

INSTRUCTIONS FOR USING THE PHASE III MANUAL

The SKILLS APPLICATION phase of the Sex Offender Commitment Program is designed to help patients begin applying the skills they learned in Phase II to their own lives. *Daily practice and logging of these new skills is a cornerstone of this phase of treatment.* During this phase, it is no longer enough to attend group and complete assignments. Patients are expected to demonstrate the ability to assess daily situations and experiences and to utilize the appropriate cognitive-behavioral tools.

The following modules are covered in Phase III:

1. Layouts III
2. Journals and Logs
3. Cognitive Distortions III
4. Relapse Prevention III
5. Victim Awareness III

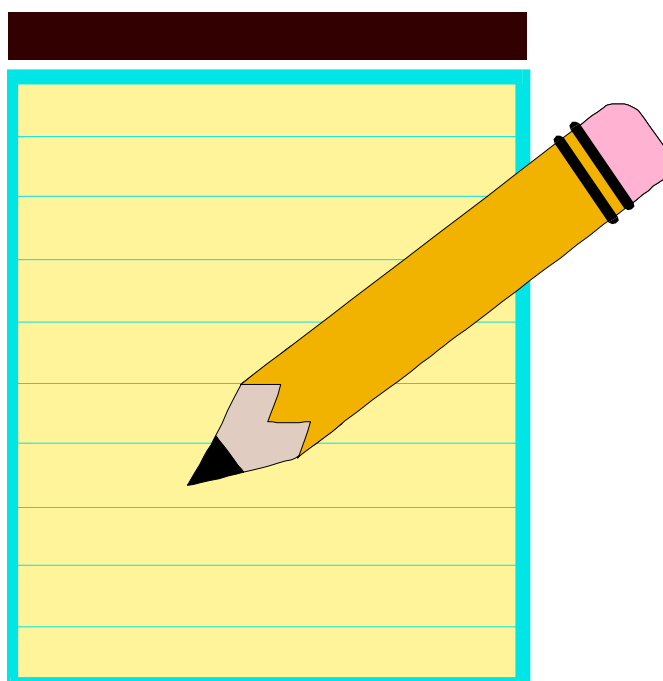
As in previous phases, the group leaders should expect individual differences in how successful patients are in meeting the goals of Phase III. The length of time for each individual will vary according to their ability, motivation, and length of time away from ASH for court hearings, etc. Group leaders should never estimate the length of time it will take patients to complete Phase III.

The manual is provided as a format for structuring the group process. Individual group leaders should add examples and illustrations appropriate to the content and to the group members. The modules have no rigid time lines, nor sequences, and the group leaders should be flexible to the needs of their patients. However, the groups should remain carefully focused on the goals of each module rather than on other topics that patients may prefer to discuss.

The group is designed to be open-ended. Individual members may be added or removed at any time during the quarter. It is recommended that group norms and patient setups be reviewed with the addition of each new member.

**Coalinga State Hospital
Sex Offender Commitment Program
Phase III – Skills Application – Module 1**

Lay-Outs



Topic I: THE "LAY-OUT" -- REVIEW

Goal: 1. Explain how to develop and present a Lay-Out during the course of treatment groups.

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

Mini-Lecture -- The "Lay-Out"

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.

There are several reasons for using Lay-Outs during the course of a sexual offender treatment group.

- 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 group member acknowledge this goal (along with other goals) helps to focus and give meaning to the treatment group process.

Once each of you has shared his Lay-Out in group, 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.

How to do a Lay-Out:

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

TOPIC 2. PRACTICING LAY-OUTS

Homework on Lay-Outs

INSTRUCTIONS: 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.

Lay-Outs -- How to Do Them

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).

The following are two examples of Lay-Outs:

My name is Bob Smith. 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.

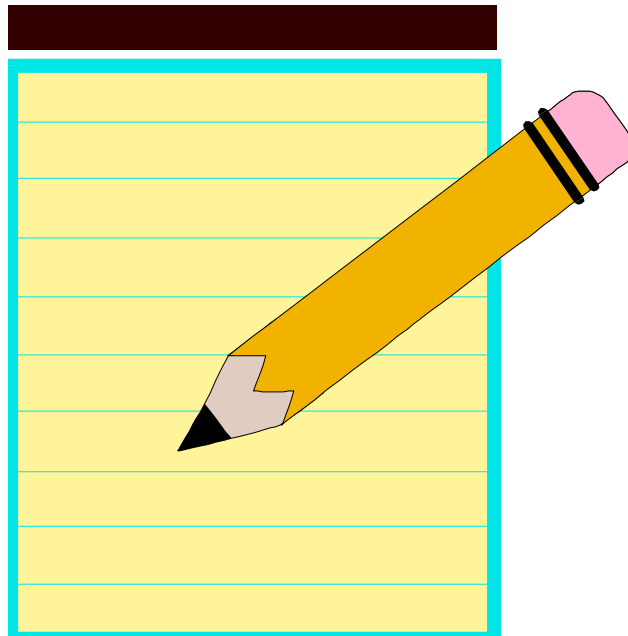
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My name is Bill Jones. I am here because of my past behavior of raping women. I forced my victims to orally copulate me and then have intercourse with me. I told them that I would kill them if they did not do what I wanted and I showed them a knife 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.

Coalinga State Hospital
Sex Offender Commitment Program

Phase III – Skills Application – Module 2

Journals and Logs



Phase III: SKILLS APPLICATION

Module 1: Journal/Logs

Topic 1: INTRODUCTION TO JOURNAL/LOGS

Goal: Introduce the skill of keeping a working journal.

Methods: The group leader(s) will present the information in the mini-lecture on journals and logs:



Mini-lecture Introducing Journals and Logs:

Keeping a journal is a good way to assist you in recording your thoughts, feelings, reactions and coping responses to various situations that occur daily. Initially it may seem awkward or even bothersome to take time to record events and your reactions to these events. But, as with many other things in life, what seems awkward or difficult at first can prove to be useful and not too difficult to perform later.

There are many potential benefits to keeping a journal.

First of all, it can help you see in a concrete way, your pattern of thinking, feeling and responding to different events. This awareness and knowledge can assist you in changing the way you think and respond to events.

More importantly, it can help you see if your coping responses are effective. An effective coping response reduces the risk of a relapse.

Another advantage of keeping a journal is that the very task of recording events, thoughts, feelings, sexual fantasies behaviors and coping responses can reduce the number of deviant or unwanted actions. Somehow the task itself, often serves to alert you to be aware of your thoughts, emotions and behaviors. It is as if you become your own supervisor. Where this has been found to be true in a number of instances, you should not rely on this alone.

When negative events and reactions occur it may be difficult to honestly records your actions correctly. It is important to do so, even though you may think others will view this as a setback. This really becomes an opportunity for you to increase your awareness and develop effective coping responses and to learn from your experience. It is always your responsibility to manage your behavior and know that you can change the way you think, feel and respond.

Phase III: SKILLS APPLICATION

Module 1: Journal/Logs

Topic 2: REVIEW OF JOURNAL/LOGS BOOK

Goal: Instruct Patients how to complete Journal/Log Book

Methods: The group leader will go over the Journal/Log Book and explain how to properly record the date, identifiable events, high risk elements, thoughts, feelings, sexual fantasies, behaviors, coping responses utilized and a rating of the effectiveness of their coping responses. They are also asked to consider other coping responses that may have reduced their high risks if they rated their coping response as poor, fair or only moderately effective. It is also important to have patients summarize the weeks important events and if they were able to maintain a sense of self-control. They should identify strengths and weaknesses regarding their coping responses. They then need to indicate any action that they can take if the situation is still unresolved.

N.B. It is important to note that on any one day several events may occur that should be recorded in their journal. Patients should be encouraged to record each of them.

Materials: A copy of the Journal/Log Book for each patient.

Phase III: SKILLS APPLICATION
Module 1: Journal/Logs

Topic 3: DISCUSSION OF JOURNAL/LOG BOOKS

Goal: Have each patient review with the group their Journal/Log Book. Each patient will then receive feedback from the group leader, sponsors and group members regarding their journals.

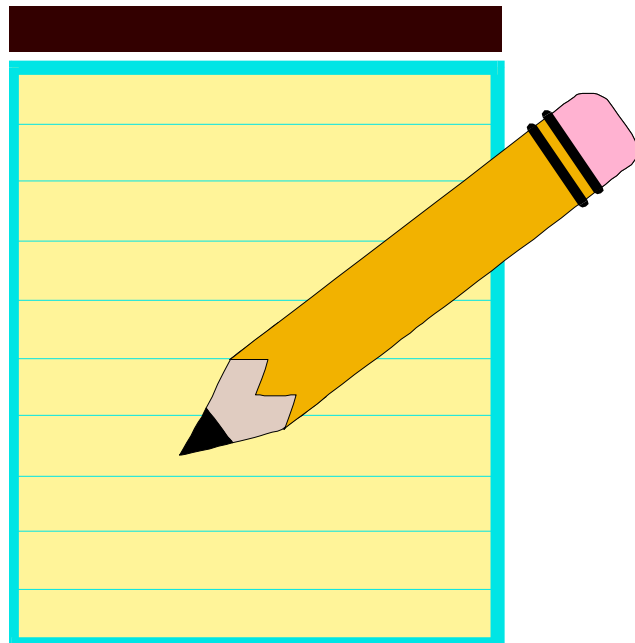
Methods: The group leader will invite each group member to talk honestly about their journal entries. Group participation is encouraged. If for example the group is aware of an important event that happened, and the patient did not record that event, it should be confronted in a polite but straight forward manner. This is an opportunity to learn and grow from mistakes. It is also an opportunity to be helpful to one another by providing helpful feedback.

Frequency: Ongoing integration into Core group. (Recommend weekly) review of Journal and Logs.

Materials: Journal/Log Book completed for the week..

Phase III: Skills Application

Journal Log Book



Instructions

List your high-risk elements on the page provided.

Fill out (and date) the daily journal pages as honestly as possible. Note that on any one day, you may have more than one journal entry to complete.

At the end of each week, summarize the important events and the effect(s) they had on your ability to maintain a sense of self-control. Include your feelings that were triggered by the event(s). Identify strengths and weaknesses regarding how effectively you have coped, then write down any action that you need to take to assist you in dealing with the situation if it is unresolved.

Date: _____

Identifiable Event: I receive a letter from an old friend (Mark)

High-Risk Elements: Maintaining friendships with old friends that have similar deviant interests

Thoughts: It's great to hear from Mark. He and I really had a lot of fun together. I'm glad he introduced me to Johnny (one of my victims).

Feelings: Initially, I felt jealous that he is out in the community having fun and able to do things. Then I began to feel angry that he has started me thinking about my victim again.

Sexual Fantasy (both deviant & non-deviant): Later that night, while I was laying in bed, I started having memories of the things Johnny & I did together (the sex we had).

How did you respond? (include whether you masturbated): I found the memories pleasurable at first and then got angry again. I didn't masturbate.

Coping Responses Utilized: (1) I got up and went to the dayroom to watch TV. (2) I wrote in my journal. (3) I wrote a letter to Mark to tell him that it's high risk for me to have friendships with other sex offenders and that I don't want to continue our relationship.

How Effective were these Coping Responses? (describe): Getting up out of bed helped me stop the thoughts. Once I moved from feeling like a victim and began thinking of what I could do to take control, I felt calmer and more confident that I would not continue to fantasize or place myself in risky situations.

How Effective were these Coping Responses? (rate)

POOR	FAIR	MODERATE	GOOD	EXCELLENT
I didn't feel like I had self control	I had a little self-control	I had more that a little self-control	I was managing & feeling like I had self-control	I felt like I had full self-control

If rated poor, fair, or moderate, what other coping response(s) may have helped reduce the high risks?

Date: _____

Identifiable Event: My sponsor pulls my level.

High-Risk Elements: Anger, conflict with authority figures, getting caught

Thoughts: She's got it in for me. She's always calling where I've been to check up on me. She wants to see me get in trouble. I ought to teach her a lesson.

Feelings: Anger and wanting revenge.

Sexual Fantasy (both deviant & non-deviant): I fantasized that I'll watch her, follow her movements, and wait until she's alone in one of the back hallways. Then I'll show her what it feels like to be a victim.

