lines, you will include a list of the major dysfunctional beliefs upon which the thoughts in the chain are based. Identifying dysfunctional belifs will be explained in Module 6.

ALTERNATE COPING RESPONSE

BOX 1:

BOX 2:

BOX 3:

BOX 4:

BOX 5:

BOX 6:

BOX 7:

Blank Coping Chain
Page 1

Blank Coping Chain
Page 2

Blank Coping Chain
Page 3

Blank Coping Chain
Page 4

PHASE II MANUAL: SKILL ACQUISITION

Module II: Relapse Prevention

Instructions to Providers – Evaluating Behavior Chains

Complete and accurate Behavior Chains form the core of relapse prevention treatment in this program. A chain does not need to be given a specific score. Each Behavior Chain should be "as good as it can be" after a process of feedback from group members and group leaders, and subsequent revision by the patient. It should be anticipated that each chain will require many revisions.

The group provider should apply these criteria to determine if the chain in question meets the standard for a patient who is ready to enter Phase III:

Each Behavior Chain demonstrates:

- **an accurate and complete chain of events leading to offense (this must be consistent with the charges and the details of the offense history) and events are concise and specific;**
- **a complete listing of the known, relevant high-risk elements pertinent to each offense (internal and external)**
- **an adequate presentation of the main cognitive distortions pertinent to each offense**
- **an adequate reinterpretation of each thinking error where reinterpretations are sound, succinct, and specific;**
- **an adequate coping response pertinent to each set of circumstances where coping responses are detailed, realistic, and specific to the situation, and each coping response includes effective actions for coping with the immediate situation and a plan for the long-term resolution of this type of circumstance; and**
- **a completed Offense Time line is attached.**

Number of Behavior Chains Required

There must be one Behavior Chain for each qualifying offense.
At the discretion of the group leader, a Behavior Chain *may* be requested for some of the following:

- **for each conviction in the record;**
- **for each offense that the patient admits but for which there is no conviction; and**
- **for each important behavioral event on the unit.**

The guiding principle for deciding whether a Behavior Chain is indicated:

“Is each of the patient’s important <u>patterns</u> of offense (M.O.) and all of his significant high-risk elements, cognitive distortions, and dysfunctional beliefs accounted for in a Behavior Chain?” It is not necessary, for example, to require the patient to complete a Behavior Chain for multiple convictions that demonstrate the same pattern of distorted thinking and high risks.

PHASE II MANUAL: SKILL ACQUISITION

Module II: **Relapse Prevention**

Topic 6: **Identifying High-Risk Elements**

Goal: **To have the patient learn to identify the primary High-Risk Elements that he will need to address in order to develop an adequate coping plan.**

Method: **Instructor will present this mini-lecture and assignments. Patients will discuss and revise their work based on group feedback. Completed High-Risk Element lists will be retained in the medical record.**

Mini-lecture:

From an Relapse Prevention perspective, a sexual offense is neither an isolated nor discrete event. It doesn't just happen! Instead, it is an endpoint in a long series or chain of events. Some of those events are external (e.g., presence of a potential victim, substance abuse, family stresses, job stresses, etc.) and some of those events are internal in the form of thoughts or feelings (e.g., anger, rationalizations and justifications about the victim, deviant sexual arousal, etc.).

Each of you has now completed a unique and individual chain that lead to one of your offenses. One of the purposes of this group is to examine how each member could have intervened in the chain in order to decrease the likelihood that it resulted in a sexual offense.

Successful relapse prevention treatment involves identifying, anticipating, and planning to cope effectively with potential risk factors that may jeopardize your sense of control over your sexual behavior.

Look at your Behavior Chain. Look at the high-risk situations. You will recall from your discussions of the Relapse Prevention Model that "High-Risk Situations" are composed of high-risk factors or high-risk elements. These risk elements or factors serve as "danger signals" or "red flags" that you are getting into a hazardous situation that could threaten your sense of control over your behavior.

For every person in the group, one risk factor is *always* the presence of a potential victim, but there are always other risk factors present as well. These other risk factors or elements can be:

a. **<u>External Circumstances</u> such as the availability of a weapon, interpersonal conflict, substance, etc.;**

b. **<u>Internal Conditions</u> such as distorted thinking, dysfunctional beliefs, feelings (e.g. anger, loneliness, depression), and physical states (e.g. hunger, sexual arousal, fatigue)**

You will be assigned the homework task of reviewing your Cognitive-Behavioral Offense Chains to identify as many high-risk factors or elements as possible. Each of you will be expected to distill your list down to a list of Ten Primary High-Risk Elements involved in your sex offense. Reviewing the High-Risk portion of "Box C" in a completed Behavior Chain will be your main source of high-risk elements in completing this task. These high-risk elements are to be listed on the attached "Primary High-Risk Elements" form. Again, these factors can be external circumstance or internal conditions.

Each of you will be asked to present your high-risk elements for the purpose of group discussion. The group will be asked to give you feedback that will include whether the item is actually a high-risk element. The group will also be asked to identify additional high-risk elements or factors that you may have overlooked in composing your list of high-risk elements. You will be expected to add to your list of high-risk factors any additional elements identified by the group discussion. Your first stab at creating a list of High-Risk Elements should be comprehensive. This should be a long list with many High-Risk Elements listed. Put an asterix (*) next to any High-Risk element that you could encounter in the hospital.

You will then prioritize the Comprehensive List of High Risk Elements according to which of them are most likely to lead to relapse for you as an individual.

You will have this list reviewed by your I.D. Team and ask for additional High-Risk Elements they may have observed. The Team will initial off on the final list of ten (10) elements. This list will be photocopied and kept in your chart. It will be something you will continue to revise and improve as you progress through treatment.

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 6
Homework Assignment – Identifying High-Risk Elements

Name: _____

Date: _____

LIST OF HIGH-RISK ELEMENTS

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

PHASE II MANUAL: SKILL ACQUISITION

Module II: **Relapse Prevention**

Topic 7: **Identifying and Challenging Dysfunctional Beliefs**

Goal: **To teach the patients to identify personal dysfunctional beliefs that support their offense patterns so that the beliefs might be effectively challenged.**

Method: **Instructor will present this mini-lecture and assignment. Patients will discuss and revise their work based on group feedback. Major dysfunctional beliefs will be identified and incorporated into Offense Time Lines.**

Mini-lecture:

In this section we will take a look at another important component of the "set" that has a profound effect on the thoughts a person has and therefore the way he will react to an event – Dysfunctional Beliefs.

You may have wondered where cognitive distortions come from. Why, you may have wondered, does an event (e.g. "a 12-year-old girl is sunbathing in a string bikini with the top untied") cause one thought in one person ("e.g. "She wants to have sex with me") and a different thought in someone else ("e.g. "I will call her mother and tell her the girl is sunbathing topless")?

One very important factor is that people have different beliefs. In a very direct way, distorted thinking arises in response to an event based on the dysfunctional beliefs one holds.

Cognitive distortions come from dysfunctional beliefs.

In the example just mentioned, a man who thinks that a 12-year-old girl wants to have sex with him thinks that way because he holds some dysfunctional beliefs about 12-year-olds, sex, and flirtatious behavior. He may believe any or all of the following:

- **12-year-olds like to have sex.**
- **Girls who flirt deserve what they get.**
- **It is OK to have sex with 12-year-olds.**

You can see that:

The beliefs		Cognitive distortion
"12-year-olds like to have sex." "It is OK to have sex with 12-year-olds." And "Girls who flirt deserve what they get."	⇒	**"She wants to have sex with me"**

Without these beliefs, the man would not have had the distorted thought.

Some definitions:

<u>Dysfunctional belief</u> – a belief that results in maladaptive feelings or behavior.

<u>Maladaptive feeling/behavior</u> – a feeling/behavior that leads to personal distress or distress in someone else.

For the purposes of relapse prevention for sex offenders, a dysfunctional belief is one that leads a person away from abstinence.

(refer to the Cognitive Distortion module for a further discussion of this topic)

You have already had some practice reinterpreting distorted thoughts in your Behavior Chain so far. Hopefully, you're starting to get the hang of it. The good news is that it is not hard to reinterpret thoughts once you are aware that you're having them. The bad news is, just because you reinterpret a thought does not mean that you have corrected the dysfunctional belief from which it sprang.

Beliefs are harder to change than thoughts. Beliefs are often the result of a lifetime of experience. You can think of dysfunctional beliefs as a gumball machine where distorted thoughts are the gumballs and the machine is the dysfunctional belief. Each time you take a distorted thought away (reinterpret it), another one will pop out behind it, unless you attack the dysfunctional belief as well. So, it is essential that you are aware not only of the distorted thoughts you have, but the dysfunctional beliefs from which they come.

The following exercises will give you an opportunity to revise the thoughts you have listed in your Behavior Chain and identify the dysfunctional beliefs behind them. For the purposes of this exercise, think of distorted thoughts as being associated with the event and specific to that event, and think of dysfunctional beliefs as being independent of the event.

Rewrite the thoughts you have listed in your chain so that they are clearly specific to the event.

Here's an example:

Event: "I smoked two joints."
Thought as originally written: "Marijuana is harmless."
Better-written thought: "I won't get in trouble if I smoke this pot. It won't hurt me and I won't get caught. It'll help me relax."

This man always smokes pot before he commits a rape. Notice that the original thought he listed in his chain is actually one of the dysfunctional beliefs he holds. See if this is true for your chain and make the appropriate revisions. The following exercise will help.

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 7
Homework Assignment – Identifying and Challenging Dysfunctional Beliefs

Instructions:

Part 1:

1. Write each of the seven events from your Behavior Chain in the spaces provided.

2. Write the thoughts associated with each event in the boxes provided. Notice that some of what you have written as "thoughts" are more properly described as "beliefs"

3. Rewrite your thoughts at the time so that they are specific to the event. Write these into the spaces provided next to each event. Discuss your work in group. Use the feedback from your group to rework the "thoughts" on the grid so that they are as close to the actual thoughts you were having at the time of the event as possible. You will do this exercise on only one chain. But, you should use what you have learned from this exercise to improve the thoughts on all of your chains.

4. Once you have gotten the "go-ahead" from your therapist, figure out what the dysfunctional belief is behind each of these thoughts and write this in. Use feedback from your group to improve your work.

5. Challenge each dysfunctional belief by writing a functional belief (one that will take you back toward abstinence). Share your work in group.

6. Add the dysfunctional beliefs to your Offense Time Line.

Part 2:

1. Write a list of five (5) ways you can make your new, functional beliefs real. What will it take for you to actually come to believe your challenges to your dysfunctional beliefs?

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 7
Homework Assignment – Identifying and Challenging Dysfunctional Beliefs

form

PHASE II MANUAL: SKILL ACQUISITION

Module II: Relapse Prevention

Topic 8: The Problem of Immediate Gratification

Goal: To explain the problem of Immediate Gratification.

Method: Instructor will present this mini-lecture and assignment. Patients will complete appropriate homework. Assess/review the assignment(s) in group.

Mini-Lecture:

One characteristic that sex offending shares with the addictive behaviors (e.g., smoking, alcoholism, drug abuse, gambling, etc.) is that it provides immediate good feelings followed by delayed negative reactions. In the short-term we experience a lift, a "high", a "rush", or a relief. In the long-term, however, there are serious costs as a result of engaging in these behaviors. Because we find what we gain immediately to be so gratifying, these behaviors are very resistant to change. This is referred to as the Problem of Immediate Gratification, or PIG for short.

Smokers seek the immediate relief of their cravings and release of tensions as they light up. They face the negative aspects of their habits years later when they encounter the long-term health problems of emphysema or cancer. Gamblers seek the instant excitement of wagering and betting, while ignoring the facts that the odds over the long haul are stacked against them.

Similarly, sex offenders look for the immediate (and temporary) thrill from engaging in their particular brand of their sexually deviant behavior. The gratification of sex is instantaneous. It is a powerful charge and thrill that comes with sexual excitement and release. The negative consequences, however, come much later. These negative costs include guilt and shame, fear of being "discovered" and arrested, and the harm done to the victim. At the time of the sexual acting out, the offender is focused only on the positive and immediate thrills of his sexual urges while ignoring the long-term ill effects.

PIG is an appropriate name for this effect. A pig is focused only on the immediate joy of eating. He pays no attention to the fact that the more he eats, the fatter he gets, and the closer he gets to slaughter.

Reference Patient Handbook:

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 8
Handout – Problem Of Immediate Gratification

PROBLEM OF IMMEDIATE GRATIFICATION (P.I.G.):

(ignoring the long-term consequences of decisions)

The PIG occurs when you trade long-term misery for a short-term (and temporary) thrill.

FIGHTING THE PIG

The way you go about counteracting the effects of the Problem of Immediate Gratification is to focus on the long-range consequences of your behavior. What happens to you and others months and years from now is a result of the decisions that you make today.

EXPECTATIONS

We are constantly forced to make decisions in our lives. We make those decisions based on what we expect to be the outcome or result. Our decisions are typically based on predictions of what will happen in the future. The better we can predict what will happen in the future, the better we are at making decisions.

Some decisions we make are based on what we think will happen in the distant future. We may ignore the temporary costs for some greater benefit down the road. We choose to go to work because we expect to get paid at the end of the month and to have money is better than not having money. We may go to school because we think we can get a better paying job or a job we will like more years down the road. We go to the gym to work out even though we may be tired because we expect in the long run this will make us healthier and feel better. We pay car insurance in case some day we are in an accident and will be financially protected.

Good decisions are those in which the expected benefits outweigh the expected costs

Some decisions are made because we want something immediately. We may choose to have extra dessert, even though it may add a few extra calories and weight. We may choose to sit and watch TV instead of studying or reading. Decisions that are based on getting some immediate positive benefit are not necessarily unhealthy as long as the cost is not too great, we are aware of the cost of the decision, and we are willing to pay it.

To sexually abuse someone was a decision you made. Granted it was a bad decision. It was a decision that, upon reflection, you wished you had not made. If you knew for sure at the time of your offense that you would be arrested and

incarcerated you probably would not have made that decision. If you knew for sure at the time that the victim was going to be traumatized and harmed in a very serious way, you probably would not have made the decision either. How did you come to make such a poor choice? It was probably because you were so focused on satisfying your immediate sexual desires that you ignored any consideration of the long-term complications and costs to you and others. Some of these costs you were undoubtedly aware of. You knew that molesting or raping was against the law. Perhaps, you were not fully informed about some of the ramifications of your decision (like the severity of the sentence you could receive or the trauma to the victim). At the time you made the decision you probably paid little attention to the costs and were solely interested in the benefits you thought you would get from your decision to rape or molest.

Reference Patient Handbook:

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 9
Handout – The Decision Matrix

THE DECISION MATRIX

A Relapse Prevention tool that you can use to examine your decision making is the Decision Matrix. It is a chart or grid that allows you to look at your positive consequences (benefits) and negative consequences (costs) of offending. A Decision Matrix looks at three main questions, each with two parts:

1. Whether To Offend or Not To Offend?
2. What are The Immediate Consequences and The Delayed Consequences?
3. What are The Negative Consequences and The Positive Consequences?

You complete the Decision Matrix by briefly describing what you expect to happen from offending, both immediately and delayed. These results can be both positive and negative. Then, you do the same thing for the choice not to offend. The Decision Matrix allows you to look at all of the ramifications of your decision, not just those that are short-term and instantaneous. It is a way to combat the PIG.

An example of a completed Decision Matrix is on the next page. You will notice that the expected outcomes are both delayed and immediate. For example, the decision to offend means having the cost of a victim both on a short and long-term basis. Being arrested and going to prison, on the other hand, is only a delayed or long-term outcome of the decision to offend, since seldom is an offender immediately arrested after his crime.

You will also notice that there are mirror images in the matrix. The cost of one decision may actually be a benefit of the other decision. If you buy a new TV set, the benefit is having something that you can enjoy for entertainment and the cost is the money you will have to pay. If you decide to stay with your present TV you have the benefit of the money you saved while costing you the pleasure of a newer, better, or bigger set. This phenomenon also occurs in your decision to sexually abuse. A long-term cost of offending is that you run the risk of returning to prison. Conversely, a long-term benefit of not offending is that you do not have to live with this fear.