How did you respond? (include whether you masturbated): I didn't masturbate, but I felt more in powerful when I thought about teaching her a lesson. I was too angry to talk to her.

Coping Reponses Utilized: (1) I stayed away from her because I didn't feel in control enough to trust myself. (2) I talked with a friend. (3) I talked with the shift lead. (4) I wrote in my journal.

How Effective were these Coping Responses?: It took almost an hour and talking to my friend to calm down, but once I saw it was me trying "to get over" that got me in trouble, I was able to let it go.

How Effective were these Coping Responses? (rate)

POOR

I didn't feel like I had self control

FAIR

I had a little self-control

MODERATE

had more that a little self-control

GOOD

I was managing & feeling like I had self-control

EXCELLENT

I felt like I had full self-control

If rated poor, fair, or moderate, what other coping response(s) may have helped reduce the high risks?: I need to talk to other people more quickly so I don't get stuck in my old thinking patterns which tend to keep me angry.

High-Risk Elements

List your high-risk elements below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Date: _____

Identifiable Event _____

High-Risk Elements _____

Thoughts _____

Feelings _____

Sexual Fantasy (both deviant & non-deviant) _____

How did you respond? (include whether you masturbated) _____

Coping Responses Utilized _____

How Effective were these Coping Responses? (describe) _____

How Effective were these Coping Responses? (rate)

POOR

I didn't feel like
I had self control

FAIR

I had a little
self-control

MODERATE

I had more than
a little self-control

GOOD

I was managing & feeling
like I had self-control

EXCELLENT

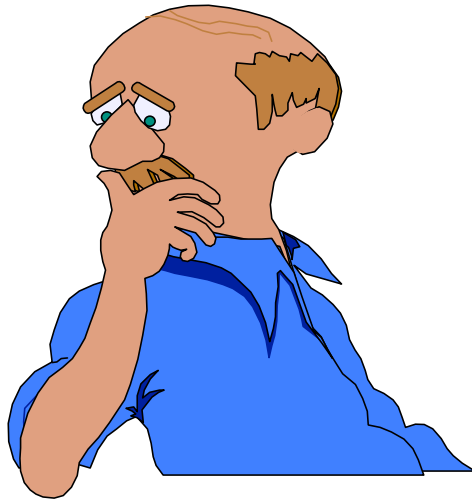
I felt like I had
full self-control

If rated poor, fair, or moderate, what other coping response(s) may have helped reduce the high risks?

Coalinga State Hospital
Sex Offender Commitment Program

Phase III – Skills Application – Module 3

Cognitive Distortions



Phase III: SKILLS APPLICATION

Module 3: Cognitive Distortions

Topic 1: BUILDING PERSONAL THOUGHT CHAINS

- Goals:
1. To have participants view their cognitions, interpretations and feelings as significant precursors in their offenses.
 2. To have participants identify a comprehensive list of specific thoughts and feelings that served to precipitate their committing offenses.
 3. To have participants view their reactions (i.e., interpretations, thoughts, or feelings) to events as separate from those events themselves.

Methods: The Group leader will briefly review the core concepts from Phase I: Thinking Determines Behavior (module 8, topic 2); Thinking Errors Cause Problems (module 8, topic 3); and You Can Change The Way You Think (module 8, topic 4). Review the core concepts from Phase II: Thinking Errors are Precursors To Your Sexual Offenses (module 2, topic 1); and Identifying Personal Cognitive Distortions (module 2, topic 2). The Group leader will briefly introduce the format for Phase III: Building Personal Thought Chains (module 2, topic 3); Challenging Personal Thought Chains (module 2, topic 4); and a Journal of Current Errors and Challenges.



Mini-Lecture on Personal Thought Chains

In Phase II, each group member created a list of personal cognitive distortions. In Phase III, the task is to link the specific distortions which were precursors to their instant offense, in a chronological thought-by-thought format. Utilize the following mini-lecture to prepare the group to complete Handout # 12: Thought-By-Thought.

Distorted thinking leads to unproductive and unhealthy behavior. In previous sections, we reviewed a number of cognitive distortions and rationalizations for abusing someone sexually. Thoughts and ideas are seldom isolated or discrete. They are linked to other thoughts which, in turn, are still linked to more thoughts. Thus, these links become a chain of thought. Each thought is a response to the previous thought and serves as a stimulus to precipitate the next thought...and so on.

Each idea is slightly different and leads to the next idea. Each plays an important role in spanning the next idea. Each step leads up to another thought, which steps to another thought -- much like climbing a mountain.

Many offenders are not aware of the various steps their thinking took to get them to the point that they thought about raping or molesting, and certainly most offenders are not aware of all of the steps or thoughts in this process. Sometimes, the thoughts go by so quickly they are not even noticed. It is not unusual for offenders to say, "I never thought about molesting (or raping), it just happened." Or, it is not uncommon to hear, "This was the first time I ever thought about it." It's as if the thought came out of the blue. In fact, such thoughts never come out of the sky like a lightning bolt. Rather, they are endpoints of a long series or chain of thoughts. Usually this chain of thinking has been progressing for many weeks, months, or (more likely) years.

Group Leader Notes:

Distribute Handout # 12 and review this example of a "Thought-By-Thought" with the group. The Group leader may request that the group members take turns reading the thoughts as they rotate around the circle.

After reviewing Handout # 12 in group, the group leader will facilitate a discussion to highlight some of the following points:

- The molest didn't just happen, a whole series of thoughts led up to the eventual molest of Annie;
- By identifying all of these thoughts, the offender was able to recognize and take fuller responsibility for eventually molesting "Annie" and understanding that this was his intent from very early in the evening;
- He was able to identify the way that he was using Annie to attempt to fulfill many of the needs that were not being met in his relationship with his wife;
- By articulating each of the steps in your chain of thoughts that leads to a molest or rape, you will be able to identify high-risk thinking patterns;
- These high-risk thoughts indicate that you are in your offense pattern and they increase the likelihood that

- you will re-offend;
- Such thoughts should be red flags and alerts that you need to modify your thinking if you are to avoid sexually abusing someone;
 - Therefore, it is important that you become as familiar with the high-risk thoughts and thinking patterns that are specific to you, so that you can quickly correct this thinking and avoid re-offending.

Distribute Handout # 12 and assign it as homework to be discussed in the next series of group sessions. Integrate this assignment with the thoughts from the behavior chains completed in Phase II. Each group member will present their personal "Thought-By-Thought" chain in the group. The function of the group during these presentations is to evaluate whether or not the listed thoughts increase the likelihood of the person committing their offense. If the thought does not increase the likelihood of offending encourage the group member to remove it from their chain. The group may suggest or question whether certain thoughts have been left out of the chain (e.g., if the person utilized pornography but their thought chain never has any reference to its use or impact).

The "Thought-By-Thought" chain will funnel or lead directly toward their offense. The chains are analogous to a jigsaw puzzle in which the various pieces, when fitted together properly, point to the inevitable conclusion - the offense.

If the participant does not remember what he was thinking, as in a situation in which he was intoxicated or it occurred long ago, he will be asked to present interpretations that he is most likely to have made to set himself up for the offense.

At the conclusion of the presentation, group members will be asked to evaluate the helpfulness of the exercise and what they may have gained from it.

All group members will be encouraged to retain their "Thought-By-Thought" chains and a copy will be placed in their chart.

Phase III: SKILLS APPLICATION
Module 3: Cognitive Distortions

Topic 2: Building Personal Thought Chains

Handout #12: THOUGHT-BY-THOUGHT CHAIN: AN EXAMPLE

The following is an example of a sex offender's thoughts leading up to his offense. His crime was molesting a neighbor girl. When he first described his offense, he told the staff that he just had a neighbor girl spend the night with his boys and she slept in his bed. He went to kiss her good night and next thing that happened, he had molested her. Sex offenses do not just happen. This individual had over 200 thoughts that led to his crime. The following is a condensed version of his thought-by-thought.

1. There she goes again, my wife getting all fixed up to go out tonight.
2. If I could only be more exciting and attractive, she would stay home.
3. I want my wife to be with me tonight.
4. She is always leaving me here to be her baby sitter.
5. I have almost got to the point of begging her to stay home, but she'd rather go out.
6. I know. I will suggest a back rub and her favorite video to rent.
7. No, I'm not going to ask because she will say what she always says. That she needs a break from the kids and she has the right to go out and have some fun.
8. I wonder what time she will come home tonight.
9. She makes me so mad when she doesn't come home until the wee hours of the morning.
10. She says she is with other girlfriends and not with men, but I know the kind of ladies that she hangs around with.
11. I wonder who she dances with.
12. The men that she dances with are probably younger and better looking.
13. Well, she's about ready to leave.
14. She makes me so angry. She's wearing that short skirt again.
15. I hate it when she dresses up like that.
16. She is leaving me again. Why can't she just stay home once!
17. She is gone, I might as well have fun with the kids tonight because their mother sure doesn't care.
18. What can I do with the boys tonight?
19. Maybe I'll take them out for pizza and a movie.

20. I know, I could have the neighbor girl Annie join us for pizza.
21. I know my boys love it when Annie comes over to play.
22. I'll have my son call Annie while I get dressed up to go out.
23. See! Tonight won't be so bad after all.
24. When I think about Annie, she automatically puts me in a better mood.
25. I wish Annie was one of mine, her father doesn't pay any attention to his daughter.
26. I think I will get a carry-out pizza so we can come straight home and rent a Disney flick.
27. There's nothing better than cuddling up on the couch with kids and watching movies.
28. I wonder if the boys are going to mind if Annie comes along.
29. My boys have been complaining lately about always inviting Annie to come over.
30. Next time I will spend some good quality time with just the boys.
31. I need to think of a good excuse to have Annie sit by me in the car.
32. I know the boys like to sit by the window, so they can sit by the window while Annie sits next to me.
33. This is great! Annie has a dress on.
34. I think I will start the "tickle game" while we're driving to the pizza place.
35. I sure enjoy having Annie next to me.
36. Annie enjoys giving me hugs.
37. Sometimes I feel strange when Annie gives me a hug in public places.
38. I enjoy picking up Annie to help her out of the truck.
39. I need to be more careful that nobody is watching me.
40. I don't need to worry about people watching me. I am taking care of my neighbor.
41. Annie's Dad doesn't give her enough attention like I do.
42. We are almost home, and I'm going to spend another evening with Annie.
43. I think I will have Annie sit on my lap while we're watching the movie.
44. When we get home I will call Annie's Dad and tell him the boys want Annie to spend the night.
45. I will give Annie a horsy ride back into the house and the boys can carry the pizza.

46. I need to close all the blinds and double-lock all the doors. I will lock the screen door just in case my wife comes home early. I can always say the boys accidentally locked the screen door.
47. Annie's Dad told me he will be spending the night at his girlfriend's house and he will pick her up in the afternoon. He said it as okay for her to wear my wife's T-shirt for pajamas.
48. I will tell the boys to go get their pajamas on while I will take Annie to my bedroom to find a T-shirt for her.
49. This is scary, I have her in my bedroom again, I will leave her alone and wait in the living room for her.
50. I will have Annie sit on my lap.
51. Annie makes me forget about my problems.
52. Let's play the tickle game again.
53. Annie enjoys it when I tickle her.
54. Her Dad never gives her any attention.
55. I love Annie.
56. I wish she could be mine.
57. I often think what it would be like if she were 18 instead of 8.
58. I like to dream that she was my wife.
59. I will offer the kids some ice cream.
60. I like to watch Annie lick her ice cream.
61. I need to wash that cute messy ice cream face.
62. I like taking care of Annie.
63. I think I will start a wresting match with the kids.
64. Oh no! I hear a car in the driveway.
65. That was close, it was someone just turning around.
66. I don't know why I have to worry. I'm not doing anything wrong.
67. Instead of wresting I will watch TV with the kids.
68. It's getting late, the kids are falling asleep through the movie.
69. I will send the boys to their room to go to sleep.

70. I will have Annie sleep in my bed and I will sleep on the couch.
71. I will carry Annie into my bed and tuck her in.
72. I will hold her awhile until she falls asleep.
73. It feels so good to hold her.
74. I want time to stand still.
75. I wonder if the boys are asleep yet.

Phase III: SKILLS APPLICATION
Module 3: Cognitive Distortions

Topic 3: Building Personal Thought Chains

Handout #13: CREATING A PERSONAL THOUGHT-BY-THOUGHT CHAIN

On separate paper, complete a "thought-by-thought" for your last sexual offense. Begin by identifying as many relevant thoughts that preceded the crime as possible. Relevant thoughts are those that increased the likelihood that the rape or molest would occur.

Some helpful hints:

1. End your thought-by-thought before the graphic part of your crime.
2. Work in pairs. You may become aroused when considering your thinking that led up to the crime. Please talk with your sponsor or group leader when this occurs.
3. You may have 3 or 4 rough drafts before you finish.
4. If you do not have 150-200 thoughts leading up to your crime, you are not being specific enough. Seek help from other group members or your group leaders if necessary.
5. Many offenders do not like all the negative feelings associated with this assignment, but when you have completed it, you will have begun learning a skill which can reduce the chances you will ever reoffend.

Phase III: SKILLS APPLICATION
Module 3: Cognitive Distortions

Topic 4: CHALLENGING PERSONAL THOUGHT CHAINS AND MODIFYING DEVIANT THINKING

- Goals:
1. To have participants recognize common errors in thinking (myths) associated with sexual offending and discover that even strongly-held or commonly-held beliefs may be untrue or irrational.
 2. To have participants learn the skills involved in challenging their personal errors in thinking.
 3. To have participants directly challenge their own cognitive distortions.

Methods:

Utilize the following mini-lecture to prepare participants to begin the process of challenging their cognitive distortions and to complete Handout #14 (the "25 Myths" exercise) and Handout #15 ("Challenging Personal Thought Chains" assignment).

As we have discussed, sex offenders often have a number of common misperceptions or beliefs which they use to justify their offenses. Sometimes these beliefs are held prior to ever committing a sexual crime. In this instance, they are used as a justification to allow the offender to act upon his urges. Other times, they may be used after the rape or molest to excuse their behavior and alleviate the guilt or shame they may experience. Unless you are able to successfully challenge and modify these beliefs, they will continue to pose a major risk for reoffending.

Many offenders wonder how it is they can modify or change something they believe in. They view their thoughts as involuntary and not under their control. Nothing could be further from the truth! It is not up to your group leaders to change your thoughts. Instead, it is up to you to identify which thoughts are high-risk and then intentionally begin the process of changing them.

You can change your beliefs and your thoughts in a variety of ways. You might think about various times in your past where you have changed an idea that you first held. For example, maybe you met someone that at first you didn't particularly care for or like. Maybe you didn't trust him. As time went on, however, you became very good friends and found him to be very trustworthy. Or, perhaps, you have experienced the reverse situation. At first you met someone you really liked, only to change your mind later and decide he or she was not someone to be trusted. Did the personality of this individual really change? Possibly, but probably it was your thinking about the person that changed. More than likely, you can point to particular events that helped change your mind about the person. These events represented new information that you were not aware of previously. Therefore, in order to change thinking you must be willing to openly examine and criticize your own thoughts and beliefs. This involves taking in and processing new information.

Handout #14 is a list of beliefs and myths reported by many sex offenders. Instruct participants to recall if some of these types of statements occur in the inventories and scales they completed in Phase II (Handouts #7-11). Participants are likely to hold some, although not all, of these beliefs (myths) either now or when they were offending.

During group, have participants read and discuss each myth one at a time. For each myth, ask participants to recall if the statement is a belief they now hold and/or if it was part of what of they said to either give

themselves permission to offend or to excuse away their behavior afterwards.

With each statement is a brief description that attempts to refute it and explain why it is untrue. After the participants have discussed a myth, have them read out loud the challenge to the myth. Because the attempt to challenge each statement is not exhaustive, ask participants to think of additional reasons why these statements are false.

If participants begin arguing with the "challenges" or trying to rationalize holding them, ask them why they are holding onto some beliefs and myths that have obvious detrimental results not only to other people but to themselves as well. Point out that this is an attempt to protect themselves from the shame of having hurt and injured their victims.

Phase III: SKILLS APPLICATION
Module 3: Cognitive Distortions

Topic 5: Challenging Personal Thought Chains
Handout #14: 25 COMMON SEX OFFENDER MYTHS

MYTH #1: IF A YOUNG CHILD STARES AT MY GENITALS, IT MEANS THE CHILD LIKES WHAT HE OR SHE SEES AND IS ENJOYING WATCHING MY GENITALS.

In reality, children look at any strange behavior, be it fires in buildings, accidents, or men exposing themselves. Anything that is bizarre is temporarily attended to by a child. Children are naturally curious. Fascination does not mean enjoyment. Even if the child appears to “enjoy” it, the act is inappropriate and harmful.

MYTH #2: A MAN IS JUSTIFIED IN HAVING SEX WITH CHILDREN OR STEP-CHILDREN IF HIS WIFE DOESN'T LIKE SEX.

Children are not property. Just because your wife doesn't like sex does not mean you have any right to obtain sex in anyway that you want.

MYTH #3 CHILDREN (INCLUDING ADOLESCENTS) CAN MAKE THEIR OWN DECISIONS AS TO WHETHER THEY WANT TO HAVE SEX OR NOT.

Children cannot make informed decisions about sex. They don't have the cognitive or intellectual development that allows them to make informed choices. It is doubtful that a responsible adult would give his credit card to a child and feel that he or she will make good decisions that will not be later regretted. That is why there are age limits on a number of privileges in our society. Children are not allowed to drink, to vote, enter into contracts, or to join the military until they have reached a certain age because these are seen as important decisions with serious ramifications. The decision to have sex with its serious consequences (sexually transmitted diseases, pregnancy, etc.) is no less important.

MYTH #4: IN MANY CULTURES SEX WITH CHILDREN IS ACCEPTED. IT IS ONLY OUR PURITANICAL BACKGROUNDS THAT PREVENT SEX BETWEEN CHILDREN AND ADULTS

You are not in another society, but one in which sex with children is not tolerated. If you choose to live in this society, you must deal with the rules and laws that govern it. Instead of moving towards liberalizing these laws, the laws against child molestation are becoming more stringent as the long-term harm to children is becoming better understood. Many cultures have different beliefs that are not particularly healthy either emotionally or physically, it doesn't mean that we should emulate those unhealthy practices.

MYTH #5: A CHILD WHO DOESN'T PHYSICALLY RESIST AN ADULT'S SEXUAL ADVANCES, REALLY WANTS TO HAVE SEX WITH THE ADULT.

Children have been taught all of their lives to respect the wishes of adults and always do what adults tell them to do. This is their experience in the family and while they attend grade school and high school. Because of this difference in power between adults and children, they have learned not to physically resist. Furthermore, their small size makes it exceedingly unlikely that they would attempt to physically resist an adult.

MYTH #6: IF A CHILD FLIRTS WITH AN ADULT IT MEANS HE OR SHE WANTS TO HAVE SEX WITH THE ADULT.

Our society encourages children to be friendly with others. This does not mean, for example, that a 13-year old is aware that smiling to a child molester might be perceived by him as a request to have sex. Children only become aware of this after they have been victimized.

MYTH #7: IT IS POSSIBLE TO PREDICT WHICH CHILDREN WILL BE HARMED BY BEING MOLESTED.

Even experts in the field of child development and psychology are unable to tell which children will be harmed the most and in what way after they have been sexually abused. It is clearly impossible to determine ahead of time who is going to be harmed by sexual exploitation.

MYTH #8: WOMEN WHO DRESS IN A SEXUALLY PROVOCATIVE WAY ARE JUST ASKING TO HAVE SEX

What is "revealing" or not is a judgment call. Women are more free today to dress comfortably. It is impossible to "mind read" what a woman was thinking when she got dressed on any given day. Even if she intentionally dressed seductively, it didn't mean that she wanted to have sex with you.

MYTH #9: WOMEN WHO HITCHHIKE ARE ASKING TO BE RAPED.

There can be many reasons to hitchhike, not the least of which is that there is no other available means of transportation. Would you say that any man who hitchhikes is asking to be beat up, mugged, raped or killed?

MYTH #10: HAVING SEX WITH A CHILD IS A GOOD WAY FOR AN ADULT TO TEACH THE CHILD ABOUT HAVING SEX.

Teaching sexual behavior should occur in an open format, in front of others and with the showing of teaching material to the child and other children. It should be done in front of families of the children involved. In this way, information can be clearly understood and appreciated by the child and the family member who will answer questions in the future related to sexual material. "Teaching" by molesting is indicating to the child that sex must be kept a big secret, that more powerful figures can take advantage of less powerful people sexually, and that sex is something to be ashamed of. These are not the healthy messages to be conveyed to children about sex.

MYTH #11: A WOMAN WHO IS GETTING SEXUALLY AROUSED WANTS TO HAVE SEX AND CAN'T BE RAPED.

The decision to have sex is not only a physical one. It also involves thoughts and feelings. Every time a man gets an erection it doesn't mean that he wants to have sex no matter with whom or in what situation.

MYTH #12: WHEN A CHILD HAS SEX WITH AN ADULT, IT HELPS THAT CHILD TO LEARN HOW TO RELATE TO ADULTS IN THE FUTURE.

Most children report that being fondled or molested by an adult is a distasteful experience. It taught them to be fearful and frightened of adults. As a consequence, many avoid sexual activities in the future or have serious sexual problems (promiscuity, frigidity, impotence) in the future because of the distorted lessons they learned from their sexual abuse experiences.

MYTH #13: AN ADULT JUST FEELING A CHILD'S BODY ALL OVER WITHOUT TOUCHING HER (HIS) GENITALS IS NOT REALLY BEING SEXUAL WITH THE CHILD.

If the intent of the molester is to become sexually aroused by carrying out the behavior, whether it be exposing his genitals to the child showing pornographic literature to children, talking with them in sexual ways, or touching their bodies, the fact that they are seeking sexual satisfactions is evidence that the activity is sexual. The fact that most molesters have erections during this behavior further proves this point.

MYTH #14: MOST WOMEN HARBOR FANTASIES ABOUT BEING RAPED.

Although some women may have such fantasies, most do not. Among those few women who report such fantasies, it would be pleasurable in only a role playing context. Almost no women report having received sexual gratification from being raped. Fantasies are different from reality. A sexual fantasy is under the control of the woman -- A rape is not.

MYTH #15: IF I TELL A CHILD WHAT TO DO SEXUALLY AND THEY DO IT, THAT MEANS THAT THEY WANTED TO DO IT

Again, children are taught to mind adults throughout their lives. How many times were we told as children, "mind your elders". Children often do things not because they want to, but because an adult tells them to.

MYTH #16: I SHOW LOVE AND AFFECTION TO A CHILD BY HAVING SEX WITH HER OR HIM.

If children are taught that being sexual is the way one expresses love and affection, then they will learn they should have sex with anyone they love or feel affection for. In reality, adults having sexual activities with children will cause the child to feel greater aversion towards the adult and less expression of love and affection will actually occur.

MYTH #17: IF I MOLEST A SLEEPING CHILD THEY WILL NOT BE HARMED BECAUSE THEY WON'T REMEMBER WHAT HAPPENED TO THEM.

There is no way to ensure that the child is really asleep. Many children report faking being asleep, hoping the offender will leave them alone.

MYTH #18: IT IS BETTER TO HAVE SEX WITH A CHILD THAN TO HAVE AN AFFAIR.

Having an affair while you are married may cause many problems, but it is not illegal when the two adults are consenting. Sex with a child is illegal, and it causes harm.

MYTH #19: AS LONG AS A WOMAN IS NOT PHYSICALLY INJURED OR HARMED, THEN HER TRAUMA AFTER A RAPE WILL NOT BE AS GREAT.

Emotional scars are often more difficult to heal than are physical wounds and bruises.

MYTH #20: IF AN ADULT HAS SEX WITH A YOUNG CHILD, IT PREVENTS THE CHILD FROM HAVING SEXUAL HANG-UPS IN THE FUTURE.

Just the opposite is true. Recent research indicates that at least 80% of women who have been molested as children have major sexual problems as a result of being a victim of sexual assault.