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 9
Handout – The Decision Matrix, an example

WEIGHING THE DECISION

Good decision making requires weighing the costs and benefits of the expected results. A good decision is one in which the benefits (both long-term and immediate) outweigh or are of more importance than the costs (both long-term and immediate). The Decision Matrix is a tool to help you sort this out. You will notice that each of the eight boxes in the matrix has a circle and number in the right hand corner. This number represents the importance or weight this offender placed on the expected outcomes listed in the box. A rating of "8" indicates it was the most important of all the boxes for him. A rating of "1" indicates the outcomes listed in this box were the least important to him.

Using these ratings it is possible for this offender to determine whether the balance weighs against or for offending based on what he expects to receive from each option. Some of the boxes are weighted toward offending (the long and short-term positive consequences of offending as well as the long and short-term negative consequences of not offending). These boxes are marked with an asterisk (*). The other boxes (the immediate and delayed positive consequences of not offending as well as the short and long-term negative consequences of offending) weigh against the decision to offend. By adding up the ratings of the boxes toward offending and comparing to the sum of the boxes weighted against offending, he can see which direction his decision should go.

TO OFFEND*:		NOT TO OFFEND:	
Offend, Immediate Positive =	1	Not Offend, Immediate, Positive =	7
Offend, Delayed, Positive =	4	Not Offend, Delayed, Positive =	8
Not Offend, Immediate, Negative =	3	Offend, Immediate, Negative =	6
Not Offend, Delayed, Negative =	2	Offend, Delayed, Negative =	5
TOTAL	10		26

By comparing the added ratings of the Not Offend (26) with the Offend (16) boxes, it is clear that this offender presently sees more cost than benefit to offending. It is not hard to imagine that at the time he committed his crime, however, this offender's Decision Matrix looked very different. He clearly did not give as much weight to the Not Offend side of the matrix or he wouldn't have committed the crime.

THE PIG INDEX

Using the ratings it is also possible for the offender to determine the importance on immediate consequences of his behavior. He can add up all the immediate outcomes and compare them against the delayed outcomes.

IMMEDIATE		DELAYED	
Positive to Offend =	1	Positive to Offend =	4
Negative to Offend =	6	Negative to Offend =	5
Positive Not to Offend =	7	Positive Not to Offend	8
Negative Not to Offend	3	Negative Not to Offend	2
TOTAL	17		19

By comparing 19 (the total of the delayed outcomes) to 17 (the total of the immediate outcomes), we can see this offender is weighing the long-term consequences of his actions as more important than any short-term consequences that he can expect.

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 9
Homework – Decision Matrix

To molest or rape was a decision you made. Admittedly, it was a bad decision. The Decision Matrix will assist you in examining how you made this decision so you can avoid making it again. All decisions have consequences, outcomes, or predicted results. We base our decisions on what we think is going to happen.

DECISION MATRIX INSTRUCTIONS

1. Identify as many consequences, outcomes, or results that you can think of for offending and not offending.
2. Determine whether the consequences, outcomes, or results are short-term or long-term (they can be both).
3. Determine whether the consequences, outcomes, or results are positive (you would enjoy or like it) or negative (you would not enjoy or like it).
4. Place each consequence, outcome, or result in the appropriate box of the matrix. Make sure every box has at least one consequence. (Extra copies in nursing office.)
5. Rating at the Time of the Offense. Rank each box based on its importance for you at the time you decided to commit the offense. Give the box with the most important things as you were seeing it at that time a ranking of 8. Give the box with the least important things a 1.
6. Add all the ratings of all the boxes toward offending (immediate and delayed positive of offending and immediate and delayed negative of not offending). These boxes have an asterisk (*).
7. Add all the boxes toward not offending (immediate and delayed positive of not offending and immediate and delayed negative of offending).
8. Compare the numbers you got on steps 9 & 10 above. The ratings of the box toward offending should be higher than not offending. If not, you are missing important consequences you were considering at the time of the offense. Add additional items in the matrix and rank them again.
9. PIG Ratio. Add all the numbers on the immediate side of the table, then add all the numbers on the delayed side of the table. If the total of the immediate side of the matrix is greater than the delayed, it is clear you were going for the PIG.
10. RATING AT THE PRESENT TIME. Complete the Decision Matrix a second time. This time putting in consequences, outcomes, or predicted results based on how you are presently thinking. Rate these boxes. Compare the ratings on the offending and not offending side of the matrix. Hopefully, it is rated now toward not offending.
11. Answer These Questions. What can you do to change the outcome of the Table? How could you minimize the importance of the issues on the “offending” side of the matrix? How could you increase the importance of the “not offending” side of the matrix?
12. Figure the PIG ratio (repeat Step 9) for this matrix. Are you still focused on immediate gratification or the long-term consequences of your behavior?

PHASE II MANUAL: SKILL ACQUISITION

Module II: Relapse Prevention

Instructions to providers – Evaluating Decision Matrices

Decision Matrices can be a powerful tool to help patients learn to make good decisions.

A Decision Matrix does not need to be given a specific score. Each matrix should be "as good as it can be" after a process of feedback from group members and group leaders and subsequent revision by the patient. It should be anticipated that each matrix will require many revisions.

The group provider should apply these criteria to determine if the matrix in question meets the standard for a patient who is ready to enter Phase III:

Each Decision Matrix demonstrates:

- **A worthwhile issue has been selected for analysis (only one has to be offense-related);**
- **An adequate list of consequences has been provided for each cell;**
- **The cells are honestly weighted (no attempt to exaggerate or appear in a favorable light);**
- **There is an accurate assessment of improvement in the "PIG index" demonstrating a thorough understanding of how the PIG index works; and**
- **The matrix demonstrates groundwork for making a good decision.**

Number of Decision Matrices Required

There must be one pair of decision matrices that analyze the question of whether or not to commit a sex offense (one should reflect thinking at the time the patient was offending. The other should reflect present thinking).
At the discretion of the group leader, a Decision Matrix *may* be completed:

- **for each important behavioral event on the unit or in the patient's sex offending history.**

The guiding principle for deciding whether a Decision Matrix is indicated:

"Have all of the patient's justifications for offending and supportive cognitions for not offending been thoroughly analyzed?"

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 9
Homework – Decision Matrix, at the time of the offense

Phase II – Skills Acquisition
Module 2 – Relapse Prevention, Topic 9
Homework – Decision Matrix, at the present

PHASE II MANUAL: SKILL ACQUISITION

Module III: Cognitive Distortions II

Topic I: Identifying and Challenging Problematic, Self-Defeating, Distorted and/or Irrational Thinking (Self-Talk)

Goals: **1. To identify thoughts that are problematic, distorted, self-defeating and/or irrational.**

2. *To challenge and reframe problematic thoughts/self-talk in order to help you feel better, meet your goals, help your relationships with others and help maintain your health and life.*

Methods: *Videos*

1. "Commitment to Change: Overcoming Errors in Thinking". Part 1: "What are Errors in Thinking?" approximately 40 minutes.

   This tape provides a vivid introduction to the basic concept: the way we think has powerful influences on our lives. The opening captures viewer interest as it portrays the "high" of crime and drug abuse - followed by the inevitable, painful consequences. Part 1 consists of 3 series: "Why Change?", "I'm a victim of others" and "I'm a victim of my substance abuse."

2. "Commitment to Change: Overcoming Errors in Thinking". Part II: "Two Crucial Errors". Approximately 34 minutes.

   Explores a common, destructive error: "I want it fast and easy." Long-term consequences are exposed in "Where does this lead?", as incarcerated offenders compare their own painful experience to a different option: constant, honest effort over time, men and women serving time reveal another crucial error: "No one was hurt." The error and correctives are fully explored. The summary presents a responsible alternative: to become aware of errors and their consequences - and begin to work toward c

3. "Commitment to change: Overcoming Errors in Thinking". Part III. "Overcoming Errors in Thinking?" approximately 39 minutes.

One final error demonstrates how change can begin. "It's OK to shut off fear" is the error examined. Shutting out fear can allow us to ignore the consequences of our destructive acts. A brief role-play dramatizes a typical prison incident as we further explore the process of change. The summary includes realistic, practical way to change our thinking.

4. "Commitment to Change: Tactics That Block Change". Parts IV, V, and VI.

This is a 3 video set which continues along the lines of his "Commitment to Change" series which focuses on correcting cognitive distortions. Part IV identifies and gives examples of ways that people keep themselves from changing. For example, making the other person the problem, changing the subject or minimizing it's importance. Part V continues with a discussion of diversion, generalization, and silence as tactics which block change. Part VI discusses ways to break through the barriers to change. The leader's guide (3 Ring Binder in video cabinet) has written exercises to assist patients in exploring how they personally block change and how they can confront their fears of change.

Utilize the following mini-lecture to review the topics covered in Phase I.

Mini-Lecture:

Reference Phase I Material:
Module 3 – Cognitive Distortions, Topic IV
Handout 5– Examining the Evidence – Five Questions to Ask Yourself to Help You Determine If Your Thinking/Self-Talk is Problematic for You

Phase I explored cognitive distortions in a general way and was purely educational in format. In Phase II, the focus will shift from general concepts to the specific issues of your sex offending. That means that you will be expected to take a more active role in the process. This phase will explore those thinking errors and rationalizations that are common to people who commit sex crimes.

Let's briefly review the concepts you learned in Phase I:

1. How you think determines how you act;
2. Thinking errors cause problems;
3. You can change the way you think.

As we discussed in Phase I, in order to change your thoughts, you need to do the following:

1. Identify the nature of your thoughts (self-talk).

2. Determine if your self-talk makes sense. Is your self-talk rational? Is it problematic, self-defeating, distorted and/or irrational?

3. If your self-talk is not rational (i.e., problematic, self-defeating, distorted and/or irrational), you can change it to rational self-talk.

4. To determine whether your self-talk is rational, non-problematic and non-distorted, you can ask yourself five questions:

   i. Is my self-talk based on obvious fact?
   ii. Does my self-talk help me feel the way I want to feel?
   iii. Does my self-talk help me achieve my goals?
   iv. Does my self-talk help my relationships with others?
   v. Does my self-talk help me preserve, protect and promote my life and health?

Review Handout #5 from Phase I Manual – Cognitive Distortions, Topic IV

An Example of How to Challenge Problematic/Irrational Thinking (Self-Talk)

The following example illustrates how we can use the five questions to help us identify which of our thoughts are problematic, irrational, self-defeating and/or distorted. We do this by looking at whether these five questions are answered in the affirmative or in the negative. If you can answer "yes" to the five questions, your self-talk is rational and non-problematic – it won't need to be challenged/changed. However, if you answer "no" to the first question, "is my thought based on obvious fact?" then your self-talk will need to be changed. If you answer "yes" to the first question, but "no" to at least two of the other questions, then you will need to change your self-talk. Thus, the goal is to be able to answer "yes" to all five questions.

> **Event:** My treatment team informed me that I would not be referred for vocational instruction at this time.

Self-Talk: "They don't want me to ever be released into the community."

i. Is my self-talk based on obvious fact?

	NO – It is not a fact. I have no evidence that they don't want me to be released into the community. Actually, the team told me what I needed to do in order to be referred for vocational instruction.
ii.	**Does my self-talk help me feel the way I want to feel?**
	NO – Thinking this way causes me to feel angry, resentful and helpless.
iii.	**Does my self-talk help me achieve my goals?**
	NO – This thinking does not encourage me to take steps that may help me get out and stay out of ASH.
iv.	**Does my self-talk help my relationships with others?**
	NO – Thinking this way could create conflict with my treatment team. My resentment would likely stop me from trying to work with my treatment team.
v.	**Does my self-talk help me preserve, protect and promote my life and health?**
	NO – When I feel angry and resentful, my blood pressure goes up. This type of thinking might also lead me to try and escape, which would endanger my life. I might also take my frustration out on others, which could further endanger my life.

Changing/Reframing my Self-Talk: "The team has given me feedback on what I need to work on. I'll work towards my goal of being referred for vocational instruction by following the team's suggestions."

After you change your self-talk, remember to ask yourself the five questions again. If you can't answer "yes" to these questions, then your challenge is not a good one for you. Think of a different way to challenge/change your self-talk that results in a "yes" response to the five questions.

**Remember, it is very important to identify all your thoughts. If you don't identify a thought that is causing you to feel badly, you won't be able to change that thought. As well, it is important for you to separate each of your thoughts. If you combine thoughts, it will be difficult for you to answer the five questions. For example, if your self-talk is as follows:

"I feel upset that my treatment team withdrew my referrals. They are just trying to punish me and keep me here for the rest of my life".

How would you respond whether your thought is based on fact? Your first thought is based on fact – you know that you feel upset because your team withdrew your referrals. However, it is not based on fact that your team is trying to punish you and

keep you here for the rest of your life. Indeed, the team might be concerned about your mental stability and may believe that you would hurt yourself if you participated in a particular referral. Thus, your self-talk that they are trying to punish you is not accurate.

Handout – Identifying & Challenging Problematic Thoughts – Pt 1 illustrates another example of how to use this strategy to identify problematic self-talk. Discuss this example with the group and have the group members answer the five questions for each thought. Then have the group members identify how they could challenge the problematic thoughts. An example of how a person could challenge these problematic thoughts is found on Handout - Identifying & Challenging Problematic Thoughts – Pt 2.

Homework Assignment:

Complete three forms: Identifying & Challenging Problematic Thoughts

1. Identify three events that resulted in a great deal of self-talk. For the purpose of this assignment, choose events that were associated with negative emotion (e.g., anger, frustration, etc) for you and that you could identify at least 5 self-talks. Examples might be:

- My recent SVP evaluation concluded that I needed to remain at ASH for treatment.
- My treatment team told me that I was not ready for Phase III.
- My PAS level was dropped from level 3 to 2.
- A peer tried to pick a fight with me.
- My family canceled our visit for next week.
- My mother has not called me for three weeks.
- A package that I had expected last week has not yet arrived.
- My wife asked for a divorce.
- I lost my job in the canteen after I yelled at another patient.

When choosing an event, it should be camera checkable. In other words, a video camera should be able to record all events. For example, the following events could be video recorded:

- This evening my brother called to tell me that my father died earlier today while working.
- Last night, my mother said to me, “stop whining”.
- My treatment team informed me that I was ready to be staffed for Phase III.

The following events are not camera checkable, and thus, need to be re-written:

- My job evaluation was bad. The supervisor just doesn’t like me.
- My sister is not treating me fairly and is putting me down.
- The treatment team is being unreasonable.

These could be re-written as follows:

- My supervisor gave me an “unsatisfactory” rating in my recent job evaluation.
- My sister told me that I am being selfish and inconsiderate.
- The treatment team informed me that I was not selected to assist in the July 4th celebration.

2. Identify the behaviors that you exhibited during this event and the feelings that you experienced. To help you identify your behaviors, you might ask a staff

member/peer who observed the event or imagine that a video camera had been recording your behavior (ask yourself what the camera would have recorded).

Examples:

Behaviors	***Feelings***
Yelled /Cursed	Angry
Paced	Sad
Hyperventilated	Frustrated
Clenched my fists	Excited
Threw a chair	Irritated
Slammed a door	Afraid
Punched a wall	Happy
Isolated myself	Scared
Cried	Anxious

3. Identify what your behavioral and emotional goals would have been for this event.

Behavioral Goals	***Emotional Goals***
Speak in a calm manner	Calm
Don't engage in an aggressive manner	Neutral
Speak about my feelings appropriately	Less angry

4. Identify all your self-talk. Ask the five questions for each self-talk. Change/reframe your self-talk that is problematic (i.e., it is not based on fact, and/or at least two of the other questions are answered in the negative).

Module III: Cognitive Distortions

Topic I: Thinking Errors and Rationalizations Common to Sex Offenders.

Goals: 1. To identify thoughts that justify and support committing sex crimes.