MYTH #21 MY RELATIONSHIP WITH THE CHILD IS STRENGTHENED BY THE FACT THAT WE HAVE SEX TOGETHER.

What the child is learning is that you can be abusive and are likely to put your own needs above his or hers. Because the child is learning that your attention and affection are only directed at them because it allows you fulfill your sexual needs, it is difficult to believe that she or he is feeling closer to you. While you may "feel" closer to the child, but don't fool yourself into believing those feelings are reciprocated. Most children who were molested want little to do with the perpetrator (even if it was a parent) in their later, adult lives.

MYTH #22: WOMEN WHO GET DRUNK OR INTOXICATED ON DRUGS ARE JUST ASKING TO BE TAKEN ADVANTAGE OF SEXUALLY. THEY ARE JUST ALLOWING THEIR INHIBITIONS TO GO AWAY.

While it is true that drugs and alcohol serve as disinhibitors, women do not report wanting to be raped drunk or sober. Someone who is drunk or high cannot make informed choices. If she wasn't willing to have sex with you when she had all her wits about her, what makes you think she will be glad that she did when she is sober again?

MYTH #23: WHEN A CHILD WALKS IN FRONT OF ME WITH NO OR ONLY A FEW CLOTHES ON, SHE (HE) IS TRYING TO AROUSE ME.

Children do not make the same connection as adults about what may be sexually arousing since their own bodies have not sufficiently developed or their experience in exploring their own physical reactions is more limited than that of an adult. Consequently, attributing adult motivations to children when it comes to the area of sex is always faulty. Even making such an attribution to another adult would be extremely precarious and likely lead one to be wrong as often as right.

MYTH #24: ONCE A CHILD IS DEVELOPING PHYSICALLY (BREASTS, PUBIC HAIR, ETC.) IT MEANS THEY ARE OLD ENOUGH TO HAVE SEX.

Sexual contact is as much a mental and emotional matter as physical. Children are often confused about the development of their own bodies. Sex at this stage, especially with a mature adult, only compounds this state of confusion, adding significant turmoil.

MYTH #25: I HAD SEX WITH AN ADULT WHEN I WAS A CHILD AND IT DIDN'T HURT ME.

Most sex offenders who were molested as children report a connection between their own abuse and their careers in abusing others. That is not to say that all sex offenders were molested or that all children who are sexually victimized will abuse others. It is, however, one pathway to becoming an abuser of others in later life.

Phase III: SKILLS APPLICATION
Module 3: Cognitive Distortions

Topic 6: Challenging Personal Thought Chains
Handout #15: CHALLENGING THOUGHTS THAT LEAD TO OFFENSE USING A PERSONAL THOUGHT-BY-THOUGHT CHAIN

Using the "thought-by-thought" chain you completed in this module, challenge each thought. Using the general format you learned in Handout #11 in Phase II, consider each thought in your chain as if it were a thinking error and label the error (use the labels in Handout #3, "Common Cognitive Distortions"). Write out a challenge to each thought. Then, write an alternative coping thought. Here is an example of what to do based on the example from Handout #12:

Thought: "She is always leaving me behind to be the baby sitter."

Thinking Error: Victim Stance, Over-Generalization

Challenge: (victim stance) "When I blame her and fail to take responsibility for my decision to baby sit I put myself in a victim stance. Victim thinking is dangerous for me because I tend to use it to justify my later irresponsible or criminal behavior."

Challenge: (over-generalization) "She doesn't 'always' do this. One or two nights a month she asks me to baby-sit. And it's not like she is doing anything intentionally to me. She asks me if I will and I agree. She, in turn, stays home with the kids two nights a week so I can go to night classes."

Coping Thought: I am responsible for my own decisions. I put myself at risk. Other people don't do it to me.

Some helpful hints:

1. Write down all appropriate labels for the thinking error ("victim stance", "over-generalization", etc.) and challenge each thinking error with more than one challenging idea.
2. You might want to work in pairs. You may "go blank" or want to argue that the thought is normal or otherwise rationalize it. Please talk with another group member or group leader when this occurs.
3. Many offenders do not like all the negative feelings associated with this assignment, but when you have completed it, you will have taken a very significant step in the right direction toward reducing the chances you will ever reoffend.

Phase III: SKILLS APPLICATION
Module 3: Cognitive Distortions

Topic 7: Challenging Personal Thought Chains
Handout #16: DETERRENT THINKING PATTERNS

Planning ahead and being prepared and equipped to deal with situations as they arise is an important way to maintain abstinence. When thinking errors and high-risk thoughts occur, it is necessary to be ready with thinking patterns that can combat thoughts which may lead to reoffense. In the beginning phases of treatment, it may prove hard for you to label, challenge, and come up with alternate coping thoughts for thought patterns that have prevailed for years. You will get better at this with practice. In the meantime, it is useful to provide "fire extinguishers," so to speak, to help you quickly deter deviant thoughts or errors in thinking. You can arm yourself with the following "deterrent thoughts". Below are some examples of "deterrent thoughts" recommended by Stanton Samenow, PhD. These are thoughts you can use to pull yourself quickly out of problem thinking:

Deterrent Thought -1: Think that you will get caught

Fear of getting caught is the most primitive and basic deterrent. Although you may have been able to shut off this fear in the past, you can take the opportunity now to consider the consequences of getting caught again and use this thought to interrupt thinking that might lead to offense.

Deterrent Thought -2: Think about the reasons not to reoffend

The offender needs to go through all the reasons not to engage in a particular behavior as he contemplates it. Mentally, he should consider all the undesirable consequences that could occur were he to act irresponsibly.

Deterrent Thought -3: Imagine that thinking errors are "Poison"

This is a shorthand process for "the reasoning process" described above. Instead of cataloguing all possible adverse consequences, you could simply tell yourself that a certain thought or set of thoughts is "poison." For example, an alcoholic might not consider every reason not to drink. However, thinking of alcohol as "poison" is a shortcut representing all the adverse consequences that would be inevitable.

Deterrent Thought - 4: Think about injury to the victim -- use your conscience

This is a parallel to the "moral inventory" of Alcoholics Anonymous. You don't think about the crime itself, but of the injury that you have already inflicted upon others. An examination of conscience needs to be implemented immediately upon the heels of thinking about irresponsible/criminal conduct. This is to be a preventive tool, not just an exercise to be brought in after a crime has been committed.

Deterrent Thought -5: Think ahead

You must learn to anticipate situations in which you know that errors in thinking might occur and script out thoughts that you will think when you cannot avoid being in that situation. For example, if your bus route home takes you past a park where many children play, you must decide in advance what you will think about en route to the area, while in the area, and upon leaving the area. In other words, you can and must program your thinking in advance.

The above deterrents should be used in combination. They are not mutually exclusive.

Write at least a paragraph for each of the following:

1) Deterrent Thought - 1: Write down what you will say to yourself to remind yourself that you are afraid of getting caught again.

2) Deterrent Thought - 2: Write down all the reasons you can think of not to reoffend. Memorize them. Recall them when you notice you are having errors in thinking. Tell yourself that the consequences of your thinking errors are the same as the consequences of reoffending.

3) Deterrent Thought - 3: Imagine a very deadly poison and write down all of the horrible ways that the poison would affect you if you took some. The more detailed and graphic, the better. Memorize it. You can use this image the next time you notice you are having errors in thinking. Image that the thinking error will have the same effect on you as the poison.

4) Deterrent Thought - 4: Write down all the ways you hurt your victims in your offenses. Use the work you did in Phases I & II of Victim Awareness to help you. Memorize them. Recall these thoughts as soon as you notice errors in thinking. Tell yourself that the errors in thinking will cause the victim further injury.

5) Deterrent Thought - 5: Write and rehearse a scenario that you can think about for situations in which you find yourself that you can't escape. Write about a place, a time, or an activity that you can think about that will take the place of any thinking errors or deviant thoughts that might arise from the situation in which you find yourself.

Use these deterrent thoughts to stop or interrupt thoughts that can lead to reoffense

BACKGROUND READING FOR THE GROUP LEADER:

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	Typical ERRORS IN THINKING & examples of statements patients might make	Examples of coping thoughts that can be used to CHALLENGE thinking errors
1.	<p>VICTIM STANCE</p> <p>In general, the attempt to blame others. Attributing one’s own predicament as someone else’s fault.</p> <p>"He started it." "He didn't give me a chance." “If she hadn’t dressed that way, I wouldn’t have raped her.”</p>	<p>There are no excuses for what I did.</p> <p>I must focus on my own feelings and thoughts as the cause of my behavior.</p> <p>My behavior is the cause of my predicament.</p>
2.	<p>"I CAN'T"</p> <p>A statement of inability which is really a statement of refusal.</p> <p>“I can’t help the way I act.” “I can’t do this assignment.”</p>	<p>When I say "I can't", I really mean "I won't". This is because I don’t feel like doing something that it is my responsibility to do.</p> <p>Nothing I am being asked to do in treatment is beyond my power to accomplish.</p>
3.	<p>FAILURE TO CONSIDER INJURY TO OTHERS</p> <p>Failure to think how one’s actions harm others (except physically); no concept of hurting others' feelings, or causing emotional anguish.</p> <p>“She didn’t complain at the time, so what’s the problem?” “All I did was fondle the little boy and now look what I have to put up with.”</p>	<p>Sexual abuse always causes injury and the effects are not always immediately obvious.</p> <p>My actions hurt my victim.</p> <p>I would not like to be treated that way so I must not treat others that way.</p>

4.	<p>FAILURE TO PUT ONESELF IN ANOTHER'S POSITION</p> <p>Failure to consider the impact of one's behavior on others unless it is to con someone. Little or no empathy.</p> <p>"Why should I feel sorry for her? I'm the one who's locked up."</p>	<p>This is similar to #3.</p> <p>If I don't think about how my behavior affects others, I can avoid feeling guilty.</p> <p>I would feel bad if I were in a similar position.</p>
5.	<p>LACK OF EFFORT</p> <p>Unwillingness to do anything which one finds boring or disagreeable.</p> <p>"The homework assignment is too boring and repetitive. I can't be bothered."</p> <p>"I get a headache when I think about that stuff."</p> <p>"It's too hard."</p>	<p>Sometimes I must do what I don't want to do and sometimes I must not do what I want to do.</p> <p>Boredom is just an excuse for not doing what I find difficult or painful.</p>
6.	<p>FAILURE TO ASSUME OBLIGATION</p> <p>The general belief that normal responsibilities don't apply to you.</p> <p>"I forgot to do my homework. You didn't remind me."</p>	<p>There are negative consequences for not keeping my agreements.</p> <p>It would be bad if people I depended on (like staff) didn't keep their obligations to me (e.g. they didn't feel obliged to provide food for me).</p>
7.	<p>OWNERSHIP (ENTITLEMENT)</p> <p>The attitude that people are objects that can be owned and that one is owed things without having to earn them.</p> <p>"I'm talking and you should shut up and listen to me."</p> <p>"Men have strong sexual needs and women are created to satisfy those needs."</p> <p>"Hey, it's survival of the fittest. You only get the things in life you're willing to take."</p>	<p>Just because I want something doesn't mean I can expect it.</p> <p>My needs are no more important than anyone else's.</p> <p>I don't own the other person. Therefore I can't act as if I own them.</p>

8.	<p>LACK OF TRUST</p> <p>A general belief that people cannot be trusted (frequently a projection of one's own untrustworthiness).</p> <p>“Why should I believe you? You're just trying to trick me.”</p>	<p>I often betray other people's trust, so I don't believe people are trustworthy.</p> <p>I have no right to expect other people to trust me unless I earn it by being trustworthy.</p> <p>Staff really do want to help me learn to control my sexual impulses.</p>
9.	<p>UNREALISTIC EXPECTATIONS</p> <p>Because you think something, you believe it will happen. (Thinking makes it so).</p> <p>“I figured that once we started to have sex, she would discover she liked it.”</p> <p>“I'll be able to complete the sex offender treatment classes in 6 months.”</p>	<p>Just because I can imagine something, doesn't make it true.</p> <p>Just because I wish something were true doesn't mean that's the way it is.</p> <p>Sometimes I expect too much of other people.</p>
10.	<p>FAILURE TO ASSUME RESPONSIBLE INITIATIVES</p> <p>General failure to conform to society's expectations for social behavior.”</p> <p>“Following rules is for suckers.”</p> <p>“Life is too boring if you always do what you're supposed to.”</p>	<p>There are negative consequences to not following accepted patterns of behavior.</p> <p>Even though taking risks is exciting, the consequences can often be serious for myself and other people.</p> <p>Following rules is a form of respect for the needs of others.</p>

11.	<p>PRIDE</p> <p>Refusing to back down even on little points. Insisting on one's point of view to the exclusion of all others.</p> <p>"If I admit that, it makes me less of a man."</p>	<p>Often the consequences of being proud deny me the things I really want in life.</p> <p>I can learn from my mistakes.</p> <p>Admitting I am wrong and saying "I'm sorry" can be more heroic than keeping my pride.</p>
12.	<p>LACK OF TIME PERSPECTIVE</p> <p>Failure to consider the future unless it is to plan something illicit; and ignoring the past and its lessons.</p> <p>"It's better to die young and leave a beautiful corpse than to miss an opportunity enjoy yourself today."</p> <p>"There's no point dredging up the past."</p> <p>"I just want to do my time and get out."</p>	<p>Planning ahead can keep my out of danger.</p> <p>I can learn from the past so that I don't repeat the same mistakes.</p>
13.	<p>FEAR OF FEAR</p> <p>Seeing fear as weakness and hence failing to realize that fear can be constructive.</p> <p>"You must be strong and show yourself as unafraid or others will take advantage of you."</p>	<p>It is useful and sane to be afraid sometimes. Only neurotic fear is undesirable.</p> <p>A truly strong person knows his fears and tries to overcome them rationally.</p> <p>Fear is valuable and helps me not to make bad choices.</p>
14.	<p>ANGER</p> <p>Experiencing/misinterpreting all feelings as anger.</p> <p>"It really makes me mad when you keep harping on how that woman says she was hurt."</p>	<p>Every time I am criticized or rejected I get angry. This is a way to avoid feeling inadequate.</p> <p>Every time I get caught doing something wrong I get angry. This is a way to avoid feeling guilty.</p>

15.	<p>PUTTING OTHERS ON THE DEFENSIVE</p> <p>A tendency to immediately make other people feel uncomfortable or at fault through intimidating or domineering language, presence, or behavior.</p> <p>“The best defense is a good offense.” “There’s nothing like winning a fight. It doesn’t matter what it’s about.”</p>	<p>Trying to get the upper hand with people right away is how I prevent them from hurting me or gaining control over me. This robs me of the opportunity to get help, valuable feedback, and support</p> <p>I make people afraid of me so no one will get close to me</p>
16.	<p>CLOSED CHANNEL (a.k.a. “selective listening”)</p> <p>Closing one’s mind to certain information or sets of facts that disagree with what you already believe to be true.</p> <p>“I’m an avid church member. My belief in God is enough. I don’t need to listen to you.”</p>	<p>I am only hearing what I want to hear. This keeps me from having to admit I may be wrong.</p> <p>I only remember the things I want to remember. The rest I conveniently forget so I don’t have to things I don’t want to do.</p>
17.	<p>“YES, BUT…”</p> <p>Pretending to hear and to understand what someone else is saying as a means to get them to stop talking in order to state one’s own thoughts or get one’s own way.</p>	<p>“Yes, but…” is a way to block out what you say without while avoiding confrontation.</p> <p>“Yes, but…” allows me to appear compliant or sensitive to another point of view and still get my own way.</p>
18.	<p>OVER-GENERALIZATION</p> <p>Using words like “always” and “never” to make things seem better or worse than they really are.</p> <p>“You never consider how I feel.” “He always is against me.”</p>	<p>Thinking in this way makes the situation seem much worse than it is so that my own inappropriate behavior seems more justified.</p>
19.	<p>UNIQUENESS</p> <p>The general belief that no one can understand another’s experience as a means of reinforcing one’s sense of isolation and “unreachability.”</p> <p>“Why do I have to sit here and listen to their problems?” “No one can understand how I feel.”</p>	<p>Thinking that no one understands me is a way to escape the responsibility for making myself understood.</p> <p>I like to pose as misunderstood and melancholy. This gets me sympathy.</p> <p>Thinking that no one has the same problems as I do protects me from having to learn from other people’s experience.</p>

20.	<p>CONCRETE THINKING</p> <p>Taking things very literally so that one isn't responsible for the "big picture", often using specific examples to avoid dealing with larger truths.</p> <p>"In Denmark, the age of consent is 13."</p>	<p>Being obtuse is a tactic I use to avoid having to hear the truth.</p> <p>I'm just making excuses so I don't have pay attention to the main point.</p>
21.	<p>CHANGE CLAIMS</p> <p>Saying one has changed or been cured in order to avoid doing work or facing painful thoughts.</p> <p>"I used to have a sex problem, but that is all over with now."</p>	<p>Claiming to be already cured is my way of denying that I still have a problem.</p>
22.	<p>BLACK & WHITE THINKING</p> <p>Thinking of things in absolute terms; unwilling to see ambiguity, relativity, or a continuum of possibilities.</p> <p>"A prostitute has given up the right to refuse sex."</p>	<p>Setting up false either/or situations helps me justify my offense.</p>

BACKGROUND READING FOR THE GROUP LEADER:

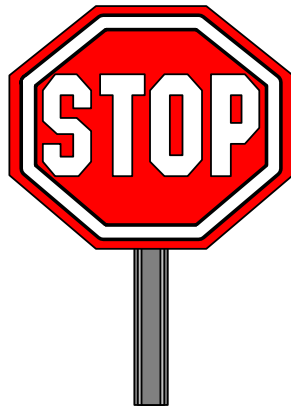
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1.	<p>VICTIM STANCE</p> <p>In general, the attempt to blame others. Attributing one's own predicament as someone else's fault.</p> <p>"He started it." "He didn't give me a chance." "If she hadn't dressed that way, I wouldn't have raped her."</p>	<p>There are no excuses for what I did.</p> <p>I must focus on my own feelings and thoughts as the cause of my behavior.</p> <p>My behavior is the cause of my predicament.</p>
2.	<p>I CAN'T</p> <p>A statement of inability which is really a statement of refusal.</p> <p>"I can't help the way I act." "I can't do this assignment."</p>	<p>When I say "I can't", I really mean "I won't". This is because I</p>

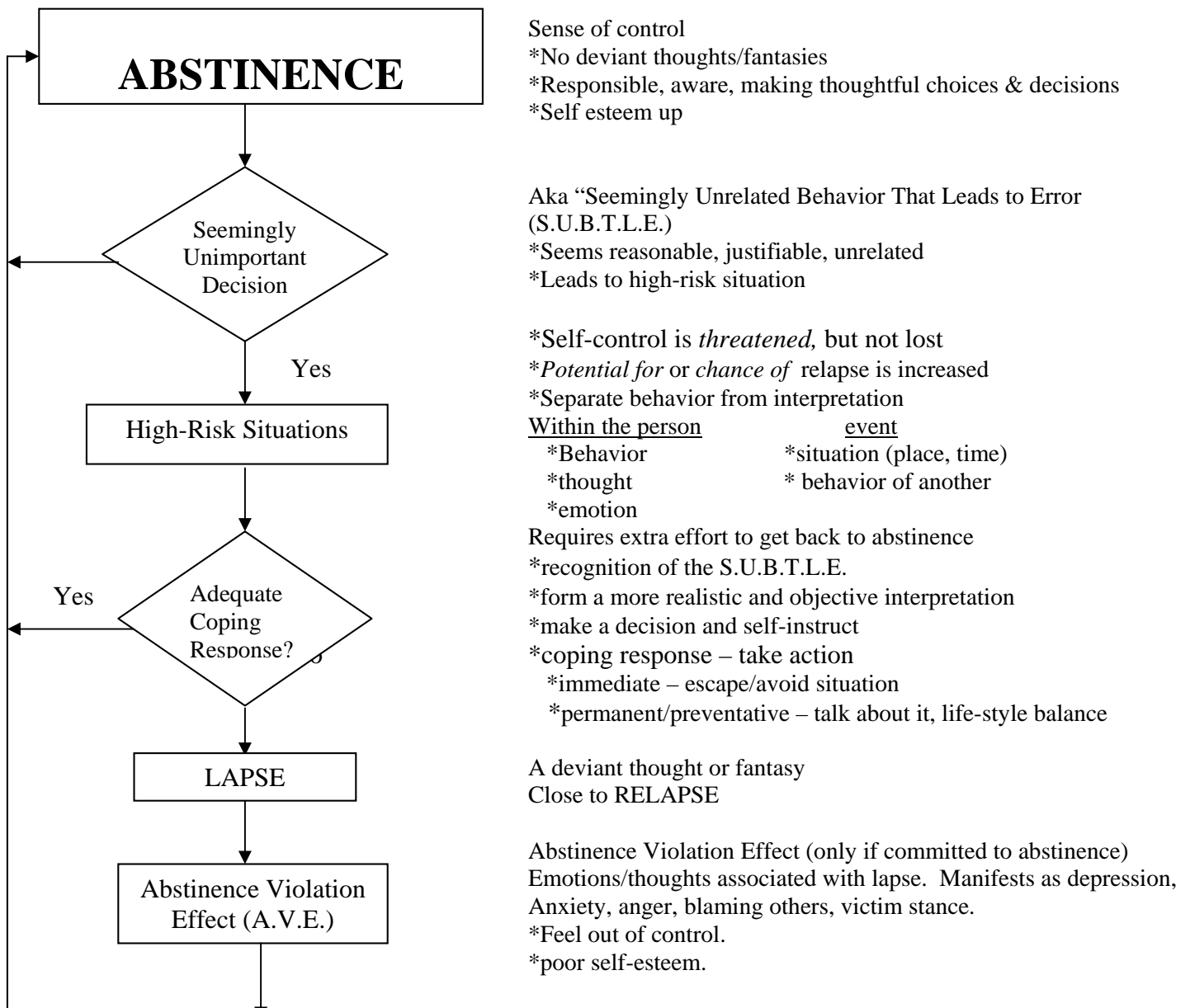
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Phase III – Skills Application – Module 4

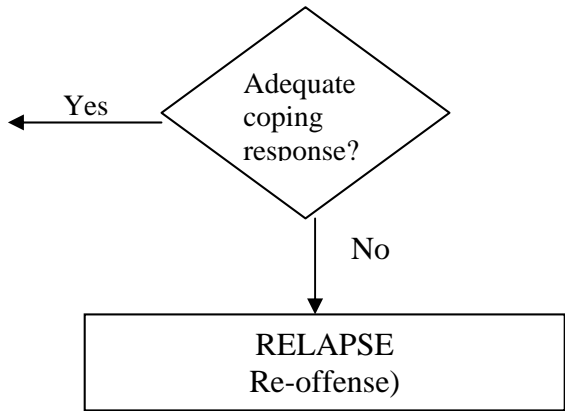
Relapse Prevention



RELAPSE PREVENTION MODEL

Purpose: To show the chain of events (choices) leading to the offense. It doesn't "just happen". Each diamond below represents a choice point; an opportunity to return to abstinence.





*belief that treatment failed.

*Must cope with both A.V.E. and lapse.

*Must believe in self-control.

*Make choices and act on them.

*Usually involves getting help.

Deviant sexual behavior occurs – re-offense.