Reference Patient Handbook:

Phase II – Skills Acquisition
Module 3 – Cognitive Distortions, Topic 1
Handout – Common Thinking Errors for Sex Offenders

As we discussed last session, Phase I explored cognitive distortions in a general way and was purely educational in format. In Phase II, the focus will shift from general concepts to the specific issues of your sex offending. That means that you will be expected to take a more active role in the process. This phase will explore those thinking errors and rationalizations that are common to people who commit sex crimes. Each of you will be asked to identify cognitive distortions that supported your deviant sexual behavior and the dysfunctional beliefs associated with them. You will then be taught skills to challenge and change those thinking errors. It is important for you to keep the goal clearly in mind as you start down this new therapeutic road. Namely, if you change the errors that served as the precursors for your sexual crime(s) then you are changing the likelihood that you will reoffend.

Ask the group to share personal examples that illustrate each of these concepts, and encourage them to make their examples relevant to their sexual offense history.

The first new topic in this Phase is to introduce the idea that their thinking can either help them make therapeutic changes or avoid making any changes.

The group leader will facilitate a discussion of tactics which group members might use to avoid accountability and change. Ask the group to brainstorm and then record their ideas on the chalkboard. Encourage the group to develop an extensive list of both thoughts and actions.

Distribute Handout – Tactics to Avoid Accountability and to Continue Your Present Way of Life and discuss any of its examples that the group hasn't already identified. Ask the group members, "what are the benefits of identifying tactics to avoid change?" As homework, ask group members to list five personal tactics to avoid change on Handout – Tactics to Avoid Accountability and to Continue Your Present Way of Life and bring it to the

next group discussion.

During the next session, ask group members to share their personal tactics. List several of the common tactics brought up by group members on the chalkboard. Then ask the group to brainstorm alternative thoughts that would redirect them away from these avoidance tactics.

For example, if several of the group members acknowledge that they tend to focus on the inadequacies of unit nursing staff, ask them to identify redirecting statements such as, "I can avoid responsibility by focusing on other people, but that means that I won't be helping myself make the changes necessary to stay out of prison." Facilitate a discussion until each group member has identified at least one self-statement that would redirect each of his five avoidance tactics.

Phase II – Skills Acquisition
Module 3 – Cognitive Distortions, Topic 1
Handout – Tactics To Avoid Accountability And To Continue Your Present Way Of Life

Tactics To Avoid Accountability & To Continue Your Present Way Of Life[3]

1. *You will continually point out staff inadequacies.*
2. *Building yourself up by putting others down.*
3. *Lying, distorting the truth, and disclosing only what benefits you or does not embarrass or put you in a negative light.*
4. *Telling others what they want to hear and not what is the truth.*
5. *Vagueness. Indicating "I will think about it". Saying "Maybe" or "It could be".*
6. *Diverting attention away from yourself. Introducing irrelevant material. Invoking racial or religious issues.*
7. *Attempting to confuse others.*
8. *Minimizing the situation, "I just got into a little trouble", "it only happened once", "I fondled her but I didn't have intercourse with her", etc.*
9. *Agree or say "yes" without really meaning it.*
10. *Silence.*
11. *Paying attention only to what suits you.*
12. *Making a big scene about a minor point.*
13. *Putting off doing something by saying "I forgot".*
14. *Putting others on the defensive. The tactics such as degrading, quibbling over words, trying to embarrass, using anger as a weapon.*
15. *Total inattention.*
16. *Accusing others of misunderstanding.*
17. *Claiming that you have changed because you did it right once.*

ADD YOUR PERSONAL EXAMPLES IN THE BLANK SPACE BELOW:

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[3] *Adapted from Yochelson and Samenow, The Criminal Personality: A Profile for Change.*

The second task of this topic is to begin to identify thinking errors that are common to sex offenders. Distribute Handout – Rationalizations List or Excuses to Offend and facilitate a discussion of each thinking error that is identified as common to sex offenders. Ask which group members have used each of these errors and have them share its role in their sex offending history. If group members appear reluctant to acknowledge utilizing these errors, clarify the question by inquiring whether they used these thoughts "years ago" when they were committing sex crimes. Some members may be comfortable admitting to having such thoughts in the past if they are allowed to explain that they don't currently have such thoughts.

After going through the complete list on Handout – Rationalizations List or Excuses to Offend, encourage the group members to share personal examples that are not on the list. Emphasize that it is an important step in their therapy, and that they must become skilled at recognizing and labeling their thinking errors. The subsequent tasks of challenging and changing thinking errors is built directly on these recognition and identification skills.

Phase II – Skills Acquisition
Module 3 – Cognitive Distortions, Topic 1
Handout – Rationalization List Or Excuses To Offend

I'll only do it one more time.
I need to do this to reduce my tension.
She likes it/He likes it.
She is too young to get pregnant/He can't get pregnant.
She won't remember/He won't remember.
She won't realize what I'm doing, she's to young/he's too young.
Nobody will find out.
I'm not really hurting anyone.
I'm just going to play around.
I won't do it anymore.
At least I'm not screwing her/him.
She won't tell/He won't tell.
She's not my real daughter/He's not really my son.
My wife doesn't love me.
It's okay since kings and cavemen did it.
It's okay since she's asleep/He's asleep.
I'm just going to look, I won't touch.
She's my daughter so it's okay/It's okay, he's my son.
He/she is better than no one at all.
She wants love and affection.
She likes me/He likes me.
She likes being with me/He likes being with me.
We are very close friends.
She likes attention/He likes attention.
Women who behave/dress like that are just looking for sex.
She didn't tell me to stop/He didn't say stop.
Someone has to teach her/him about sex.
I am lonely/bored.
She wants me to do this/He wants me to do this.
It makes me feel better.
I need love and affection too.
She puts her arms around me and sits on my lap.
He/she says no, but really means yes.
Women always like it rough.
What does she expect, dressed like that.
Nobody is going to find out.
She/he looks older than she/he is.
She/he is very mature for his/her age.
Once she has sex from me, she'll be so content she won't complain.

Adapted from Northwest Treatment Associates, 315 West Galer, Seattle, WA 98119

PHASE II MANUAL: SKILL ACQUISITION

Module III: **Cognitive Distortions**

Topic II: **Identifying Personal Cognitive Distortions.**

Goal: **To develop awareness and understanding of their personal thinking errors related to sex offending.**

Methods:

In this section, group members will be asked to list the common thinking errors that permitted them to justify the behaviors that led up to their offenses.

In later exercises, they will be asked to make successive refinements to this list until it is developed into a definitive list of their major dysfunctional beliefs.

If they have completed the Relapse Prevention portion of Phase II, have them review the work they did on "dysfunctional beliefs" to help them complete these exercises.

Distribute Handout – Top Ten Personal Cognitive Distortions – A First Step and ask group members to select the ten most important beliefs or self-statements that they used to justify their crimes and record them on this handout. Emphasize that these represent the beliefs or self-statements that they used when committing their crimes and may not reflect their current thinking.

Reassure the group that they will be doing a lot more work on this list, and they don't need to worry about getting it perfect the first time. This task is to assist them in recognizing thoughts and beliefs that justify their past offenses. The group leader should vigorously confront any "I-don't-think-like-that-anymore" rationalizations.

Have the patients review any work they have done to date on Behavior Chains. Tell them to look at the "interpretations" they have written for each event. This is good place to find examples of their own cognitive distortions for completing this exercise.

Review the patients' work in group and have group members give feedback and suggestions for improving the list.

Phase II – Skills Acquisition
Module 3 – Cognitive Distortions, Topic 2
Homework – Identifying Personal Cognitive Distortions, Part 1

TOP TEN PERSONAL COGNITIVE DISTORTIONS – A FIRST STEP

DIRECTIONS: After reviewing the statements in Rationalizations List or Excuses To Offend, identify the ten (10) most important statements or beliefs that represent thoughts that you have used to justify *your* past sexual crimes. You may use the ones listed or use your own.

Phase II – Skills Acquisition
Module 3 – Cognitive Distortions, Topic 2
Homework – Identifying Personal Cognitive Distortions, Part 2

Review the patients' work in group and have group members give feedback and suggestions for improving their Top Ten list.

When this has been thoroughly processed, distribute Handout – Sex Offender Bull and ask the group to complete this form in group. Once everyone has completed this task, facilitate a discussion of each item that they acknowledged utilizing in their deviant pattern.

As homework, have patients revise their Top-Ten lists after reviewing the Sex Offender Bull according to Handout – Top Ten Personal Cognitive Distortions, Revised.

Ask them to review their initial list of ten self-statements in light of what they have learned from the Sex Offender Bull discussion.

Have them discuss their work in the following group. Give them feedback and get feedback and suggestions from peers. The group discussion and different points of view represent an important benefit of this task and several group sessions should be devoted to providing time for each group member to complete each of the series of assignments.

Phase II – Skills Acquisition
Module 3 – Cognitive Distortions, Topic 2
Homework – Identifying Personal Cognitive Distortions, Part 2

SEX OFFENDER BULL (SOB)

Below is a list of distortions and minimizations that sex offenders use. It represents the junk you say to yourself or others to excuse your offending. An S.O.B. (Sex Offender Bull) always represents mental gymnastics, a twisting and turning of reality to give yourself permission to sexually abuse someone.

Place a check mark by each of the statements or excuses that you have used.

This list does not include all distortions and minimization's that could be made. At the end are some blank spaces; if there is a minimization or distortion you have used that is not listed, please write it in.

_____ It doesn't hurt.
_____ They/He/She asked for it.
_____ They/He/She liked it.
_____ It wasn't my fault.
_____ I only....
_____ I just....
_____ They/He/She wanted it.
_____ I was out of my mind.
_____ He/She made me.
_____ I was drunk.
_____ I didn't know what I was doing.
_____ They/He/She started it.
_____ I wanted to see what it was like.
_____ I was curious.
_____ It just happened.
_____ I did it for attention.
_____ They/He/She were asleep.
_____ Boredom.
_____ I wanted to try something different.
_____ It happened to me first.
_____ I was sexually abused.
_____ I wanted to see their/his/her reaction.
_____ I was just playing a game.
_____ I wanted to teach them/him/her something new.
_____ I didn't mean to.
_____ I was only fooling around.
_____ They/He/She kept coming back.
_____ She's a bitch and she deserved it.
_____ It couldn't hurt them/him/her.

_____ They/He/She was smiling.
_____ They/He/She already knew about sex.
_____ It doesn't matter.
_____ It was sex education.
_____ They/He/She weren't family so it doesn't matter.
_____ She was a whore anyway.
_____ He/She had it coming to him/her anyway.
_____ I was getting even.
_____ I was lonely.
_____ I didn't like him/her anyway.
_____ He/She led me on.
_____ He/She accepted the bribe so he/she wanted it.
_____ They/He/She never said stop.
_____ They/He/She didn't fight.
_____ They/He/She didn't fight like they meant it.
_____ They/He/She was laughing.
_____ I became aroused so I had to do it.
_____ They/He/She said it was all right.
_____ I had to do it to someone.
_____ It didn't seem to matter.
_____ They/He/She wanted some attention.
_____ I was just showing them/him/her that I care.
_____ I did it because I loved them/him/here.
_____ I didn't think it was wrong.
_____ I didn't know any better.
_____ It was the only way I could express myself.
_____ I was having sex.
_____ Once I get started I can't stop myself.
_____ I just fondled them/him/her.
_____ It was only through their clothes.
_____ What difference does it make.
_____ He/She wasn't my "real" brother/sister.
_____ They/He/She should have known better.
_____ I didn't know what I was doing.
_____ I was on drugs.
_____ They had already been abused.
_____ I was experimenting.
_____ Everybody does it.
_____ I wasn't thinking.
_____ She/He said.....
_____ She/He asked me to.
_____ She/He started it.
_____ Somebody had to pay.
_____ They/He/She thought it was fun.
_____ It was a game.
_____ I wouldn't have done it if he/she would have done it.

_____ He/She was older so it wasn't abuse.
_____ I couldn't help myself, I had to do it.
_____ She/He led me on.
_____ She/He forgot about it.
_____ I was only playing around.
_____ It didn't seem to hurt them.
_____ I needed it.
_____ I did it because of the movie I saw.
_____ I did it because of the pictures I looked at.
_____ She was my girlfriend.
_____ All I did was....
_____ I was angry so I had to do something.
_____ My brother/sister did it so it's okay.
_____ Other people do it.
_____ She/He didn't seem scared.
_____ I stopped when they/he/she said to.
_____ She was a prostitute.
_____ They/He/She deserved it.
_____ She/He still talked to me afterward.
_____ He/She didn't tell.
_____ He/She enjoyed it.
_____ He/She said they loved me so.
_____ It didn't bother anyone else.
_____ He/She was talking about sex.
_____ Nobody got hurt.
_____ He/She was acting sexy.
_____ He/She needed it.
_____ It was just sex education.
_____ They/He/She had their clothes on so I couldn't really do anything.
_____ They/He/She did me wrong.
_____ They/He/She wanted to.
_____ It wasn't that bad.
_____
_____
_____
_____
_____
_____
_____

Phase II – Skills Acquisition
Module 3 – Cognitive Distortions, Topic 2
Homework – Identifying Personal Cognitive Distortions, Part 2

TOP TEN PERSONAL COGNITIVE DISTORTIONS – REVISED

DIRECTIONS: After reviewing the statements in Sex Offender Bull, revise your Top Ten List. Be sure that you now include only items that are statements or beliefs that represent thoughts that you have used to justify your past sexual crimes.

PHASE II MANUAL: SKILL ACQUISITION

Module II: Cognitive Distortions

Topic II: Identifying Personal Cognitive Distortions, Part 3, "Dysfunctional Beliefs"

Goal: To develop awareness and understanding of personal thinking errors related to sex offending.

Methods: The group provider will present the following mini-lecture.

Mini-lecture:
[This section is identical to the section on Dysfunctional Beliefs in Relapse Prevention. The purpose of repeating it here is to permit the group leader to present Phase II in whatever order works best.]

Reference Patient Handbook: Phase II – Skills Acquisition Module 3 – Cognitive Distortions, Topic 1 Homework – Identifying Personal Cognitive Distortions, Part 3

In this section we will take a look at an important component of the "set" that has a profound effect on the thoughts a person has and therefore the way he will react to an event – Dysfunctional Beliefs. You will recall from Phase I that the "set" is the total of all of your internal conditions and the external circumstances that were present in relation to an event in your Offense Chain.

You may have wondered where cognitive distortions come from. Why, you may have wondered, does an event (e.g. "a 12-year-old girl is sunbathing in a string bikini with the top untied") cause one thought in one person ("e.g. "She wants to have sex with me") and a different thought in someone else ("e.g. "I will call her mother and tell her the girl is sunbathing topless")?

One very important factor is that people have different beliefs. In a very direct way, distorted thinking arises in response to an event based on the dysfunctional beliefs one holds.

Cognitive distortions come from dysfunctional beliefs.

A man who thinks that it's OK to have sex with a drunk woman he has gotten into his car (even though she screams "no" and "stop" when he starts to undress her) thinks that way because he holds some dysfunctional beliefs about women who are drunk and flirtatious. He may believe any or all of the following:

- Women who get drunk deserve what they get.
- If a woman lets me get her on her back, she's already said "yes" to sex.
- Once I am aroused, there's no way to stop until I ejaculate.

You can see that:

The beliefs		Cognitive distortion
"Women who get drunk deserve what they get." "If a woman lets me get her on her back, she's already said "yes" to sex." "Once I am aroused, there's no way to stop until I ejaculate."	⟹	"It's Ok to have sex with her."

Without these beliefs, the man would not have had the distorted thought.

Some definitions:

Dysfunctional belief – a belief that results in maladaptive feelings or behavior.
Maladaptive feeling/behavior – a feeling/behavior that leads to personal distress or distress in someone else.

For the purposes of relapse prevention for sex offenders, a dysfunctional belief is one that leads a person away from abstinence.

(refer to the Relapse Prevention module for a further discussion of this topic)

You may have already had some practice reinterpreting distorted thoughts in your Behavior Chain. Hopefully, you're starting to get the hang of it. The good news is that it is not hard to reinterpret thoughts once you are aware that you're having them. The bad news is, just because you reinterpret a thought does not mean that you have corrected the dysfunctional belief from which it sprang.