FINAL BEHAVIOR CHAIN -- Page 1

Name: _____ Date: _____

1a. EVENT	1d. COPING RESPONSE
1b. INTERPRETATION	1c. COPING SELF-STATEMENT

2a. EVENT	2d. COPING RESPONSE
2b. INTERPRETATION	2c. COPING SELF-STATEMENT

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3a. EVENT	3d. COPING RESPONSE
3b. INTERPRETATION	3c. COPING SELF-STATEMENT

FINAL BEHAVIOR CHAIN -- Page 2

Name: _____ Date: _____

4a. EVENT	4d. COPING RESPONSE
4b. INTERPRETATION	4c. COPING SELF-STATEMENT

5a. EVENT	5d. COPING RESPONSE

5b. INTERPRETATION	5c. COPING SELF-STATEMENT

6a. EVENT	6d. COPING RESPONSE
6b. INTERPRETATION	6c. COPING SELF-STATEMENT

FINAL BEHAVIOR CHAIN -- Page 3

Name: _____ Date: _____

7a. EVENT	7d. COPING RESPONSE
7b. INTERPRETATION	7c. COPING SELF-STATEMENT

Relapse

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8. EVENT

Coping With High-Risk Elements

High-Risk Element: **ANGER**

High-Risk Situation	Coping Behavior Response	Coping Self-Statement
Having my level dropped	<ol style="list-style-type: none"> 1. Asking Staff for an explanation 2. Going to my room to calm down. 	<ol style="list-style-type: none"> 1. "Don't make it worse for myself." 2. "Life isn't fair." 3. "Maybe I deserve this, I'll think twice next time."
Having my EPRD extended	<ol style="list-style-type: none"> 1. Asking for an explanation 2. Calculating my EPRD myself 3. Filing a 602 	<ol style="list-style-type: none"> 1. "If there's a mistake, I'll get it fixed.." 2. "Why did I lose time?"
Having my 1-to-1 canceled	<ol style="list-style-type: none"> 1. Try to reschedule 2. Work on my homework assignment during that time 	<ol style="list-style-type: none"> 1. "I guess my therapist had something come up." 2. "This really shows me how much I value my sessions."
Not getting my mail on time	<ol style="list-style-type: none"> 1. Ask for an explanation 	<ol style="list-style-type: none"> 1. "Thank God they usually get the mail delivered on time." 2. "It's no big deal, I can wait." 3. "This is not a catastrophe."
Not being able to watch my favorite TV program	<ol style="list-style-type: none"> 1. Find another activity to do such as reading or sleeping. 2. Watch the TV show that's on. 	<ol style="list-style-type: none"> 1. "Maybe I can see it next week." 2. "I can always catch the rerun." 3. "Oh well. Majority rules."

Name: _____

Date: _____

Coping With High-Risk Elements

High-Risk Element: _____

High-Risk Situation	Coping Behavior Response	Coping Self-Statement

Name: _____

Date: _____

Topic 6: SELF-MANAGEMENT OF HIGH-RISK ELEMENTS

Goal: To develop the habit of monitoring and coping effectively with high-risk elements and situations.

Methods:

1. The patient will complete one “High-Risk Element Rating Form” per week and bring it to group for review.
2. The therapist will be particularly aware of rationalizing, justifying, and denying high-risk situations. Group discussion will emphasize escape, avoidance and proactive choices in response to the presence of High-Risk Elements.
3. Therapist will be particularly aware of the quality, creativity, and practicality of the coping responses. The group will contribute alternative coping responses.
4. Patients should monitor ten (10) High-Risk Elements by using additional sheets.

Materials: Chalkboard or Easel
“High Risk Element Rating Form”

Homework on Rating High-Risk Elements

Instruct patients to complete a new “High Risk Element Rating Form” each week.

High-Risk Element Rating Form

Name: _____ Date: _____

How much is the element present?		How effective is the coping?		High-risk element #1:
	Never		Poor	Triggering situations and coping responses:
	Rarely		Fair	
	Sometimes		Moderate	
	Often		Good	
	Constant		Excellent	
How much is the element present		How effective is the coping?		High risk element #2:
	Never		Poor	Triggering situations and coping responses:
	Rarely		Fair	
	Sometimes		Moderate	
	Often		Good	
	Constant		Excellent	
How much is the element present?		How effective is the coping?		High risk element #3:
	Never		Poor	Triggering situations and coping responses:
	Rarely		Fair	
	Sometimes		Moderate	
	Often		Good	
	Constant		Excellent	
How much is the element present?		How effective is the coping?		High risk element #4:
	Never		Poor	Triggering situations and coping responses:
	Rarely		Fair	
	Sometimes		Moderate	
	Often		Good	
	Constant		Excellent	
How much is the element present?		How effective is the coping?		High risk element #5:
	Never		Poor	Triggering situations and coping responses:
	Rarely		Fair	
	Sometimes		Moderate	
	Often		Good	
	Constant		Excellent	

Therapist notes: Note any areas of disagreement with the client report.

High-Risk Element Rating Form #2

Name: _____ Date: _____

How much is the element present?	How effective is the coping?	High-risk element #6:
Never	Poor	Triggering situations and coping responses:
Rarely	Fair	
Sometimes	Moderate	
Often	Good	
Constant	Excellent	
How much is the element present?	How effective is the coping?	High risk element #7:
Never	Poor	Triggering situations and coping responses:
Rarely	Fair	
Sometimes	Moderate	
Often	Good	
Constant	Excellent	
How much is the element present?	How effective is the coping?	High risk element #8:
Never	Poor	Triggering situations and coping responses:
Rarely	Fair	
Sometimes	Moderate	
Often	Good	
Constant	Excellent	
How much is the element present?	How effective is the coping?	High risk element #9:
Never	Poor	Triggering situations and coping responses:
Rarely	Fair	
Sometimes	Moderate	
Often	Good	
Constant	Excellent	
How much is the element present?	How effective is the coping?	High risk element #10:
Never	Poor	Triggering situations and coping responses:
Rarely	Fair	
Sometimes	Moderate	
Often	Good	
Constant	Excellent	

Therapist notes: Note any areas of disagreement with the client report.

Topic 7: BEHAVIOR CHAINS

Goals: To have group members apply behavior chains in their current life situations.

Method: The group leader will give the following mini-lecture reviewing the behavior chain. The leader will then assign each member to complete a behavior chain of a time they lapsed in their current life situation. The patient will then present their lapse behavior chain and receive group leader and member feedback.

Mini-Lecture on Behavior Chains

Behavior is a result, in part, of cognition, interpretations, and self-statements. You can modify your behavior by modifying your cognition, interpretations, and self-statements.

Modified cognition, interpretations, and self-statements can be used to diminish the likelihood of having lapses and therefore reduce the likelihood of relapse. You can use the time you have in group to problem-solve ways to change your cognition, interpretations, and self-statements.

The way in which one interprets the events in one's life, in large part, determines one's response to those events. Interpretations of the events at the time of the lapse moves offenders closer or further away from a relapse (reoffense) depending on the thoughts one permits oneself to have.

It is a basic principle of treatment that interpretations or cognition can be modified and that these modifications can help the offender to remain abstinent. Behavior chains are a primary tool in this process. The goal of using a behavior chain is to arrive at a step-wise progression to evaluate and modify interpretations in high risk situations.

STEPS IN CREATING A BEHAVIOR CHAIN

Identify the Risk. First, is it necessary to be able to identify self-statements or interpretations and label them as high risk before they can be modified. One way to identify these high-risk thoughts is to ask yourself, "Would others share this same interpretation or make similar self-statements in this situation?"

Reinterpret the Situation. The self-statement box is the opportunity to check the degree to which the interpretation is based on one's internal state/needs/desires or personal history as opposed to the events perceived. If it is determined that the interpretation is inaccurate, it provides an opportunity to supplant it with a more accurate interpretation or one that is more commonly shared among others. For example, an interpretation that a young child's behavior is sexually provocative may not be shared by others and could, instead, be attributed to the offender's own desires rather than the child's behavior. *If the self-statement moves the offender away from reoffending then there is no need to modify it.*

Self-instruct. It is not enough to reinterpret the situation. It is also necessary to tell yourself how to behave or what to do to reduce the risk (e.g. "I need to get out of here." "I need to calm down and relax before I blow it." etc.).

Each group member will complete a behavior chain of a time they lapse in their current situation. Each member will present the chain to the group for feedback.

HOMEWORK -- FINAL BEHAVIOR CHAIN

- Instructions:
1. Place the Events and Interpretations identified in the previous assignment (BEHAVIOR CHAIN II) in the correct "a" box and "b" box. That is, Event number 1 goes in box "1a" and the interpretation of that event goes in box "1b" and so on.
 2. In the Coping Self-statement boxes (labeled "c") describe a thought or Interpretation you could have made that would have decreased the chances of the offense. A coping self-statement is anything you could have said to yourself that would have moved you away from committing the rape or molest. Coping Self-statements have these parts:

- a) Identify the Risk: You describe for yourself what is risky or dangerous In the situation (e.g. “Being alone with a kid is risky because I might get turned on.” or “Getting drunk is dangerous for me because I sometimes do things I later regret.”, etc.). If you fail to identify the risk, there is no motivation to come up with a coping response.
 - b) Reinterpret the situation: Behind every behavior there is a thought. If you are to behave differently, you must use different thoughts and interpretations. Some examples of reinterpretations may be: “When a woman says ‘no’, she means ‘no’.”; “It’s crazy for me to think my masculinity is being challenged whenever a woman disagrees with me.” or “Just because I’m getting turned on it doesn’t mean this kid wants to have sex with me.” Describe a different, more effective way of thinking about each situation.
 - c) Self-Instruct: It is not enough just to identify the risk and reinterpret the situation. It Is also necessary to tell yourself how to behave or what to do to reduce the risk (e.g. “I need to get out of here.”; “I need to calm down and relax before I blow it.” or “I need to sort out this problem I’m having with my wife because it won’t go away on its own.”, etc.).
3. In the Coping Response box “d”, describe an action (what you could say or do) that would reduce the risk and lead away from the rape or molest. This behavior should follow naturally from the reinterpretation and self-instruction (e.g. get out of the situation; excuse yourself from an argument and ask if you can continue the discussion at a later time; ask your wife to sit down and talk about a problem, etc.).
 4. Notice that there are no coping boxes for box 8. This is because coping must always occur before a rape or molest. It is *too late* to intervene after you have created another victim.

FINAL BEHAVIOR CHAIN -- Page 1

Name: _____ Date: _____

1a. EVENT	1d. COPING RESPONSE
1b. INTERPRETATION	1c. COPING SELF-STATEMENT

2a. EVENT	2d. COPING RESPONSE
2b. INTERPRETATION	2c. COPING SELF-STATEMENT

3a. EVENT	3d. COPING RESPONSE
3b. INTERPRETATION	3c. COPING SELF-STATEMENT

FINAL BEHAVIOR CHAIN -- Page 2

Name: _____ Date: _____

4a. EVENT	4d. COPING RESPONSE
4b. INTERPRETATION	4c. COPING SELF-STATEMENT

5a. EVENT	5d. COPING RESPONSE
5b. INTERPRETATION	5c. COPING SELF-STATEMENT

6a. EVENT	6d. COPING RESPONSE
6b. INTERPRETATION	6c. COPING SELF-STATEMENT

FINAL BEHAVIOR CHAIN -- Page 3

Name: _____ Date: _____

7a. EVENT	7d. COPING RESPONSE
7b. INTERPRETATION	7c. COPING SELF-STATEMENT

Relapse

8. EVENT

Topic 8: SELF-MANAGEMENT WITH BEHAVIOR CHAINS

Goals: To develop the habit of using behavior chains in lapse and relapse situations.

Methods: The group leader will periodically assign group members to complete behavior chains on lapses (or relapses) in their current life situations. The group leader can either assign them at regular intervals or assign them when a specific lapse has occurred. The group member will present the assignment in group for feedback.

Topic 9: DECISION MATRIX

Goal: To have group members apply their decision matrix tool in the current life situation.

Method: The group leader will review decision matrices using the following mini-lecture. The group leader will then lead the group in filling out a relevant hypothetical decision matrix on the board.

Mini-Lecture -- Decision Matrix

A Problem of Immediate Gratification (PIG) occurs when one ignores 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. Ask yourself, "What is going to happen to you and others months and years from now as 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.

Many 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, we are willing to pay it, and no one else gets hurt.

To sexually abuse someone was a decision you made. Granted it was a bad decision. It was a decision which, upon reflection, you probably 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. You were undoubtedly aware of some of these costs. You knew that molesting or raping was against the law. You may not have been 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 the benefits you thought you would get from your decision to rape or molest.

To give in to a high-risk element is a decision that can lead to relapse. It is also a decision that ignores long-term consequences.

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 the consequences of offending, both positive (benefits) and negative (costs). A Decision Matrix has three factors, each with two choices:

1. To do something or not to do something
2. The Immediate Consequences and The Delayed Consequences
3. 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 and not just those that are short-term and instantaneous. It is a way to combat the PIG.