Beliefs are harder to change than thoughts. Beliefs are often the result of a lifetime of experience. You can think of dysfunctional beliefs as a gumball machine where distorted thoughts are the gumballs and the machine is the dysfunctional belief. Each time you take a distorted thought away (reinterpret it), another one will pop out behind it, unless you attack the dysfunctional belief as well. It is therefore essential

that you are aware not only of the distorted thoughts you have, but the dysfunctional beliefs from which they come.

You will soon revise the items again on your evolving Top Ten List based on what you have learned about dysfunctional beliefs. The Top Ten List is going to become your "Top Ten Dysfunctional Beliefs". But first, you will complete an exercise that will help you understand what we mean by the difference between "distorted thoughts" (which are related to specific events like in your behavior chain) and "dysfunctional beliefs" (which are not related to specific events).

Here are some examples:
Remember, a belief is a more-or-less persistent thought that you regard as true and is not associated with any particular event.

Thought: "He's asleep. I can molest him."
Belief: "Children don't remember what happens to them when they are asleep."

Thought: "I can see her nipples through her blouse. She's trying to arouse me."
Belief: "Women who dress in a revealing manner are advertising for sex."

The following exercise will help you refine your Top Ten List into a list of Top Ten Dysfunctional Beliefs.

Phase II – Skills Acquisition
Module 3 – Cognitive Distortions, Topic 3
Homework – Dysfunctional Belief Grid

INSTRUCTIONS:

Part A

1. Review your most current Top Ten list. Decide whether each item is a "thought" or a "belief" as we have defined them.

2. Write your items from the Top Ten list in the appropriate boxes on the grid. You may notice that some of the items on your Top Ten List are thoughts (as we have defined them) and some are beliefs. You may have trouble deciding if an item is a thought or a belief. Do your best work. The group will help you decide whether your item is more properly a thought or a belief later.

3. For each thought/belief, think of a specific time (an event) in your life that you were thinking the thought or acting on the belief. It doesn't have to be an event from your behavior chains, but this is a good place to look for ideas. Just be sure that the event is related to your sexual offending pattern. Write down an "event" for each item from your top ten list.

4. Review your work in group. Do not proceed until you have listed a thought/belief and an "event" corresponding to each of your top ten items.

Your grid may look something like this:

Event	Thought	Dysfunctional Belief	Functional Belief
Step daughter came into living room in her underwear without a top		Little girls are sexual beings who like to have sex with men and know how to seduce them.	
While we were necking in her apartment, girlfriend passes out from alcohol.	I can have sex with her and she won't know the difference.		

5. After you have gotten the "go-ahead" from your group leader, fill in the remaining boxes in the "thought" category and the "dysfunctional belief" category.

6. Now, write a functional belief that "challenges" each dysfunctional belief. The functional belief should perfectly contradict the dysfunctional belief.

Your grid should look something like this:

Event	Thought	Dysfunctional Belief	Functional Belief
Step daughter came into living room in her underwear without a top	She's trying to get me aroused. She wants to have sex with me	Little girls are sexual beings who like to have sex with men and know how to seduce them.	Young children do not understand sex as adults do. Their comfort with nudity is not an invitation to have sex.
While we were necking in her apartment, girlfriend passes out from alcohol.	I can have sex with her and she won't know the difference.	Women who get drunk and pass out in a sexual situation have already said "yes" to sex.	A drunk woman cannot give real consent. A woman has the right to say "no" to sex at any time during a date.

7. Write a paragraph that describes how you will use the functional beliefs you have written to maintain abstinence.

8 Review your work in group.

9. Revise your Top Ten List. You should now have a pretty solid list of the main Dysfunctional Beliefs you use in your life.

Phase II – Skills Acquisition
Module 3 – Cognitive Distortions, Topic 2
Homework – Identifying Personal Cognitive Distortions, Part 3

Homework grid for dysfunctional beliefs

Phase II – Skills Acquisition
Module 3 – Cognitive Distortions, Topic 2
Homework – Identifying Personal Cognitive Distortions, Part 3

TOP TEN PERSONAL DYSFUNCTIONAL BELIEFS

DIRECTIONS: After completing the Dysfunctional Beliefs Grid, revise your Top Ten List. Be sure that you now include only items that are beliefs that represent helped you justify your past sexual crimes.

Phase II – Skills Acquisition
Module 3 – Cognitive Distortions, Topic 2
Homework – Identifying Personal Cognitive Distortions, Part 4

INTRODUCTION TO GLOBAL DISTORTIONS

There has been quite a bit of work done in the area of treatment of cognitive distortions. The treatment of sex offenders is only one application of this aspect of Cognitive-Behavioral therapy. The treatment of depression is another.

Theorists who work in the field of Cognitive-Behavioral therapy have identified some general or "global" distortions that are common among the people they treat. These are broad categories of distortions that serve as a useful point of departure in an in-depth exploration of a person's distorted thinking patterns. The following categories are used.[4]

- All-or-nothing
- Over-generalization
- Mental filter
- Jumping to conclusions
- Magnifying (catastrophizing)/Minimizing
- "Should" statements
- Emotional reasoning
- Mislabeling
- Personalization (Victim Stance)

The purpose of this discussion is to give you another way to look at your own patterns of distorted thinking. It is not our intention that you memorize this list. Some of you may even find this topic a bit confusing. The intention of this section is to give you yet another way to look at your cognitive distortions in order to help you recognize you own dysfunctional thinking.

[4]From Burns, D. (1980). Feeling good: The new mood therapy.

Phase II – Skills Acquisition
Module 3 – Cognitive Distortions, Topic 2
Handout – Identifying Personal Cognitive Distortions, Part 4

GLOBAL DISTORTIONS

All-or-Nothing Thinking:

This refers to a tendency to evaluate experience in extreme, black-and-white categories. This type of distortion prevents a person from seeing the "gray areas" in life. This type of thinking error causes a person to misinterpret reality by forcing an artificial choice between one extreme or another.

Example 1. A man has privately idolized his neighbor's wife. One day he overhears her in the grocery store talking about an affair she once had. He suddenly realizes she is worthless trash and later uses this thought to justify raping her. His all-or-nothing thinking made him unable to see her as a basically good person with some faults.

Example 2. A man used to think his neighbor's daughter was the perfect youngster. Then one day he sees her wearing a lot of dark eye shadow. He thinks she must be completely without morals. He eventually molests her. This man is using all-or-nothing thinking because he can only see her as either all-good or all-bad.

Over-generalization:

This refers to a tendency to anticipate or pre-judge a future, unknown event erroneously based on a single experience. This type of distortion allows a person to form an opinion about something or someone based on one single experience. People using this type of error in thinking have already made up their minds about a person or event based on one exposure and misperceive reality as a result. Thoughts that use the words "always" or "never" are often over-generalizations.

Example 1. A man who was molested himself as a boy remembers enjoying the excitement of having sex with an adult. When he in turn molests a boy, he thinks the boy is enjoying the experience. The man is over-generalizing his own experience and misinterpreting reality.

Example 2. A man who is experimenting with new ways to approach adult women is rebuffed when he makes his first attempt at asking to talk to a woman. He thinks, "I'll never be any good at meeting women." The man is over-generalizing one bad experience to all future similar experiences.

Mental Filter:

This refers to a tendency to pick out a single detail of an event or aspect of a person and ignore all other information that contradicts the detail. This type of distortion allows a person to have a thought and screen out any information that might require him to think differently. People using this type of error in thinking have made up their minds (typically based on scanty information) and don't want to be bothered with the facts.

Example 1. A man is afraid his speech is no good. He delivers his speech and gets a standing ovation. Upon leaving, he overhears someone say, "The speaker sure was a jerk." This convinces him that he was right in thinking his speech was not good. The man applies the mental filter and he forgets about the standing ovation.

Example 2. A man reads an article in a pornographic magazine that claims most women fantasize about being raped and actually enjoy it even though they usually pretend not to. During several rapes the man later commits, he thinks the women are enjoying themselves. The man applies the mental filter and doesn't even hear their screams and cries.

Jumping to Conclusions:

This refers to a tendency to make a decision about something with no information to base it on. This type of distortion allows a person to make up his mind without any evidence whatsoever. People using this type of error in thinking make up their minds and do not ever bother to check out their assumptions.

Example 1. A man believes other men think he is ugly and boring. He stays at home getting more and more sexually frustrated and eventually molests a neighbor boy. The man has jumped to conclusions about his attractiveness to other men.

Example 2. A man refuses to enter into sex offender therapy because he thinks nobody understands his feelings and therapy will not work for him. This man has jumped to the conclusion that therapy won't work for him.

Magnifying (Catastrophizing) / Minimizing:

This refers to a tendency to exaggerate small events into excessive importance, like a catastrophe. This type of distortion allows a person to "make a mountain out of a molehill". The opposite also happens. A very significant event is made to seem unimportant or irrelevant. People using this type of error in thinking are guilty of the "binocular trick". They misperceive the true meaning of an event by either making it too big or too little.

Example 1. A man is trying to overcome his impulses to commit rape. He has a

lapse one day, begins fantasizing about raping his next-door neighbor, and masturbates to this fantasy. Because of this lapse he thinks, "I'm doomed! I'm going to get arrested and locked up for the rest of my life." This man is magnifying (catastrophizing) his lapse.

Example 2. A man is trying to overcome his impulses to commit rape. He has a lapse one day, begins fantasizing about raping his next-door neighbor, and masturbates to this fantasy. Because of this lapse he thinks, "It's no big deal. It's just one lapse. I shouldn't be worried. No one actually got raped. I won't even tell my therapist." This man is minimizing his lapse.

"Should" Statements:

This refers to a tendency to tell yourself what an event "should" be like or what a person "ought" to do, feel, or think. This type of distortion creates a lot of frustration, disappointment, or guilt. People using this type of error in thinking tell themselves how things or people ought to be. This often results in unrealistic expectations that set people up for failure.

Example 1. A man thinks his date should be grateful enough for being taken out to dinner that she will have sex with him. He is so frustrated when she refuses his advances that he rapes her. This man's "should" statement justified the rape in his mind.

Example 2. A man is learning about cognitive distortions in his therapy group. He thinks, "I'm a very intelligent man. I should get every question right the first time." He gets very depressed and feels like giving up when he gets feedback from his peers that his answers could be better. This man's "should" statement caused him to feel like a failure.

Emotional Reasoning:

This refers to a tendency to think that because you feel something, it is evidence of the truth. This type of distortion is often used to justify an inappropriate act. People using this type of error in thinking assume that the way they feel is proof that a particular event must have happened to cause that feeling.

Example 1. A man thinks, "I'm mad at you. This is proof that you did something to me to make me mad. Therefore, it is OK for me to rape you." This person is using emotional reasoning to justify his sex offense.

Example 2. A man thinks, "I feel aroused, therefore I must have sex immediately." The only person in the house is his step-daughter. So, he molests her. This person is using emotional reasoning to justify his sex offense.

Mislabeling:

This refers to a tendency to give an inappropriate label to a person or event and then behave as if that label were true. It is a form of overgeneralization. This type of distortion allows a person to create a label for something and then ignore the reality. People using this type of error in thinking tend to use highly colored and emotional language to describe people and events.

Example 1. A man asks his date to have sex with him. The woman says, "No thank you. I want to wait until I'm married." He tells himself she is a "cold-hearted bitch". Mislabeling her as a "cold-hearted bitch" later allows him to justify raping her.

Example 2. A man sees a young teen-age girl with heavy eye shadow and thinks, "What a slut!" Every time he sees her from then on he thinks, "There goes that slut." He eventually molests her. Mislabeling her as a "slut" helped justify his sex offense.

Personalization / Victim Stance:

Personalization is a tendency to see yourself as being the cause of some negative external event which in fact is not your responsibility. This type of distortion often is used in a person's negative self-talk which results in a feeling of guilt that is not appropriate to the event. The opposite is also a very common distortion – the tendency to place the responsibility for your feelings, thoughts, or actions on someone else. This is called the "victim stance". People who adopt the victim stance blame other people for their own behavior. In either case, there is a failure to place responsibility where it belongs.

Example 1. A man asks his daughter to drive to the store and get him a pack of cigarettes. She dies in an accident on the way. The man thinks it is his fault his daughter died. Personalizing this event causes him enormous guilt and depression. He soon relapses.

Example 2. A man molests a little girl because she was wandering around the house in her underwear. He thinks her behavior justified his action.

Phase II – Skills Acquisition
Module 3 – Cognitive Distortions, Topic 2
Homework – Identifying Personal Cognitive Distortions, Part 4

DIRECTIONS

Part A: Read the following situations. Each time you see a cognitive distortion, underline it. Then decide which global distortion is being used. Write down the name of the global distortion(s) and the reasons you why you chose it. Discuss in group.

Situation #1 – A man is baby-sitting his step-daughter. He thinks, "She's not one of my kids, so it really isn't wrong to have sex with her. And besides, she is always coming on to me. The way she parades around, she must want me to have sex with her."

Situation #2 – A man has picked up a woman in the bar of the hotel where he is staying. He thinks, "Filthy whore. She deserves whatever I do to her." He gets her to his room and she changes her mind, thinking the man is weird. He rapes her thinking, "She should have known better than to come to the room with me. She must know how aroused she's made me. Once I get aroused, there is no way I can stop."

Situation #3 – A man volunteers with his local church youth group and they are going camping. He remembers when he was a boy at camp and how an older boy taught him to masturbate. After talking with one of the boys and finding out he has never masturbated, the man lets the boy watch him masturbate. The man thinks, "This kid must really like this because he isn't objecting." The man then masturbates the boy thinking, "if he doesn't tell me to stop, then he must want me to do it."

Situation #4 – A man is siting in the park drinking. He thinks, "My boss just yelled at me. Everyone is against me. I know I shouldn't be drinking, but it's only beer. Besides, if people weren't so mean, I wouldn't need to drink." A woman jogs by. He thinks, "I can see her breasts through that thin t-shirt. She must be advertising for sex. She deserves what she gets for being so flagrant." He catches her and rapes her.

Situation #5 – A man is a sex offender who is in relapse prevention. He sees a Norman Rockwell painting of a boy with his pants down getting a shot. He thinks, "It's in TV Guide, so it must be harmless." He masturbates to this picture. Afterwards, he feels very guilty and thinks, "I'm a failure! Treatment didn't work for me. I might as well just give up!"

Part B: From the list of Global Distortions, choose the two cognitive distortions that you think may have played an important part in justifying your sex offenses. Your group leader and fellow group members will help you pick. Write a brief paragraph

that explains how you used these distortions to justify committing the offenses that you committed.

Tell the group that there may be some distortions that are obvious, but that don't fit neatly into one of the categories.

Reassure patients that they may find this task difficult (as well as the Labeling Cognitive Distortions exercise which follows) as they are very conceptual sorts of tasks. Let them know that the main purpose of the exercises is to broaden their familiarity with cognitive distortions, not get them to memorize and regurgitate the labels. By looking at the topic of cognitive distortions from many different angles, they will become better at recognizing them on their own. The critical skill for them to achieve in this section is to improve their ability to recognize when they are distorting their thinking.

Some possible correct answers to Part A are:

Situation #1
- **All or nothing – "She's not one of my kids, so it really isn't wrong to have sex with her."**
- **Over-generalization – "She is always coming on to me."**
- **Jumping to conclusions – "She must want me to have sex with her."**

Situation #2
- **Mislabeling – "Filthy whore. She deserves whatever I do to her"**
- **Should statement – "She should have known better than to come to the room with me."**
- **Victim stance – "Once I get aroused, there is no way I can stop."**
- **Emotional reasoning – "She must know how aroused she's made me.."**

Situation #3
- **Mental filter – "This kid must really like this because he isn't objecting."**
- **Jumping to conclusions – "This kid must really like this because he isn't objecting."**
- **All-or-nothing – "This kid must really like this because he isn't objecting."**

Situation #4
- **Over-generalization – "Everyone is against me."**
- **Victim stance – "If people weren't so mean..."**
- **Minimizing – "It's only beer."**
- **Jumping to conclusions – "She must be advertising for sex."**
- **Victim stance – "She deserves what she gets for being so flagrant."**

Situation #5
- **All-or-nothing – "It's in TV Guide, so it must be harmless."**
- **Over-generalization – "Everyone is against me.."**
- **Magnifying – "I'm a failure! Treatment didn't work for me. I might as well just give up!"**

Phase II – Skills Acquisition
Module 3 – Cognitive Distortions, Topic 2
Homework – Identifying Personal Cognitive Distortions, Part 5

TOP TEN PERSONAL COGNITIVE DISTORTIONS

DIRECTIONS: After reviewing the Handout – Common Cognitive Distortions (Global Distortions), revise and improve your 10 most beliefs that represent thoughts you have used to justify *your* past sexual crimes. Add ones that you left out and rewrite ones that you understand better.