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.

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 or grid has a square in the right hand corner. You will place a number in this square. This number represents the importance - or weight - placed on the expected outcomes listed in the box. A rating of "8" indicates it was the most important of the boxes for you. A rating of "1" indicates the outcomes listed in this box were the least important.

Using these ratings it is possible to determine whether the balance weighs against or for offending based on what is expected to be received from each option. Some of the boxes are weighted towards 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 towards offending and comparing to the sum of the boxes weighted against offending, he can see which direction his decision should go. The numbers in the squares are listed as follows and added up.

TO OFFEND*.		NOT TO OFFEND:	
Offend, immediate Positive	=	Not Offend, immediate, Positive	=
Offend, Delayed, Positive	=	Not Offend, Delayed, Positive	=
immediate, Negative	=	Offend, immediate, Negative	=
Delayed, Negative	=	Offend, Delayed, Negative	=
OFFEND TOTAL	=	NOT TO OFFEND TOTAL	=

By comparing the added ratings of the 'Not Offend' with the 'Offend' boxes, it is possible to determine whether the offender presently sees more cost than benefit to offending. It is not hard to imagine that at the time an offender committed his crime, however, his Decision Matrix probably looked very differently. He would not have given as much weight to the 'Not Offend' side of the matrix or he wouldn't have committed the crime.

THE PIG INDEX

Using these same ratings it is also possible for the offender to determine the importance of 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	=	Positive to Offend	=
Negative to Offend	=	Negative to Offend	=
Positive Not to Offend	=	Positive Not to Offend	=
Negative Not to Offend	=	Negative Not to Offend	=
IMMEDIATE TOTAL	=	DELAYED TOTAL	=

By comparing the total of the delayed outcomes to the total of the immediate outcomes, you can determine whether you are weighting the long-term consequences of your actions as more important than any short-term consequences that you can expect.

INSTRUCTIONS FOR THE DECISION MATRIX

1. To molest or rape was a decision you made. Admittedly, it was a bad decision.
2. The decision matrix will assist you to examine how you made this decision so you can avoid making it again.
3. All decisions have consequences, outcomes, or predicted results. We base our decisions on what we think is going to happen.
4. Identify as many consequences you can think of for **offending** and **not offending**.
5. Determine whether the consequences are **short-term** or **long-term** (they can be both).
6. Determine whether the consequences are **positive** (you would enjoy or like it) or **negative** (you would not enjoy or like it).
7. Place each consequence in the appropriate box of the matrix. Make sure every box has at least one consequence.
8. 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".
9. Add all the ratings of the boxes toward offending (immediate and delayed positive of offending and immediate and delayed negative of not offending). These boxes have an asterix (*).
10. Add all the ratings of the boxes toward not offending (immediate and delayed positive of not offending and immediate and delayed negative of offending).
11. Compare the numbers you got on steps 9 & 10. 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 into the matrix and rank them again.
12. PIG ratio. Add all the numbers on the immediate side of the table, then add all of 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.
13. Rating at the present time. Complete the decision matrix a second time. This time, put in consequences, outcomes, and results based on how you are presently thinking. Rate these boxes. Compare the ratings on the offending and not offending sides of the matrix. Hopefully, it is now rated toward not offending.
14. 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?
15. Figure the PIG ratio (Step 12) for this matrix. Are you still focused on immediate gratification or the long-term consequences of your behavior?

HOMEWORK ASSIGNMENT -- Decision Matrix

1. Complete the Decision Matrix for a time you gave in to a high-risk element in your current life situation.
2. Rate each box in the matrix (8 as most important and 1 as least important).

DECISION MATRIX

		IMMEDIATE		DELAYED	
		Positive (beneficial)	Negative (cost)	Positive (beneficial)	Negative (cost)
To give in to high-risk element	*			*	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOT to give in to high-risk element			*		*
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Topic 10: SELF-MONITORING BEHAVIOR WITH DECISION MATRIX

Goal: To develop the habit of using the decision matrix tool to manage high-risk elements.

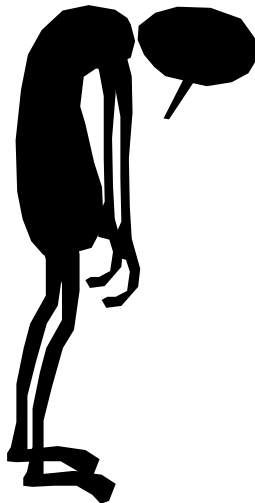
Method: Group members will be asked to do a decision matrix on all ten high-high elements and present each one in group. The group leader can either have one member present all ten at once or have group members rotate. The group member presents the decision matrix and receives feedback.

DECISION MATRIX AT PRESENT

	IMMEDIATE		DELAYED	
	Positive (benefits)	Negative (cost)	Positive (benefits)	Negative (cost)
To give in to high-risk element	*		*	
NOT to give in to high-risk element		*		*

Coalinga State Hospital
Sex Offender Commitment Program
Phase III – Skills Application – Module 5

Victim Awareness



Topic 1 INTRODUCTION AND REVIEW

Goals

1. To review key concepts of the victim awareness module in phases I & II
2. To provide an overview for the victim awareness module in phase III

Methods

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

Mini-Lecture -- Overview of Victim Awareness Concepts

The main goal of treatment is to learn how to avoid ever sexually abusing someone again. One way to achieve this goal is to learn what victims experience and feel.

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

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

In Phase III, you will learn how a victim's relationship with the abuser and the victim's support system can determine some of the lingering effects that victims often will experience. You will also make the final step in gaining victim awareness. This step involves accepting responsibility for what you have done to the victim and putting together all you have learned so far.

Victim Awareness is composed of three parts:

- Victim Knowledge
- Victim Sympathy
- Victim Empathy

Victim Knowledge and Victim Sympathy were covered in Phase I. Victim Empathy was introduced in Phase II.

You will remember that:

1. Victim Knowledge 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 negative effects that result from being sexually abused.
2. Victim Sympathy refers to having compassion for victims of sexual abuse. It involves feeling sorry for victims because they have been injured.
3. Victim Empathy is the most advanced stage of victim awareness. Empathy is 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. This work was covered in Phase II.

In this phase (Phase III), you will learn more about Victim Empathy and do many exercises to increase your awareness of what victims experience.

There are two chief reasons to develop victim awareness:

- To remove pleasure associated with memories of past sexual offenses.
- To inhibit the pleasure potential of deviant sexual fantasies that could lead to further deviant behavior.

Developing victim awareness, especially victim empathy, is a very difficult task. It may be the hardest part of treatment. It can be difficult to give up pleasurable experiences. It can also be difficult to experience painful memories and negative 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, group leaders, and support system, you will be able to confront these feelings and master the elements of victim empathy and all of victim awareness.

Topic 2 THE RELATIONSHIP TRIANGLE — INTRODUCTION

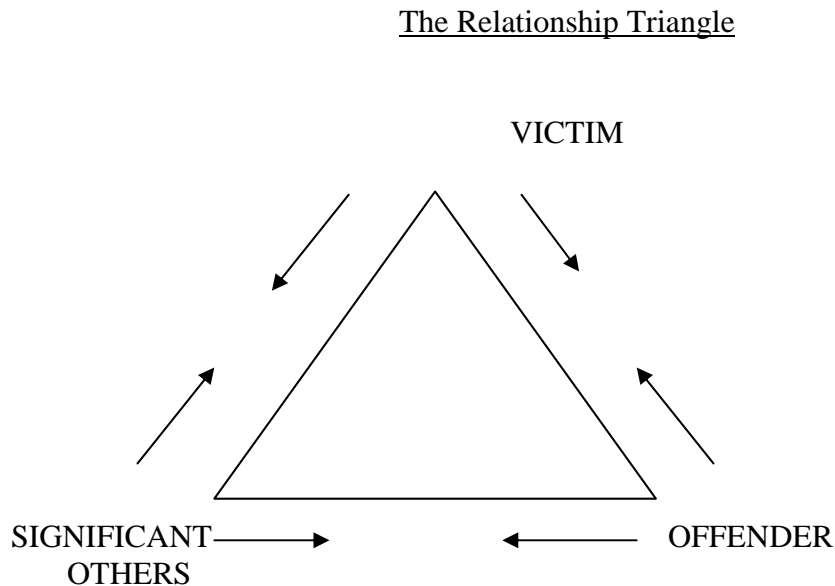
Goal To present the concept of the relationship triangle in order to gain further knowledge in the ways victims are affected by abuse.

Methods The group leader will present an overview of the relationship triangle as described in the following mini-lecture and lead a group discussion on the material presented.

Mini-Lecture on The Relationship Triangle

You have learned that the effects of abuse on a victim are determined by many factors. One of those factors is the relationship the victim has with the abuser. Another of those factors is the relationship that the victim has with his or her support system. By support system, we mean the significant people in the victim's life.

Jan Hindman, a therapist who has worked with many victims of sexual abuse, coined the term "Relationship Triangle" to describe the key relationships that affect a victim. These relationships determine the kind and severity of problems that victims experience after being sexually abused. The relationship triangle is presented below:



This triangle shows how the victim is affected by the complex nature of his or her relationships. These relationships are changed by abuse. The way the victim sees the offender is changed as a result of being abused by him. The way significant others view the victim is also going to change. The significant others are going to relate to the victim differently after they find out that he or she has been sexually abused. Finally, the significant others in the victim's life are going to relate in a different way to the offender after the abuse is detected.

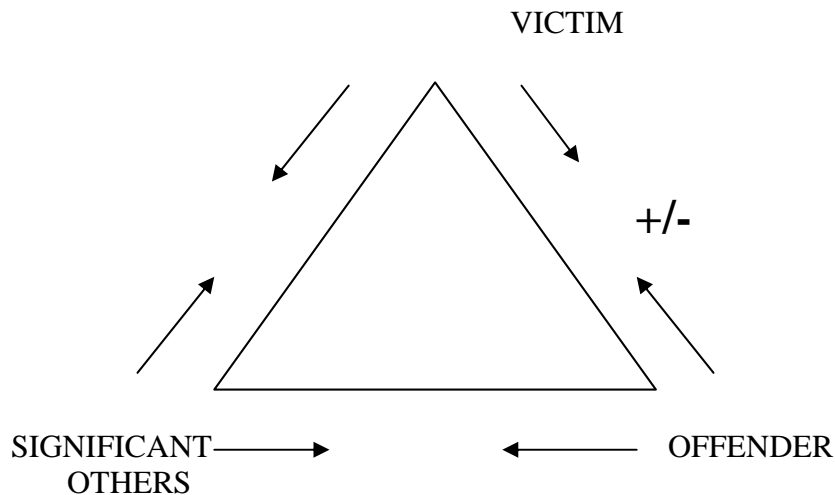
For the sake of simplicity, you can think about each set of relationships as either positive [+] or negative [-]. A positive relationship is where the victims likes, cares for, and values the other people. A negative relationship is where the victim dislikes, distrusts, and/or rejects the relationship. In the next sections we will look at each of these important sets separately.

A healthy relationship triangle occurs when:

- Everyone (abuser, victim, and significant others) recognizes the abuse as not the victim's fault. No one blames the victim.
- Everyone recognizes the abuse was the offender's fault.
- Everyone supports the victim.

Topic 3	THE RELATIONSHIP TRIANGLE — THE VICTIM & OFFENDER RELATIONSHIP
Goal	To present the victim-offender relationship in order to understand the victim's trauma.
Methods	The group leader will present a mini-lecture on the victim-offender relationship and lead a group discussion on the material presented.

Mini-Lecture on The Victim/Offender Relationship



The first task is to examine the victim-offender relationship. The way the victim sees the abuser plays a crucial role in how they will understand and be able to overcome the trauma that the offender has caused them.

There are four types of relationships that we will discuss:

[-/-] The type of relationship that was negative before and negative after the abuse is, perhaps, one of the easiest for the victim to handle. When they saw the offender as someone they did not like or trust prior to the abuse, it does not require them to shift their thinking to continue to see the abuser as someone who is to be avoided and not trusted. It is relatively easy for them to put blame for the abuse on the offender, where it belongs. An example of this type of relationship is the stranger rape. It is common knowledge that strangers may pose a potential threat. Victims who are raped know this too. They have an easier time struggling with any thoughts that they may be responsible for what has happened to them.