Phase II – Skills Acquisition
Module 3 – Cognitive Distortions, Topic 2
Homework – Identifying Personal Cognitive Distortions, Part 6

LABELLING COGNITIVE DISTORTIONS – ONE MORE TIME

DIRECTIONS: Transfer your Top Ten Personal Cognitive Distortions – Revised list to the blank space on the left side of this page. After reviewing the Handout Global Cognitive Distortions, identify the one which best categorizes each of your dysfunctional beliefs. Present your choice to the group and consider any feedback you receive. Then write in the name of the cognitive distortion that most accurately labels your belief.

Dysfunctional Beliefs	Global Cognitive Distortion

Dysfunctional Beliefs	Global Cognitive Distortion

PHASE II MANUAL: SKILL ACQUISITION

Module III: Cognitive Distortion II

Topic III: Challenging Personal Dysfunctional Beliefs

Goals:

1. **To understand the process of challenging personal beliefs and self-statements.**
2. **To challenge thinking errors and identify alternative thoughts.**

Methods: The therapist will utilize the following mini-lecture to teach the process of challenging thinking errors.

Reference Patient Handbook:

Phase II – Skills Acquisition
Module 3 – Cognitive Distortions, Topic 3
Handout – Challenging Personal Cognitive Distortions

You have identified dysfunctional beliefs and distorted thinking that are associated with your history of sex offending. The next step in treatment is to challenge those thoughts and develop alternatives which will reduce the risk of relapsing into sex offending. The process of challenging distorted thinking is adapted from the scientific method that questions a theory before it is accepted as valid. Over time our thoughts tend to be automatic on many topics and we typically don't question or evaluate their current validity. However, that is exactly the process a person needs to go through if he finds that thinking errors are resulting in problems or criminal behavior.

The process of effectively challenging dysfunctional beliefs is not an easy one. It is not enough just to come up with an alternative (functional) statement. The hard part comes in learning to believe that your alternate belief is true. You have spent your entire life developing the set of beliefs you hold (your schema). It is probably safe to say that these beliefs will not magically transform as the result of completing this set of exercises. But it is an essential first step. You will have many, many opportunities to confront and challenge your dysfunctional beliefs over the course of the time you are in the Sex Offender Commitment Program. Perhaps your biggest challenge will come in learning to change the dysfunctional beliefs that supported your offending.

The challenging process involves the following three steps:
1. Identifying the thinking error and identifying the type of distortion;
2. Questioning the validity of the thought; and
3. Identifying coping self-statements to counter the old thinking errors.

For example, a child molester may have the following dysfunctional belief:

DYSFUNCT. BELIEF: "Children who have sex with adults will learn to like it."

This is probably best categorized as the following global distortion:

GLOBAL DISTORTION: Mental Filter (I am not paying attention to other important information that would contradict this thought.)

Challenging this belief may include the following thoughts. This is your argument to yourself against the belief:

THOUGHTS TO CHALLENGE THE *DYSFUNCT. BELIEF*:

I am trying to lie to myself. By trying to "get her to like it," I am trying to make her share the blame for my actions. Other sex offenders have used this same excuse as a way of controlling their victims. There is no merit in fooling someone who doesn't know any better. A child or young adult does not have the judgment skills to see that they're being used. I do not have the right to take advantage of another's inexperience for my selfish benefit. I know that what I'd be doing would be wrong, otherwise why try to keep it secret? Another point - saying that I could make her enjoy it is projecting my wishes onto her. No one likes to be pressured or forced. My own experience with my sister says that she was frightened of me (she said so).

After you have argued against the belief, you must make up a belief that directly contradicts the dysfunctional belief:

ALTERNATIVE OR COPING THOUGHTS:

My victim will not like what I would do; none of them ever never have.

Distribute Handout – Examples of Challenging Cognitive Distortions and review each of the examples in group. Once the group has learned the process, distribute Handout – Challenging My Personal Thinking Errors. This assignment can be completed as homework but each group member must present their completed Handout – Challenging My Personal Thinking Errors in group. This assignment should be completed using the Top Ten Dysfunctional Beliefs created in previous exercises. Remind the group members that receiving feedback is an essential step in correcting thinking errors. They often represent "Blind Spots" which are obvious to other people but invisible to ourselves.

The purpose of this exercise is to teach patients how to recognize and challenge dysfunctional beliefs and to point out that it is not enough to change the thoughts in the behavior chains. Patients must learn to challenge the dysfunctional beliefs that are the source of the distorted thoughts.

Phase II – Skills Acquisition
Module 3 – Cognitive Distortions, Topic 3
Homework – Challenging Personal Dysfunctional Beliefs, Part 7

Assignment 1:
Review Handout – Examples of Challenging Cognitive Distortions in group and ask questions so you better understand how to identify, challenge, and cope with thinking errors. Review each of the examples in group.

Assignment 2:
Use the format provided in Homework – Challenging My Personal Thinking Errors to record your personal thinking errors. For each thinking error, write a challenge. Then, for each thinking error come up with a "coping thought". Compare what you write for your coping thought with what you wrote for your thinking error. These should correspond closely. Each will be reviewed in the same way Behavior Chains were reviewed. This will help patients to identify their "Blind Spots" – or distortions – which are obvious to other people, but often invisible to themselves.

Phase II – Skills Acquisition
Module 3 – Cognitive Distortions, Topic 3
Handout – Examples of Challenging Personal Cognitive Distortions

EXAMPLES OF CHALLENGING DYSFUNCTIONAL BELIEFS

1. *DYSFUNCT. BELIEF:* *Men need to release pent-up sexual tension which makes it OK to have sex with children.*

   GLOBAL DISTORTION: *Emotional Reasoning (I am using my feelings to justify the act of molesting.)*

   THOUGHTS TO CHALLENGE THE DYSFUNCT. BELIEF:

   I don't need to molest or offend to reduce stress. I won't die if I don't have sexual release. And from personal experience and the experiences of others, offending won't relieve my stress for more than five minutes, then it gets worse. I would feel guilty and ashamed afterwards. And besides, what gives me the right to abuse and assault someone else to fulfill my needs? There are many other appropriate ways to reduce stress (exercise, for example) that don't invade someone else's rights. If I have stress in my life, I need to find the cause and deal with it directly. I can find other activities that I can feel good about.

   ALTERNATIVE OR COPING THOUGHTS:

   If I am tense, I can find ways to reduce my stress without victimizing someone.

* * *

2. *DYSFUNCT. BELIEF:* *Little children don't think it's wrong.*

   GLOBAL DISTORTION: *All-or-nothing Thinking (I am setting up a phony either/or situation.)*

   THOUGHTS TO CHALLENGE THE DYSFUNCT. BELIEF:

   It was my responsibility as her Dad to protect her from harm. I did not fulfill that responsibility. I do not have the right to take advantage of another's weakness for my own gratification. She may not know that I've done something wrong, but I do. If she was able to decide what she wants, she would not have chosen to be a victim. The accounts of other victims bear this out. And besides, she is still a human being with feelings and rights, and to force her to participate against (or without knowing) her will is assault, no matter how gentle. I do not have the right to project my feelings and wishes on another

person. It is not OK with my value system to force or persuade someone who is too young or weak to do what I know is wrong. My victim may not know, but I do.

ALTERNATIVE OR COPING THOUGHTS:

No victim would choose to be a victim. Because a child can't resist or voice her feelings is not proof that molesting her is OK.

* * *

3. *DYSFUNCT. BELIEF:* *There's no crime in looking.*

GLOBAL DISTORTION: *Mental Filter (I am not paying attention to other important information, like I have lost control in the past.)*

THOUGHTS TO CHALLENGE THE DYSFUNCT. BELIEF:

How many times have I said that? Too many. Why would that be any more true now than it was in the past? I have proven in the past that I have a lousy record for "just looking". In truth, myself and other repeat sex offenders have found that "just looking" is only an appetizer before the main course. I may be able to settle for that this time, but maybe not the next. Sooner or later I would give in. Another issue is that of degree. How much abuse is OK? The answer is none. It is never OK to force, sneak, persuade, pay, spy, or lie to get someone to do something for my own selfish wants. Aware or not, "just looking" or full-blown rape is still abuse. Where does it stop? Any abuse of another's trust is too much. To believe that it's OK to do it "just a little" is self-deception. Don't minimize.

ALTERNATIVE OR COPING THOUGHTS:

I have deceived myself in the past by thinking I can just look. I must stop now before I look.

* * *

4. *DYSFUNCT. BELIEF:* *It's not wrong if I don't penetrate the children.*

GLOBAL DISTORTION: *Minimizing (I am down-playing the damage.)*

THOUGHTS TO CHALLENGE THE DYSFUNCT. BELIEF:

Limiting abuse to a certain level does not make it any less serious. All forms of abuse are wrong, perhaps dangerous, and definitely illegal. The abuse I do always has a harmful effect on my victims. Saying "at least" is a minimization of the worst kind. I do not have the right to decide what level of harm is OK to inflict on my victims. I am

not taking my victim's feelings or wishes into consideration at all. Also, who says you won't "graduate" to that later on? How will you minimize it then? I am practicing self-deception with this excuse. Abuse is abuse at <u>any</u> level of severity. I have shown by my past behavior that I am very clever at minimizing the seriousness of my offenses. Look out for this trap!

<u>ALTERNATIVE OR COPING THOUGHTS</u>:

Invading the privacy of someone else's body is harmful to my victims and ultimately to myself.

* * *

5. *<u>DYSFUNCT. BELIEF</u>:* *I won't do it anymore. I'm cured.*

<u>GLOBAL DISTORTION</u>: *Mental Filter (I am not paying attention to other important information like -- I've said this to myself before and still did it again.)*

<u>THOUGHTS TO CHALLENGE THE DYSFUNCT. BELIEF</u>:

How many times have I promised myself that? "Lots." How many times have I broken that promise? "Every time." As a repeat offender I must admit that I can't stop without help. Without treatment I would very likely continue to make and break this promise over and over. I am a serious offender. I have proven over and over that this is an empty promise. <u>Don't believe it</u>!

<u>ALTERNATIVE OR COPING THOUGHTS</u>:

My only way to stop "doing it" is to modify and manage my behavior through treatment, not phony promises.

6. *<u>DYSFUNCT. BELIEF</u>:* *I'm not really hurting anyone.*

<u>GLOBAL DISTORTION</u>: *Mental Filter (Yet again, I am not paying attention to other important information about the harm sex offending does.)*

<u>THOUGHTS TO CHALLENGE THE DYSFUNCT. BELIEF</u>:

This thought is complete self-deception. Everything I do affects those around me - directly through my actions, indirectly through my moods, etc. When I engage in inappropriate behavior, I am hurting all the people I care about. To deny that is to disrespect the feelings and rights of everyone. My actions do have an affect on those around me. It is better to do something positive for them and me. Doing things that I <u>know</u> are illegal, immoral, and that those I care

about would disapprove of is proof of a lack of concern and respect for their feelings. And to molest a child and then say I'm not hurting anyone is ignoring that my victim is a human being with rights and feelings. I am also damaging my own self-image, degrading and hurting myself emotionally, and stunting my ability to have healthy, rewarding relationships.

ALTERNATIVE OR COPING THOUGHTS:

That is a lie. I am hurting my victims, my family and friends, my society, and myself.

* * *

7. *DYSFUNCT. BELIEF:* *I am a good father. I'll be forgiven for any "indiscretions".*

GLOBAL DISTORTION: Minimizing (I am down-playing the severity of my actions.)

THOUGHTS TO CHALLENGE THE DYSFUNCT. BELIEF:

Being a good father in most ways is OK, but is never an excuse to molest my child. I have not earned the right to victimize those I love. A good father is there to nurture and protect his kids. Is molestation protective and nurturing? Hardly. Molesting is a crime. And this crime cancels out any good I may have done. Calling it an "indiscretion" does not make it any less wrong or less a crime. My actions have alienated me from those I care about most. I have shamed and embarrassed my family. I have lost respect and trust. In truth, I was a bad father in the worst way. This thought is a minimization. I am trying to fool myself into believing that it's no big deal.

ALTERNATIVE OR COPING THOUGHTS:

The truth is that no good deed can ever justify molesting a child. A good father does not hurt his children.

* * *

8. *DYSFUNCT. BELIEF:* *The porno isn't enough; I need more. (I need a real person.)*

GLOBAL DISTORTION: Emotional Reasoning (I am using my feelings to justify the molest)

THOUGHTS TO CHALLENGE THE DYSFUNCT. BELIEF:

This thought is admitting that I have a problem. Porno doesn't provide the "kick" it used to, so I turn to real victims. All the accounts of sex offenders I've heard tell of starting small and escalating to more destructive behaviors. If I analyze my own behavior, I will see that I am following the pattern of may other repeat sex offenders. I am telling myself that I <u>need</u> it. This isn't true. I'm lying to myself. I don't "need" more; I "want" more. No one ever died from lack of sex. Also, I thought that porno would fill my "need" and that wasn't true. I "need" to do things that have benefit to me and others. <u>That ain't it</u>!

<u>ALTERNATIVE OR COPING THOUGHTS</u>:

Going further won't last for long, then I'll need to go even further. Stop the downward spiral while I still can.

* * *

9. *<u>DYSFUNCT. BELIEF</u>:* *It's OK if I only so far, then stop.*

<u>GLOBAL DISTORTION</u>: *Mental Filter (I am not paying attention to other important information that would contradict this thought.)*

<u>THOUGHTS TO CHALLENGE THE DYSFUNCT. BELIEF</u>:

How many times have I said that? (Many, many, many.) How many times have I stuck to it? (Few, few, few.) Even if I could stop "only so far" this time, it is highly unlikely that I would do so the next time. My own history and that of other repeat sex offenders proves this. Many repeat sex offenders (including myself) lie to themselves. They (I) want to pretend that they're (I'm) in control. The fact is that they are (I'm) not. I have gone far enough. It's time to stop - now!

<u>ALTERNATIVE OR COPING THOUGHTS</u>:

I have a lousy history of self control. I have gone far enough. It is time to stop - <u>now</u>!

* * *

10. *<u>DYSFUNCT. BELIEF</u>:* *I am lonely. I deserve to feel better.*

<u>GLOBAL DISTORTION</u>: *Emotional Reasoning (I am using my feelings to justify the molest)*

<u>THOUGHTS TO CHALLENGE THE DYSFUNCT. BELIEF</u>:

I'm lonely, right? What will victimizing someone else do for me? By engaging in destructive and secretive activities, I am only isolating myself further from my goal. I know from my own experience that

the loneliness doesn't go away - it grows! The guilt and shame that follows my offending feeds the lonely feelings inside me. My offending has caused me more problems than solutions. It is an empty reward. I would be better off spending time with people who enjoy healthy and fun activities - things that will bring me closer to people, not lock me away from them. I need to enjoy appropriate and healthy social activities with others in the full light of day. No secrets. Then I won't be lonely. Hurting someone else is no cure - don't do it!

ALTERNATIVE OR COPING THOUGHTS:

My loneliness is not an excuse to hurt someone else. Offending will only cause more problems.

Phase II – Skills Acquisition
Module 3 – Cognitive Distortions, Topic 3
Homework – Challenging My Personal Cognitive Distortions

CHALLENGING MY PERSONAL THINKING ERRORS

Challenge each of your Top Ten Dysfunctional Beliefs. Use your own paper and use this format:

1. *Dysfunctional Belief:*
   Global Distortion:
   Thoughts To Challenge The Error:

   Alternative or Coping Thoughts:

PHASE II MANUAL: SKILL ACQUISITION

Module IV: Victim Awareness

Topic I: Introduction and Review

Goals:

1. **To review key concepts of the Victim Awareness Module in Phase I.**

2. **To provide an overview for the Victim Awareness Module in Phase II.**

Methods: The group leader will present an overview of the Victim Awareness concepts in Phase I, followed by an overview of the concepts and exercises that will be presented in Phase II as described in the attached mini-lecture and then lead a group discussion on the material presented.

Mini-Lecture:

"The main goal of treatment is to learn how to never sexually abuse someone. One way to achieve this goal is to learn what victims experience and feel.

"It is believed that people that commit sexual crimes might ignore or not be aware of the harm they are inflicting on others.

"The goal of Phase I Victim Awareness was to increase your understanding of the consequences of sexual abuse and the trauma it causes victims.

"Victim Awareness is composed of three parts:

1. **Victim Knowledge**
2. **Victim Sympathy**
3. **Victim Empathy**

"Victim Knowledge and Victim Sympathy were covered in Phase I. Victim Empathy will be covered in Phase II (this phase).

1. **<u>Victim Knowledge</u> refers to an understanding of the common feelings that people who are sexually abused may experience. In Phase I you learned how victims have been injured, that the harm is long-lasting and some of the special effects that result from being sexually abused.**

2. **<u>Victim Sympathy</u> refers to having compassion for victims of sexual abuse. It involves feelings sorry for victims because they have been injured. In this Phase you will learn about <u>Victim Empathy</u> and do many exercises to help make you aware of what victims experience.**

3. **<u>Victim Empathy</u> is the most advanced stage of victim awareness. Empathyis the ability to put yourself into someone else's shoes. It involves seeing the world through the victim's eyes. Part of acquiring victim empathy involves admitting that you have committed sex offenses. Therefore this work was reserved for Phase II.**

"There are two chief reasons to develop victim awareness.

1. **To remove pleasure associated with memories of possible past sexual offenses.**

2. **To inhibit the pleasure potential of deviant sexual fantasies that would lead to deviant sexual behavior.**

“Developing victim awareness, especially victim empathy, is a very difficult task. Maybe the hardest part of treatment. It can be difficult to want to give up pleasurable experiences. It is also difficult to experience painful memories and negative and harsh feelings. Often feelings such as fear, shame, pain, guilt, self-hatred, and doubt emerge and people try to run away from these feelings. Facing these feelings takes a lot of hard work! With the help of your group members, Therapists, and support system, you will be able to confront these feelings and master the elements of victim empathy and all of victim awareness.”

PHASE II MANUAL: SKILL ACQUISITION

Module IV: Victim Awareness

Topic 2: Obstacles to Victim Empathy

Goal:

1. **To explain three common obstacles to victim empathy.**
2. **To explore with group members, methods to overcome these obstacles.**

Methods:

1. **The group leader will present an overview to the topic "Obstacles to Victim Empathy" as described in the attached mini-lecture and then lead a group discussion on the material presented**
2. **The group leader then assigns Chapter 3 ("How to Build Empathy") in <u>Empathy and Compassion in Action</u> and lead a discussion on obstacles. Refer group members to the Patient Library to obtain Chapter 3. Facilitators can obtain staff copies in the Program VII office.**

Mini-Lecture:

"Empathy is sharing a victim's feelings. There are common obstacles that get in the way of this process.

Reference Patient Handbook:

Phase II – Skills Acquisition
Module 4 – Victim Awareness, Topic 2
Handout – Common Obstacles to Victim Empathy

1. <u>REFUSING TO FOCUS ON THE VICTIM</u>.

In order to develop any sense of empathy it is first necessary to pay attention to victims – to notice them.

Perhaps the most common obstacle a sex offender will put in the way of his ability to have empathy for his victim(s) is a failure even to notice the suffering of the victim.

We are continually surrounded with information about the suffering of people around the world. The newspapers and TV are filled with stories of wars, heinous crimes, and natural disasters. These all lead to immense human suffering. They are so frequent that people in our culture have become immune to these reports. After all,

you can't go around all day feeling overwhelmed by the grief for the tens of thousands in pain around the world.

We see homeless people around everyday. There is the panhandler asking for spare change on the streets and the military veteran on the side of the road with a sign that begs for work in return for a handout or food. People commonly ignore them, passing them by as if they aren't even there.

In our homeless example, people are often too concerned with their own problems (e.g., getting to work on time, getting to the store before it closes, looking forward to getting home to spend time with their families) to pay any attention to the plight of these people who are less fortunate. Even a moment's pause to focus on the person can lead to a sense of empathy and sorrow for their plight. No matter what people's individual feelings about the homeless, we are thankful that we are not in the same situation. Thus, we recognize that such an existence can hardly be a pleasant one.

This is similar with sex abuse victims. With just a moment's pause and reflection would be all that it would take to realize that you wouldn't want to trade places with them. Men who commit sexual crimes are the same. If they take a second to pay attention to what the victim is experiencing and recognize that it is a traumatic and painful experience, they would decrease their chances of offending.

HECTOR

Hector's wife had just left him for another man. He felt humiliated and embarrassed, and he wanted to get back at his wife. He went to an unfamiliar bar in town to drown his sorrow, anger, and frustration. A woman at the bar soon began to flirt with him, and it was clear that she wanted to have sex. Although he wasn't all that attracted to her, he decided he would go with her in order to try and feel better. He thought it would build his self-esteem and restore his sense of manhood. As soon as they were in his truck, she demanded money for her sexual favors. Hector was enraged. He began to beat the woman savagely and force her to perform oral sex on him. Suddenly, he looked down at her face and saw blood gushing all over her nose and mouth. Hector was terrified that he was going to kill her. He immediately rushed her to the hospital, even though he knew this would result in his arrest.

Hector's case is an example of suddenly switching his focus from his own feelings and desires to that of his victim. As soon as he was able to switch his attention to what he was doing to the prostitute, he became immediately more empathetic. He switched from the role of abuser to helper.

2. BLAMING THE VICTIM

A common obstacle to feeling empathy for someone who is in a terrible situation is to blame the victim. This makes us feel superior and in control of our own destinies.

In our homeless example, it is not uncommon to attribute the misfortunes of these people on their laziness or some other defect. This helps us feel like it won't happen to us. The more blame we can place on the victim, the more secure we feel and assured that we will avoid a similar fate.

Blaming the victim is a common way many abusers try to avoid recognizing and dealing with the trauma they have inflicted. This blame comes from the false perception that the victim was in some way in control of the abusive situation. That the victim wanted to be abused. This notion is clearly untrue. The act was abusive because the victim could not control what was occurring either because they were too naïve or they lacked the power to control the situation.

PAUL

Paul married a woman with an 11 year old daughter. The marriage was a disaster from the start. His wife neglected Paul, the house and his stepdaughter. Paul and his stepdaughter slowly got closer and closer. They became each other's best friends. Paul counted on her to do much of the cooking and keeping up the house. The stepdaughter loved the attention she got from Paul, and often chose to be with him instead of her own friends. He fell in love with her, and he was infatuated by her. As the stepdaughter began to physically mature, Paul found himself becoming sexually attracted to her. He misinterpreted her desire to hug him as a sign of sexual desire. Paul ended up molesting the girl over a period of a year. He never saw this as abuse, instead he thought of it as the fulfillment of their "special" relationship. He was very surprised when the police came to his job one day to arrest him. The stepdaughter had talked about her special relationship with a friend who reported it to the school authorities.

The case of Paul is a prime example of an offender who attempted to blame the victim, his wife, and the system. He felt betrayed by the one person he loved and cared for the most, his stepdaughter. Once he recognized that he was at fault (and not everyone else), he was able to then deal with the trauma and pain that he had inflicted on the one for person for whom he truly cared.

3. PHYSICAL CONDITIONS AND SEXUAL URGES

A third set of obstacles that prevent abusers from becoming empathetic toward victims is their own physical state, including their level of sexual arousal. They allow their sexual desire for the victim to blind them from seeing what the victim is

experiencing. They assume that because they are aroused, the victim must be turned on too.

A similarity might be drawn with our homeless example. Imagine having to go to the bathroom very badly and hurrying to find a restroom. This, like sexual arousal, is a strong physical drive. If we come across a homeless person who is obviously suffering, it is much harder to concentrate upon and be empathetic toward them (you might not even notice them) if we are in urgent need of a restroom. Our physical drive draws us to concentrate on our own needs and desires. The same can be said of sexual arousal and the sexual abuse victim.

Don't allow your own sexual desires to trap you into not seeing and feeling for others around you.

TONY

Tony was very proud of his size and physique. He had a buffed, gym-toned body that he always thought men admired and women desired. The bigger and stronger he was, the more masculine he felt. He had no trouble getting dates with women. When he first met Alice and asked her out, he was not surprised that she immediately accepted. Their date seemed to be a great success, and he was really getting turned on by her. When the date came to an end, however, Alice resisted his moves toward seduction and told him no. This surprised him. How could she not be turned on to him when he was so excited by her? He decided that this was just a "game" that she was playing either because she didn't want to appear too easy or maybe she liked it kind of rough. Despite her repeated protests, Tony found that overcoming her resistance to be a real turn-on. It made him feel like a powerful conqueror and victor. After sexual intercourse, he was gratified to hear Alice say she had liked the sex. Tony was arrested early the next morning at his apartment and charged with rape.

Some offenders falsely assume that because they are aroused and stimulated that the victims is too. That was the case with Tony. Because Tony was so aroused by having sex with Alice, he never allowed himself to see that she did not enjoy it. In fact, she only stopped resisting because she was terrified that he was going to hurt her. Alice saw this as an awful and scary experience. She had only told him that she enjoyed the sex to get rid of him and because she feared he would hurt her worse if she made him angry.

For many offenders, viewing the plight of victims empathetic will take away one of the most pleasurable parts of their lives. Their deviant sexual fantasies.

An additional physical condition that can prevent an offender from seeing the perspective of the victim is intoxication. Abuse of drugs and alcohol distorts perceptions of reality. It is impossible to be able to clearly see what others are feeling when you have clouded your own mind with intoxicants.

PHASE II MANUAL: SKILL ACQUISITION

Module IV: Victim Awareness

Topic 3: Victim Empathy

Goal: 1. To explain the concept of victim empathy.

Methods: The group leader will present an overview of the victim empathy's presented in the following mini-lecture and then lead a group discussion on the material presented.

Mini-Lecture:

Reference Patient Handbook:

Phase II – Skills Acquisition
Module 4 – Victim Awareness, Topic 3
Handout – The Nature of Empathy

Empathy is the final stage in developing victim awareness. It is also the most difficult step. Empathy involves feeling some of the same feelings that the victim has. It is being able to put yourself in the victim's shoes and experiencing the world as they do. It is seeing the world from their eyes.

EMPATHY IS SHARING THE VICTIM'S FEELINGS!!!

Empathy is a state of mind. It is not something you are born with and not something that you have all the time. Everyone has the capacity to empathize - to feel similar to another person.

Some offenders are very empathic people. Offenders are not always the cold, calculating, heartless predators that the media and public often perceive them to be. They can be kind, generous, and understanding. Sex offenders may be able to identify with a whole range of feelings that other people feel. They may know what it is like and be able to commiserate with someone who has lost a pet, a loved one, or a job. Yet, they have difficulty understanding and appreciating how their victim(s) may feel.

If we have had similar tragedies to someone else, it is easier to identify with them and be empathetic. If you have been divorced or separated, it is easier to understand and appreciate the pain and sorrow that someone may be going through during their divorce. If a significant person in your life (like a parent, brother, sister, or lover) has died, it is much easier to get in touch with those same feelings when it happens to someone else. Because we remember what those feelings were like for us, it is natural to be able to bring up those same feelings again when it happens to

someone else. The more alike we see the other person is to us, the easier it is to understand their feelings and reactions.

Sex offenders are often accused of treating their victims like “objects”. That means they view them as inanimate things that exist only to give them pleasure. Although this may well be true of some offenders, it is not true of all. The more you are able to view your victim(s) as living, breathing persons the more you will be able to identify and relate to the effects of your abuse upon them. The better you are able to see them as having the same right to be safe from harm and the right not to have their bodies controlled by others, the more you will be able to connect with their reactions.

The more that you are able to climb into the head of the victim, see life from their perspective, and see your abuse through their eyes, the closer you will come to achieving true empathy

KEN

Ken never saw himself as a victim. When he was 12 years old, a neighbor woman who was 23 began having sex with him. Ken always looked back on this episode of his life as a sign of his good fortune. He was able to brag to his buddies about what a man he was and how he was more knowing and worldly. He got a lot of respect and admiration from the other guys, and Ken felt like a big man. Eventually, the woman became pregnant with his child. Because she was married, it was kept a secret. She had the baby and told her husband it was his. The affair she had with Ken always remained a secret.

Ken went on to having sex with lots of girls after that. Some his own age, some older. He took great pride (and boasted frequently) what a great lover he was. He relationships with women were brief and always intensely sexual.

When Ken was 24 years old, he was arrested for having sexual intercourse with two 11 year old neighbor girls.

The case of Ken illustrates the point that the more an offender can identify with the victims, the easier it is to develop an awareness of the impact the abuse is likely to have on their lives.

When Ken entered into a treatment program after his arrest and conviction, he had difficulty appreciating why what he had done was wrong. When confronted by other group members, he frequently defended himself by describing how willing his victims were. He went on to describe how he had began to have sex that young and it never hurt him.

Then it suddenly dawned on him that being taken advantage of by the older woman in his youth was very much related to why he was arrested and in jail. He saw how his self-image was all tied up in his sexual prowess and how he had used sex to feel

good for all of his troubles. He had sexualized all of his relationships, and he regretted never being able to get close to others (either male or female) because he saw relationships in only sexual terms.

Eventually, with further treatment, Ken remembered how scared he actually was those first couple of times with the older neighbor. He also recalled that he had no idea what he was doing, but felt that he had to go along with her because otherwise he wouldn't seem grown-up. This led Ken to further explore how he had been hiding all his feelings ever since, just so he would seem like he was a man.

With this knowledge, Ken was able to develop an awareness of what his victims may have felt at the time and why they were so compliant (and seemed so sophisticated) at the time. It also helped him get a glimpse of some of the problems that may lie ahead for them.

PHASE II MANUAL: SKILL ACQUISITION

Module IV: **Victim Awareness**

Topic 4: **Homework Assignment I**

Goal:

1. **To help facilitate victim empathy by helping the patient get in touch with their possible feelings of victimization due to their current situation.**

Methods:

1. **Patients are given the attached handout and told to complete the Assignment either outside of group or independently in group.**

2. **The Group Facilitator then leads a discussion on the patient's feelings of victimization based on the material from the homework assignment.**

Phase II – Skills Acquisition
Module 4 – Victim Awareness, Topic 4
Homework – Empathy Questionnaire

1. If you know how things would have turned out, would you still have committed your offense(s). Why or why not?

2. How do you feel when someone uses the label of “sex offender”, “child molester”, or rapist when describing you? Why do you feel this way?

3. Did you get too harsh a sentence for your crime(s)? Please explain why answered as you did.

4. Who do you think got harmed the most - you or your victim(s)? Please explain why you think so.

5. If you knew your victim was going to be hurt and affected for the rest of his or her life, would you still have acted in the same way? Explain why or why not.

PHASE II MANUAL: SKILL ACQUISITION

Module IV: Victim Awareness

Topic 5: Homework Assignment II

Goal:

1. **To facilitate victim empathy by helping the patient get in touch with their feelings of victimization due to past situations.**

Methods:

1. **Patients are then given the attached handout and told to complete the assignment either on their own or independently in group.**

2. **The Group Facilitator then leads a discussion on the patient's feelings of victimization based on the material from the homework assignment.**

Phase II – Skills Acquisition
Module 4 – Victim Awareness, Topic 5
Homework – Describing your own victimization

Think of a particular time when you felt like a victim. Perhaps you were actually a victim of a crime (maybe your house was robbed or your car was stolen). Maybe you were a victim of sexual abuse as a child. Or, maybe you felt like a victim of the "system". In the space below, list as many words as you can think of that describe what the experience felt like and what effect it had on your life.

PHASE II MANUAL: SKILL ACQUISITION

Module IV: Victim Awareness

Topic 6: Homework Assignment III

Goal:

1. **To facilitate victim empathy by helping the patient get in touch the effect their crime may have had against their victims.**

Methods:

1. **Patients are assigned to read Chapter 2 ("How My Sexual Behaviors Affects Others") in Empathy and Compassionate Action. Refer group members to the Patient Library to obtain Chapter 3. Facilitators can obtain staff copies in the Program VII offfice.**

2. **Patients are then given the attached handout and told to complete the assignment either on their own or independently in group.**

3. **The Group Facilitator then leads a discussion on the material presented from the homework assignments.**

Phase II – Skills Acquisition
Module 4 – Victim Awareness, Topic 6
Homework – Further Describing Your Victim's Experience

1. Sexual abuse (whether rape or child molest) is a crime against the body of the victim. In this section and the reading you were assigned, there were descriptions about the effects of the abuse on the bodies of the victim. What body part do you think would most remind your victim about the acts you committed against them? Why?

2. In this section a variety of the long-term and short-term problems that victims experience were described. In each of the areas listed below, describe the most likely problem that your victim experienced or will experience in the future. Explain why you think this might be a problem for your victim, and indicate if you think this would be a long-term or short-term difficulty.

Problems in Self-Esteem and Self-Image

Relationship Problems

Sexual Problems

Emotional Problems

Physical Problems

PHASE II MANUAL: SKILL ACQUISITION

Module IV: **Victim Awareness**

Topic 7: **Homework Assignment IV**

Goal:

1. **To facilitate victim empathy by helping the patient get in touch with the feelings that their victims may have experienced.**

Methods:

1. **Patients are then given the attached handout and told to complete the assignment either on their own or independently in group.**

2. **The Group Facilitator then leads a discussion on the material presented from the homework assignments.**

Phase II – Skills Acquisition
Module 4 – Victim Awareness, Topic 7
Homework – Describing Your Victim's Experience

1. Below is a list of terms introduced in this module. Check each term that applies to a sexual behavior that you committed at some time in the past. For each term that you have checked, briefly described how that behavior was likely to make the victim feel. If you committed the act more than one time, consider the most recent time you did so in describing the feelings of the victim. For some behaviors (like voyeurism), the victim may not have been aware of your actions. In those situations, describe what you think the victim would have thought if he or she knew what you were doing.

TERM	FEELINGS OF THE VICTIM
_____ Unwanted Staring	
_____ Nudity in Front of Children	
_____ Disrobing in Front of Children	
_____ Genital Exposure	
_____ Sexual Observation of a Child	
_____ Intimate Kissing of a Child	
_____ Fondling	
_____ Masturbation in Front of a Child	
_____ Fellatio of a Child	
_____ Cunnilingus of a Child	
_____ Finger Penetration of a Rectal Opening of a Child	
_____ Penile Penetration of a Rectal Opening of a Child	
_____ Finger Penetration of the Vagina of a Child	
_____ Penile Penetration of the Vagina of a Child	
_____ Dry Intercourse with a Child	
_____ Stranger Rape of an Adult	

_____ Acquaintance Rape of an Adult

_____ Marital Rape

_____ Exhibitionism of an Adult

_____ Voyeurism of an Adult

_____ Frotteurism

_____ Obscene Phone Calls

_____ Sadistic Sexual Abuse

_____ Sexual Exploitation

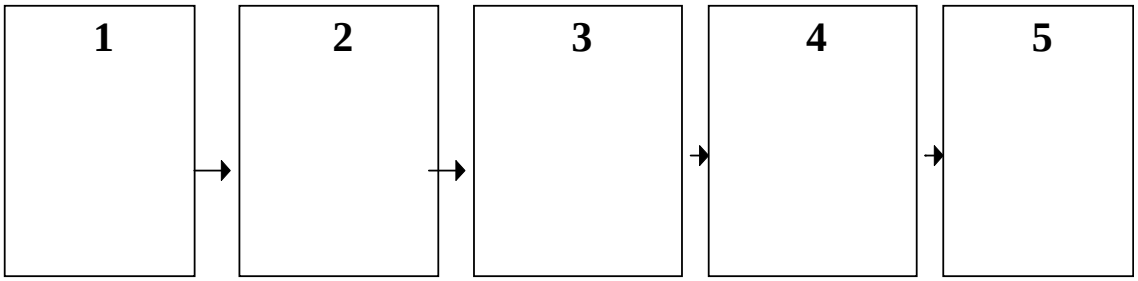
_____ Sexual Harassment

_____ Gender Attack

_____ Gay Bashing

_____ Misogyny

2. Sexual abuse never just happens. It doesn't just "come out of the blue". It almost always involves a progression of behaviors. Using the terms found in this module list at least 5 behaviors or acts that led up to your last offense. These behaviors could have been with the same victim or with different victims. Place the most important 5 in the boxes below. Step #1 should be the least intrusive and Step #5 the most intrusive.



3. As children, we frequently experienced some action from an adult that made us uncomfortable. Perhaps, it was the way a teacher looked at us, a boy scout leader touched us, or an aunt kissed or held us. Yet, it is not possible to label those actions as inappropriate or abusive. Those memories will often linger with us into adulthood, although it seemed innocent enough at the time. Briefly describe such a memory (if you have one), how it made you feel, and how you acted at the time.

   If you do not have such a childhood memory, think about a time as an adult when you felt "uncomfortable" in a situation that could have had sexual overtones. Perhaps, it was the way someone looked at you in a public shower or locker room, maybe it was the way someone was standing near you in a public restroom, or maybe a strip search that has occurred since you have been locked up. Briefly describe the memory of the event, how it made you feel, and how you acted at the time.

   Brief Description of the Event:

   It made me feel….

   The way I acted was to…

PHASE II MANUAL: SKILL ACQUISITION

Module IV: Victim Awareness

Topic 8: Victim Empathy Videos

Goal:

1. **To facilitate victim empathy by helping the patient get in touch with the effect their crimes may have had against their victims.**

Methods:

1. **The group facilitator will present the following mini-lecture.**
2. **The group facilitator will present relevant videos.**
3. **Prior to group discussion, patients will complete handed out video report form.**
4. **The group leader will facilitate a discussion regarding group members reactions and other pertinent material.**

Materials:
Videos

1. **"Offender - Victim Communication: A Face To Face Session" By The Safer Society Foundation, Inc. 56 minutes**

   The format of this video is a female victim asking a series of questions to a panel of seven perpetrators in an out-patient treatment program. It is aimed at benefiting both victim and perpetrator entering therapy. It encourages sex offenders to take responsibility for their behavior and clarifies that the victim are not responsible for what was done to them. The video makes this point that none of these men were able to stop offending or change their behavior prior to entering therapy.

2. **"Partners in Healing: Couples Overcoming the Sexual Repercussions of Incest" By Wendy Maltz M.S.W. 43 minutes**

   The video explores the experience of three (3) incest victims and their significant others. One of the victims is male and two are female. There are good descriptions of the experience of victimization and some of the repercussions of the couples, particularly as it effected their sex life. There is some fairly explicit talk about the couples sexuality. Patients viewing the video are likely to reflect on their own victimization if any. It also has value in illustrating couples working together to solve difficult problems.

3. "Four Men Speak Out on Surviving Child Sexual Abuse" By Varied Directions International. 30 minutes

Four men who were victims of child sexual abuse talk about the long and short term consequences of having been abused. They describe their experiences of the victimization and talk about how they have gone about their survival. They all were victimized by males. One of the men was repeatedly victimized by his father. Two were groomed and repeatedly molested by adult males and one was raped by a group of older boys who attended his school and harassed him after the sexual abuse. The video should be useful for our population who were themselves victims as well as for offenders who were not victims and need information about what victims go through. It is possible that a patient may strongly identify with one of these men and could have a strong emotional reaction.

4. "Sacred Silent: Exposing and Ending Child Abuse" Hosted by Oprah Winfrey. 50 minutes

Describes the consequences of sexual, physical and emotional abuse. Additionally, it describes the experiences of both victims and perpetrators of each type of abuse. Video is presented in a professional documentary style, includes both males and females. The brochure in the tape case provides a list of issues/questions to discuss before and after viewing the video.

5. "Both Sides of the Coin" by Varied Directions International 47 minutes

Is the story of two men, one of whom was a victim of sexual abuse and one who has a history of molesting children. Both share extensively about their abuse and some of then non sexual abuse is quite graphic. Both struggled with depression and thoughts of suicide. Patients may relate to either man and most should be able to find something to relate to.

The Therapist will present the video tape "Offender-Victim Communication" and distribute the Video Report Form to the group members. Stop the video with enough time for them to complete the Video Report Form in group. Each group member will then be asked to present their experience of the video to the group. Repeat this process with the video "Partners in Healing".

Mini-Lecture:

Reference Patient Handbook:

Phase II – Skills Acquisition
Module 4 – Victim Awareness, Topic 8
Handout – Victim Empathy Videotapes

During this phase of the module, you are going to be viewing some video tapes in your group sessions. These videotapes include various victims describing their sexual abuse and its results.

Videos, TV shows, and movies are powerful tools and some of the best ways to experience feelings. To prove this point to yourself, try and remember movies that you really liked. Think about a comedy that really made you laugh. Think of an action picture that really got your adrenaline going and made you sit at the edge of your seat. Now think of a drama that really made you sad. What was it about the movie that touched you so? Probably it was your ability to identify with the characters and understand what they were going through. It probably felt like you were in the movie with them. Try to achieve this same level of identification while you watch the videos.

SOME COMMON DANGERS

"Many offenders find themselves having particular difficulties when it comes to viewing the videotapes. They will resist allowing themselves to be affected by the tapes and fall into a number of traps that permit them to take advantage of this opportunity. A few of the common traps are listed below.

"Don't close yourself off. Some offenders fear that allowing themselves to fell anything for the victims in the videos will mean that they will become overloaded with feelings of guilt and shame. When you pay to go to a movie you don't take this attitude. Instead, you remain open to what ever images and stories you are about to be shown. Take this same attitude with the videos of victims.

"Don't Dismiss a story that is not just like your own. All victims and all instances of sexual abuse are different. However, there are a lot of common themes that run through sexual victimization. Some offenders dismiss a description or a victim because it is not just like their own situation. Men who have raped women may dismiss victims of child sexual abuse because that is not the crime they committed. On the other hand, men who have molested girls may think that descriptions of male victims doesn't apply to them. There are more similarities than there are differences between victims of sexual crimes whether they be adults or children, victims of in-home molestation or stranger abuse, and crimes that involve physical injury or manipulation seduction.

"Don't allow yourself to become sexually aroused. Some offenders report feeling turned-on when hearing victims describe the sexual acts they were subjected to or the person reminds them of their victim to whom they are still sexually attracted. It hit too close to their fantasies. Should this happen to you, note it in the discussion after viewing the videotape. Keeping it a secret will only give it more power over you.

VIDEO REPORT FORMS

"After each of the videos you will be asked to describe your reactions to them. There are forms at the end of this section for you to complete. Make your notes and observations as soon after the video as possible, while the images and words are still fresh in your mind. Later, if you find yourself thinking about a particular video or image, go back and add to the notes that you made.

Phase II – Skills Acquisition
Module 4 – Victim Awareness, Topic 8
Homework – Video Report Form

VIDEO REPORT FORM

NAME OF VIDEO:

WHAT FEELING AND THOUGHTS DID YOU HAVE DURING THE VIDEO?

WHAT NEW INFORMATION DID YOU LEARN ABOUT VICTIMS OF SEXUAL ABUSE?

WHAT NEW INFORMATION DID YOU LEARN ABOUT MEN WHO COMMIT SEXUAL ABUSE?

HOW DID THIS VIDEO RELATE TO YOUR SEXUAL CRIME OR SEXUAL BEHAVIOR?

PHASE II MANUAL: SKILL ACQUISITION

Module IV: **Victim Awareness**

Topic IX: **Victim Awareness**

Goal:

1. **To heighten victim empathy by reading relevant reading material.**

Methods:

1. **The group facilitator will present the following introduction to reading material.**
2. **The group leader will provide books for the patients to read.**
3. **Prior to group discussion patients will complete the "Reading Assignment Form".**
4. **The group leader will facilitate a discussion regarding group members reactions and other pertinent material.**

Phase II – Skills Acquisition
Module 4 – Victim Awareness, Topic 9
Homework – Reading Assignment

READING ASSIGNMENT

During this section, your therapists will assign a number of books or articles for you to read. You may check these books out at the library. These are all accounts of what victims actually experienced as a result of being sexually abused. As you read try to take as sympathetic a stance as possible beware of falling into the traps or being prevented from focusing your attention on the victims because of your tendency to blame or your own need to preserve your sexual fantasies.

The books and articles that you will be asked to read may include:

- Outgrowing the Pain Together: A book for spouses and partners of adults abused as children by Eliana Gil
- I Know Why the Caged Bird Sings by Maya Angelou
- Victims No Longer by Mike Lew
- I Never Told Anyone by Ellen Bass
- Men Surviving Incest by T. Thomas
- I Never Called It Rape by Robin Warsaw
- Child Abuse: Implications for Child Development and Psychopathology by David A. Wolfe
- When Your Wife Says No: Forced Sex In Marriage by Fay H. Knopp
- Family Fallout: A Handbook for Families of Adult Sexual Abuse Survivors by Dorothy B. Landry
- Adults Molested as Children by Evan Bear
- Man-To-Man: When Your Partner Says NO by S.A. Johnson

Assignment
With each reading assignment, complete the "Reading Assignment Form" you will find on the following pages. This will provide an opportunity for you to analyze your feelings as well as provide a record of your reactions to each account that you read.

Phase II – Skills Acquisition
Module 4 – Victim Awareness, Topic 9
Homework – Reading Assignment Form

READING ASSIGNMENT FORM

NAME OF BOOK/ARTICLE:

SUMMARIZE THE FEELING AND REACTIONS OF THE PEOPLE WHOSE STORIES YOU READ:

COMPARE THE FEELING AND REACTIONS OF YOUR VICTIM(S) WITH THOSE WHOSE STORIES YOU READ.

LIST THE THOUGHT YOU HAD AS YOU READ THE MATERIAL.

WHAT FEELINGS DID YOU EXPERIENCE AS YOU READ THE MATERIAL?

PHASE II MANUAL: SKILL ACQUISITION

Module V: Autobiography

Topic I: Introduction and Segment 1 of the Autobiography

Goals:

1. **Explain the treatment benefits of completing an autobiography.**
2. **To give instructions on completing this task.**

Materials:

1. **The "Autobiography Handout"**
2. **The "Autobiography Instructions"**
3. **"Segment 1" Handout**

Methods:

The Therapist will distribute copies of the materials noted above and review the narrative that proceeds the instructions. Group discussion should focus on the benefit of learning about attitudes, beliefs and patterns of behavior so that they can be understood and changed when necessary.

The therapist should acknowledge that this is a difficult task and emphasize that being honest and thorough is essential for this to be a valuable exercise. Some events may be particularly difficult to include in the autobiography. These events also may be the most beneficial to explore.

Explain that the Autobiography will be completed in 5 segments. Segment 1 will cover early childhood (0-6 years) and school activities (6-19 years). Segment 2 will include adulthood, substance abuse and relationships. Segment 3 is on sexual history. Segment 4 is on sex offense(s) and criminal history. Segment 5 relates to treatment and includes a wrap up.

The leader will review, with the group, the instructions and go over the specific questions to be answered in segment 1. Participants will be instructed to complete segment 1 and bring it to the next group.

In subsequent groups, each participant will present their segment 1 information and it will be discussed. Participants are to make additions and modifications as needed. When all group members have completed this segment proceed to the next module.

Phase II – Skills Acquisition
Module 5 – Autobiography, Topic 1
Handout – Introduction to Autobiographies

THE AUTOBIOGRAPHY

You are a product of your history. Many of the beliefs and attitudes that you now hold are a result of the lessons that you learned from your previous experiences throughout your lifetime. Your views toward sexuality, women, the rights of children, what it is to be a man and many other beliefs that were directly connected with your decision to rape or molest were formed and shaped by your many past experiences.

YOUR PRESENT ATTITUDES, FEELINGS, AND BEHAVIOR ARE BASED ON WHAT HAPPENED TO YOU IN YOUR PAST

Some of these lessons you learned by watching other people. Many of the views that you now hold are probably very similar to those that your parents, family members, or friends also had. You observed how they responded to certain situations, and used them as a model to pattern your own behavior. You were probably not even aware of the many important messages that you were picking up from other people, but it was a constant and ongoing process. If you saw the adult men in your life mistreating women, you may have come to believe that this is the way men should act. If you heard your buddies talk about how it is OK or even a good idea to get sex from every woman you can, you may have arrived at the conclusion that a real "man" is one who conquers as many women as possible and that it will gain you respect in the eyes of other men.

YOU LEARN BY WATCHING AND OBSERVING OTHERS AROUND YOU

Some of the lessons that you picked up through your life were a result of your direct experiences. How you were treated by important people in your life has a lot to do with how you react to others now and what you think about yourself. If you were abused sexually, physically, or emotionally as a child, it is likely that you may have ended up feeling worthless and unimportant as an adult. Also, such a background could lead you to believe that abusing others was acceptable. If bullying other children or throwing temper tantrums with adults got you what you wanted as a child, you probably continued this pattern of behavior as an adult. If your parents neglected you as a child, you may have come to believe that the world is not a very safe place for you and that you can't rely on the help or assistance of others. If your early sexual experiences involved being abused by older children or adults, you may have picked up messages that this was natural and an OK thing to do. If women were unfaithful toward you, you may have developed an attitude that you need to protect yourself from them or that it is permissible to try and control them so that they don't hurt you again.

YOU LEARN BY THE DIRECT EXPERIENCES THAT YOU HAD

Some of the lessons that you have learned (either directly or through observation of others) have been very beneficial to you. Others, however, have probably helped develop a course for your life that ultimately led to your molesting or raping. This is not to say that you can blame your sex crime on having a bad childhood or how other people treated you. Only you are responsible for making the decisions and choices that led to your offense(s). It does suggest, however, that these are powerful forces that have influenced you in important ways.

An important place to start in treatment is to attempt to understand some of the powerful forces that have shaped your life thus far. That means stepping back and taking a detailed look at all aspects of your life up to this point. It requires you to try to get some perspective about the important relationships you have had and how they shaped your present thoughts, feelings, and reactions to others. You need to understand how the important events of your life have helped to shape and mold you into the person you are today.

Completing a detailed autobiography of your life will help you gain some understanding of these powerful past experiences. You will be able to see not only how they influence the way you presently think, feel, and act, but the autobiography will also give you some clues about how to go about changing old patterns of behavior. Changing unproductive patterns of behavior that have led you to trouble and misery is the goal of treatment. Understanding how you came to develop is a way of achieving this goal.

Phase II – Skills Acquisition
Module 5 – Autobiography, Topic 1
Homework – Instructions for Writing an Autobiography

AUTOBIOGRAPHY INSTRUCTIONS

Use the outline provided on the following pages to complete an autobiography. You will be completing one segment at a time and discussing it in group. Address each of the items and questions as thoroughly as possible.

For this assignment, write your answers on your own paper. Plan on making several drafts because new and more detailed information is likely to be remembered during this process.

Number each of your paragraphs to correspond to the numbers of the items. Use the headings provided to help organize your autobiography. Write your autobiography in complete sentences, as if you are telling the story of your life.

You will be going over this assignment in group. Your Therapist may want you to go back and fill in or further describe certain areas of your life.

This is an assignment that often takes a good deal of thought and time. Even after you have successfully completed this assignment (as determined by your therapist) you may want to go back and review your autobiography, adding details as you progress in treatment. You will also want to periodically review the autobiography to determine what important areas you still need to address and work on.

Phase II – Skills Acquisition
Module 5 – Autobiography, Topic 1
Handout – Questions to Answer When Writing an Autobiography, segment 1

AUTOBIOGRAPHY
SEGMENT 1

Early Childhood (0-6 years)

1. Where did you live? Who raised you? What kind of work did your mother and father (or other parental figures) do? How did they feel about their work?

2. What was the religious and ethnic background of your family?

3. Who named you? Why was your name chosen?

4. What is your earliest memory? What are the feelings connected with this memory?

5. What was it like being a small child in your home? Who was special to you? Who cared the most about you? Who did you feel closest to? Why?

6. Give the names and birth dates of other children in the family in which you grew up: (How did you get along with them? What was your place in the family? How did your parents treat each of the children?)

7. Who disciplined you? How did they do it? Why did they do it? How did you feel about the discipline you received?

8. Were there any health problems in your family? Any deaths?

9. Did your family attend church or Sunday School? How often? Did your parents attend? What church? How important was religion in the family?

10. How did your family show feeling toward each other? Anger? Love? Closeness? Fear?

11. How did your parents get along with each other? What did they enjoy together? What did they fight about? How did they fight? What effect did their relationship have on you then and now?

12. What were the most important events during this phase of your life?

School Activities (6-19 years)

13. How did you feel when you started school? What was good about school? What was bad about it?

14. Who were your friends during grade school? What did you do with them?

15. What games or hobbies did you enjoy with other children during grade school years?

16. How did teachers treat you?

17. Did you enjoy schoolwork? Was any of it hard for you? What subjects?

18. How involved were your parents/caretakers in your school and extra curricular activities?

19. What extra curricular activities were you involved in during grade school and junior high?

20. Were there changes in your living arrangements or family during grade school, junior high or high school years? Financial changes? Deaths? Moves?

21. Did your feelings about school or achievements in school change in your high school years?

22. What friends and/or activities were you involved with during high school years?

23. What kind of future job dreams or plans did you think about in your high school years? What were your goals?

24. What sports (if any) did you play in high school? What kind of athlete were you?

25. What were the most important events during this phase of your life?

Phase II – Skills Acquisition
Module 5 – Autobiography, Topic 1
Handout – Questions to Answer When Writing an Autobiography, segment 2

AUTOBIOGRAPHY
SEGMENT 2

Adulthood

26. What schooling or training were you involved in beyond high school? How did you like it and how did you do in it?

27. What kind of jobs have you had? For how long? How did you like them?

28. Were you in the military? Why did you decide to enlist? Why did you select the branch of the service that you did? How old were you when you enlisted? How did you like being in the military? What was the best part of being in the military? What was the worst part of being in the military?

29. Who were your best friends since you became an adult? What did you do with your friends?

30. How did you spend your free time? What hobbies and interests did you have?

31. What were the most important events during this phase of your life?

Substance Abuse

32. How old were you when you first began drinking alcohol? How much did you drink? What kind of alcohol? Do you think you had a problem with drinking? Have you ever been arrested for being intoxicated in public or for drunk driving?

33. What kind of drugs have you used? How old were when you first started using drugs? How often would you use drugs? What were your favorite drugs? Do you think you had a problem with drug use? Have you ever been arrested for possession or sale of drugs?

34. Have you ever had blackouts from using drugs or alcohol? Ever had times that you could not remember where you were, what you did, or how you got home?

35. What were the most important events of your life that have been related to substance abuse?

Relationships

36. When did you get romantically involved with someone for the first time? How did you meet? What was attractive about the person to you? How old was the other person? How long did it last? When and how did it end?

37. How many serious relationships did you have before you married? How long did they last? Why did they break up?

38. What first attracted you to your wife? Why did you decide to marry? How did the relationship change after you were married?

39. What were the good parts of your marriage? What were the troubles in the marriage?

40. When did you have children? How many? (Names & Ages, including stepchildren) How did they affect the marriage?

41. Did you or your spouse have sexual relationships outside of the marriage? Why? When? How did you and your wife meet people you had affairs with?

42. Did the marriage end? When? Why? How do you presently feel about this marriage?

(REPEAT FOR ANY OTHER MARRIAGES OR LIVE IN RELATIONSHIPS YOU HAD)

43. What were the most important events of your life that have been related to relationships?

Phase II – Skills Acquisition
Module 5 – Autobiography, Topic 1
Handout – Questions to Answer When Writing an Autobiography, segment 3

AUTOBIOGRAPHY
SEGMENT 3

Sexual History

44. Where did you get most of your sexual information as a child?

45. How comfortable was your family discussing sex?

46. When you were young, what did your parents teach you about sex?

47. What was your father's sexual behavior like? How did you feel about it?

48. What was your mother's sexual behavior like? How did you feel about it?

49. How old were you when nocturnal emissions (wet dreams) began? Were there any special feelings (pride, embarrassment, etc.) you associated with nocturnal emissions? Please comment.

50. How old were you when you had your first erection (hard on)? How did you feel about it? What did you think was happening?

51. Do you recall playing sex games as a child? What age? What kind of games? With whom?

52 As a child or adolescent were you punished for sexual activities? Often? Once? Never Caught? Caught, but not punished? Had none?

53. Were you sexually molested as a child? By whom and in what way? How old were you? What was your reaction to being molested?

54. Were any other children in your family molested? Who? How old were they? What happened? When did you learn of this? What was your reaction to hearing about it?

55. At what age did you first begin to masturbate?

56. Did you often use fantasy while masturbating during adolescence? Any special “theme”? Describe as many kinds of fantasies as you can remember.

57. How often did you masturbate?

58. Were you ever caught masturbating by someone? What was their reaction? How did you feel about being caught?

59. Did you use any pictures to help you masturbate? What kind of pictures?

60. Where did you get the pictures?

61. At what age did you have your first date with a girl?

62. At what age did you have your first sexual experience (genital touching, kissing, mutual masturbation, intercourse, oral sex, etc.) with a female? Describe the type of sexual activities these were.

63.. At what age did you have your first sexual experience (genital touching, kissing, mutual masturbation, anal intercourse, oral sex, etc.) with a male? Describe the type of sexual activities these were.

64. As a child, did you ever watch animals or humans (accidentally or otherwise) involved in sexual activities? Please comment.

65. As a teenager, how did you view girls who went "all the way"?

66. As a teenager, how did you view boys who went "all the way"?

67. As a teenager, how did you feel about homosexuals?

68. Describe your sexual activities during adolescence? Including: None, Some kissing & making out, Petting - Not to Orgasm, Petting - Leading to Orgasm, Mutual Masturbation (touching each others' genitals), Oral- Simulating Intercourse with clothes on - no penetration, Vaginal Intercourse, Anal Intercourse.

69. With whom were you involved sexually as an adolescent? (Ages and Gender)

70. How would you describe the usual feeling you had following sexual activities? (Use as many adjectives as needed, such as guilty, loved, grown-up, powerful, shamed, etc.)Genital Stimulation,

71. At what age and with whom did you first experience intercourse? Was this a good or bad experience for you at the time? Did you experience any difficulty with your erection or ejaculation?

72. Noting your age, approximately how often and with how many different partners did you experience intercourse?

73. Indicate for each age, your most frequent partner (Prostitute, casual acquaintance, person with whom you were having a close relationship, spouse or any other).

74. How would you rate yourself as a sexual partner as an adolescent? Explain.

75. How would you rate yourself as a sexual partner as an adult? Explain.

76. What are your preferred sexual activities?

77. As an adult, and up until the time you began treatment, how frequently did you masturbate? Describe any specific rituals or patterns connected with your masturbation.

78. What kinds of fantasies did you use to masturbate to? Be specific about fantasized person(s) and situation(s).

79. Describe changes in your sexual fantasies from adolescence to the present.

80. As an adult, have you had difficulty with any of the following? (Comment or describe when necessary.) Techniques of petting and foreplay, Positions in intercourse, Partner's passivity, Partner not achieving orgasm, Difficulty in achieving erection, Difficulty in maintaining erection, Difficulty in ejaculating too quickly, Difficulty in taking too much time to ejaculate, Partner desired sex more frequently than you wanted, You wanted sex more frequently than your partner

81. Describe any other difficulties in sexual technique not covered above that you experienced.

82. Do you have any concerns about your penis size? Please explain

83. Do you have any concerns about your physical appearance that you think makes you an unattractive sexual partner? Please explain.

84. If there was one thing about your body that would change to make you more sexually attractive, what would it be? Why?

85. If you were married or living together with someone prior to your incarceration, briefly comment on the sexual part of that relationship.

86. How difficult or easy is it for you to attract adult sexual partners? Why?

87. How often, on the average, did you and your last partner have sex?

88. How did you and your partner feel about the frequency?

89. How frequently did it occur that you desired sex and your partner did not?

90. What did you usually do when you wanted sex and your partner didn't?

91. How frequently did it occur that your partner wanted sex and you didn't?

92. What did you usually do when your partner wanted sex and you didn't?

93. Could you discuss your feeling about sex freely with your partner?

95. Who usually took the initiative in sex activity?

96. Who was the most willing to try new things in your sexual activities , you or your partner?

97. Who was the most experienced in sex at the start of your relationship?

98. What fantasies did you use while engaging in sexual activities with a partner? Be as specific about fantasized person(s) and situation(s) as possible.

99. Did you feel satisfied after having sex with a willing adult partner?

100. What were the most important events of your life that have been related to your sexual history?

Phase II – Skills Acquisition
Module 5 – Autobiography, Topic 1
Handout – Questions to Answer When Writing an Autobiography, segment 4

AUTOBIOGRAPHY
SEGMENT 4

Sex Offense(s)

101. Describe your sexual offense(s), including: Victim's sex (male or female), Victim's age, Usual setting of the crime.

102. Had you been taking any drugs or alcohol? Specify type and amount.

103. Did you use, or threaten to use any weapons? If so, what was the threat?

104. Aside from the sexual abuse, did you cause your victim physical pain? Was it intentional?

105. How often did you think about committing your sexual offense before you actually did it?

106. Did the sex offense occur as part of another crime?

107. What kind of sexual fantasies did you have prior to committing the sexual crime?

108. What kind of sexual fantasy did you have during the sexual crime?

109. What sexual acts did you commit or attempt to commit? Be specific about what you tried to do and what you actually did.

110. Give an approximate number of your victims.

111. Give the average length of time between attacks.

112. Did you fantasy about the crimes after you committed them?

113. Did you have an erection during your sexual crimes?

114. Did you ejaculate during your sexual crimes?

115. Did you masturbate following your sexual crimes?

116. What were you feeling immediately after your sexual crime(s)?

117. Were you aware of any particular body sensations that would usually occur before you committed your sex crimes (headaches, smells, etc.)? Please describe and explain.

118. What was the duration of the sexual contact with your victim(s)?

119. What did you say to your victim(s) before the crime?

120. What did you say to your victim(s) during the crime?

121. What did you say to your victim(s) after the crime?

122. Do you think your victim(s) ever enjoyed the sexual acts you committed on them?

123. Describe the sexual satisfaction you felt after your sex crimes?

124. What were the most important events of your life that have been related to your sex offense(s)?

Criminal History

125. When and how did you first get involved with the law? What happened?

126. What other things have you been arrested for? When? What happened?

127. Have been confined in other prisons or jails? How long? Where? For what?

128. What was the situation leading up to your most recent sex offense? What was going on in your life? How were you feeling?

129. What was the specific incident that seemed to trigger your sexually deviant behavior?

130. What other similar crimes have you been involved in and for how long?

131. Have you ever been involved in making obscene phone calls? If so, describe.

132. Have you ever been involved in exhibiting yourself to unsuspecting strangers? If so, describe.

133. Have you ever peeped in peoples' windows hoping to see them naked or observe them having sex? If so, describe.

134. Have you ever engaged a prostitute? If so, describe.

135. Have you ever intentionally touched the breasts, butt, or crotch of an unsuspecting person? If so, describe.

136. What were the most important events of your life that have been related to your criminal history?

Phase II – Skills Acquisition
Module 5 – Autobiography, Topic 1
Handout – Questions to Answer When Writing an Autobiography, segment 5

AUTOBIOGRAPHY
SEGMENT 5

Treatment

137. What treatment have you or your family been involved in prior to your present confinement? What kinds of problems was this treatment for?

138. What was helpful to you in your prior treatment?

139. What do you wish you had done differently in prior treatment? How could you have benefited more from the treatment?

140. What are your current treatment goals?

141. What do you think are the chances you will re-offend if you do not go to treatment now?

142. What do you think are the chances you will re-offend if you do complete treatment now?

143. Describe the ways you may be able to use information that you learned in writing your autobiography? Be specific.