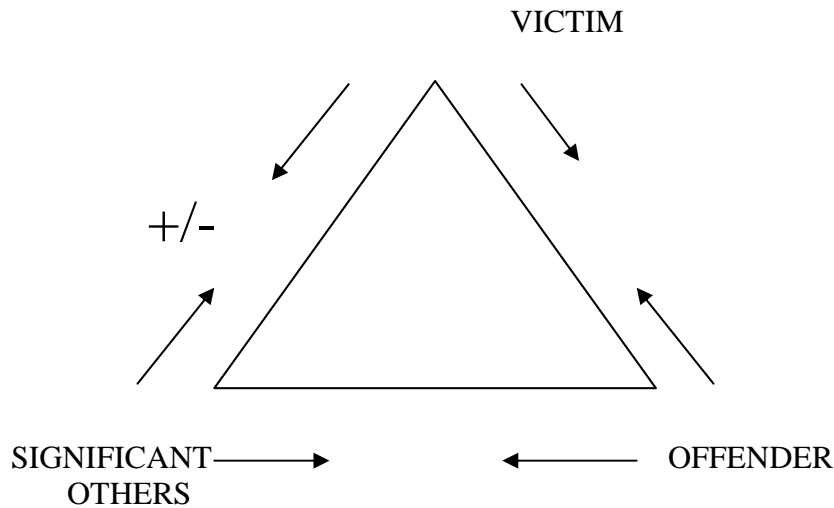
[+/-] The type of relationship that was positive before the abuse, but switches to a negative relationship is common. It often represents a way of handling the abuse in a healthy manner. Before the abuse, the victim viewed the abuser in a positive way. They liked and trusted him. They enjoyed his company and attention. After the abuse, however, the victim learned that they were wrong. The abuser was not to be trusted. They recognize the abuser did not really care for them. The victim realizes the abuser was only interested in meeting his own needs and wants. Anger directed at the abuser, therefore, is an indication that the victim may be handling their abuse in a healthy way.

[+/+] The type of relationship that was positive before the abuse and remains positive after the abuse is one of the most difficult for victims to handle. When victims continue to love, care for, and admire the abuser, it is difficult for them to place responsibility properly on the abuser. They are likely to accept the blame and guilt for the abuse instead of putting it on the abuser where it belongs. They will think it is their fault that the abuser was arrested and sent to jail or prison. These types of relationships are common in incest situations where the victim is abused by a father figure. They miss the attention they got from the abuser. If there is a divorce, they may feel responsible that the family no longer has the financial support of the abuser. A major

step in helping victims with this type of relationship with the abuser is to help them rightfully shift the blame onto the offender.

Topic 4	THE RELATIONSHIP TRIANGLE — THE VICTIM & SIGNIFICANT OTHER RELATIONSHIP
Goal	To present the victim-significant-other relationship in order to further understand the victim's trauma.
Methods	The group leader will present a mini-lecture on the victim-significant-other relationship and lead a group discussion on the material presented.

Mini-Lecture on the Victim/Significant Other Relationship



The second leg of the triangle represents the relationships that victims have with the important people in their lives. We look to others to help us interpret our world. How others view the abuse will also help determine the extent of the victim's reactions.

Significant others include: friends, other family members (brothers and sister), relatives (aunts and cousins), teachers, ministers, neighbors, therapists, and anyone who has an important influence or impact on the life of the victim. We look to other people to see if we are interpreting things in a way that others see them. How others view us plays a major role in determining how we view ourselves and what we believe to be true.

[+] Victims who are valued and cared for by others, almost always have a better outcome than those who receive scorn, distrust, blame, or criticism. If significant others support the victim, the trauma of being abused can be decreased. In a positive relationship, they do not blame the victim or hold the victim responsible for what happened. Instead, they try to understand what the victim is going through. They are there when the victim needs them. This is not just in the days or weeks following the abuse, but the support goes on for the long haul.

[-] All too often, unfortunately, the relationships with important people in the victim's life are not healthy. Victims who receive messages from others that they are not liked or loved typically have much more difficulty dealing with the trauma of sexual abuse. Significant others may blame the victim or find them at fault for being abused. Boyfriends and husbands of rape victims may see the victim as "damaged goods". They may withdraw their love and affection.

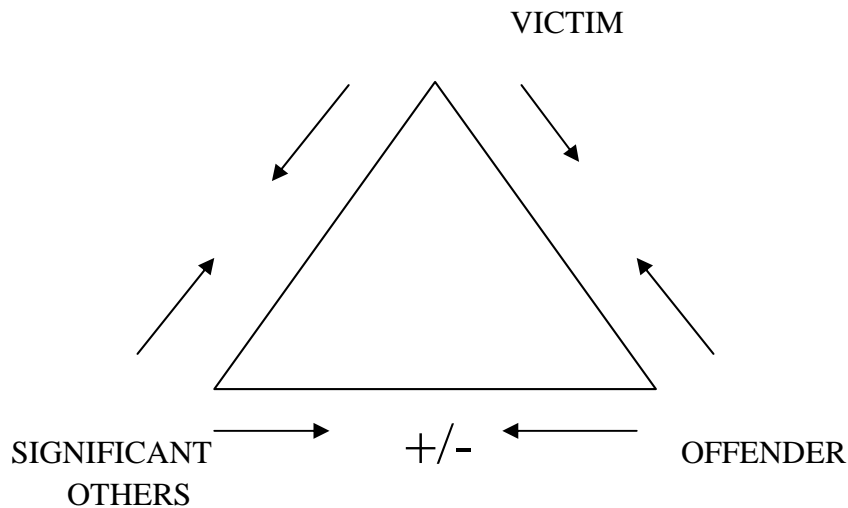
Frequently, children who do not get adequate love and support from their parents and families may be particularly vulnerable to being sexually abused. They may feel ignored and unimportant. These children can be susceptible to the attention that a molester may show them in order to manipulate them into having sex. Because such children may not have the confidence that comes, in part, from being raised in a supportive and caring environment before they were molested, they may not have developed the psychological foundation to cope afterward with the effects of being sexually abused.

Cases of incest are particularly difficult. Often, mothers of incest victims may resent the child, feel in competition with the child for the offender's attention, or resent the child for driving the abuser away. They may give messages (either subtle or obvious) that the child and not the offender is to blame — that the victim

is seductive or promiscuous and reject the victim. This makes it difficult for the victim to handle any guilt or shame they may experience from the abuse.

Topic 5	THE RELATIONSHIP TRIANGLE — THE SIGNIFICANT OTHER AND OFFENDER RELATIONSHIP
Goal	To present the offender and significant-other relationship in order to further understand the victim's trauma.
Methods	The group leader will present a mini-lecture on the offender & significant-other relationship and lead a group discussion on the material presented.

Mini-Lecture on the Significant Other/Offender Relationship



The last leg of the relationship triangle is the relationship that others maintain with the offender. Because we try to view the world the same way that others around us see things, the way the others view the offender is important for the victim. Victims pay close attention to the way that important people in their lives treat the offender, especially children.

Sexual abuse impacts not only the victim, but also the people in the victim's life. How those people cope with the victim being abused and how it affects their relationship with the offender can either hinder or aid the victim in the recovery process.

[+] Important people in the community or the life of the victim who support the offender do so at a heavy cost to the victim. Victims see such support as a betrayal. It is a sign that they are to blame for what happened or what has happened to them "wasn't so bad". Well-liked members of the community such as ministers, boy scout leaders, policemen, church youth group leaders, or favorite teachers often enjoy the support of the community. Community members may try to assist the offender in getting a lighter sentence or testify on their behalf. When this occurs, what is the victim to think? Often they are left with the feelings that the abuser is more important than they are. They may feel more the victimizer than the victimized.

Incest cases are often particularly difficult in this respect. The mother of the victim may continue to love and choose to remain with the offender. In such situations, it is not unusual for the child victim to feel that their mother is choosing the abuser over them. Imagine what it must feel like to believe that your own mother loves someone who hurt you more than they love you. Such situations are often very difficult and require years of work in clarifying that a mother can despise what her husband did to her child, but still love both the child and the abuser.

[-] When it is clear to the victim that the significant people in their lives hate the abuse that they suffered and despise the abuser for what he did, it helps the victim come to terms with what happened. It provides a consistent message that the abuse was not their fault. They are not to blame and are not responsible for what occurred. It provides a clear message that the offender is at fault. It is possible for the support system to hate the abuse and to hold the offender fully accountable for what has occurred, without hating the offender himself.

Topic 6 HEALTHY RELATIONSHIP TRIANGLES

Goal To present the Healthy Relationship Triangle.

Methods The group leader will present the following mini-lecture on Healthy Relationship Triangles and lead a group discussion on the material presented.

Mini-Lecture on Healthy Relationship Triangles

A healthy relationship triangle is one that will assist the victim in overcoming both the short term and long term effects of the abuse.

- Everyone (abuser, victim, and significant others) recognizes the abuse was not the victim's fault.
- Everyone recognizes the abuse was the offender's fault.
- No one blames the victim.
- Everyone supports the victim

Topic 7	HOMEWORK ASSIGNMENT FOR VICTIM-OFFENDER RELATIONSHIP
Goal	To have each person learn about their relationship with their victim to further build victim empathy skills.
Methods	The group leader will assign the following homework and lead a group discussion on the assignment once it is complete

Homework Assignment on Victim-Offender Relationship

1. Describe your relationship with the victim before your abuse.
2. How did your relationship with the victim change after the abuse?
3. How do you think the victim views you now?
4. List at least five significant other people in the life of your victim. Describe how each views the abuse and how they view you now.
5. In addition to your victim, identify as many other people as you can think of that were harmed by your sexual abuse (don't forget to include yourself). For each person, describe as specifically as possible how each was hurt or injured.

Topic 8 CLARIFICATION AND VICTIM LETTERS, INTRODUCTION

Goal To present the concept of Clarification and Victim Letters.

Methods The group leader will present the following mini-lecture on victim empathy and lead a group discussion on common questions about victim empathy.

Mini-Lecture on Clarification & Victim Letters — An Introduction

Thus far, you have reviewed some of the typical problems that victims of sexual abuse have experienced, and you have examined some of the common obstacles that offenders use to prevent themselves from acknowledging the pain that the victim experiences. You have read a variety of accounts of victims of different types of sexual abuse, and you have watched victims tell their stories. Hopefully, you have also realized how a victim's relationship with the abuser and his or her support system can determine some of the lingering effects they will experience.

Now, it is time to make the next step in gaining victim awareness. This involves combing all of the knowledge that you have gained into an understanding of how your specific victim(s) experienced your abuse of them and the problems that they may be having as a result of it. This final phase of achieving victim awareness means accepting responsibility for what you have done to the victim by putting together all you have learned so far.

Offenders trying to develop a full awareness of the effects of their abuse on their victims are often troubled by a series of questions. Some of the common questions include:

“How much am I responsible for?”

It is seldom the case that victims had a perfect and totally happy life prior to their abuse. Many children and adults who are sexually abused come from unhappy and neglectful homes. Some of your victims may have been sexually victimized before you abused them. Other victims will continue to be in abusive relationships or experience many other tragedies in their lives. It is unreasonable to expect you to be totally responsible for every problem that your victim(s) have or will have. It is enough, however, to recognize that your sexual abuse harmed your victim unnecessarily and that the effects of this abuse are painful and long-lasting.

“How Do I Help The Victim Now?”

There is little that you can do to help the victim, other than to stop victimizing them. If there is to be a future relationship between you and your victim(s) — as there sometimes is in incest cases — allow the victim to control that relationship. At some point in the future, your victim may want to discuss your abuse of them with you. If you are able to listen and understand their pain, give them this opportunity. In such situations, however, it is always best to have an objective and supportive person (such as a therapist) with the victim to help them understand and communicate their feelings. If you are unable to sympathetically listen to the victim, avoid such a confrontation.

“Will The Victim Ever Forgive Me?”

It is impossible to answer this question. It depends on the degree to which your victim is able to gain enough outside support and help to overcome the problems that you have created for them.

“How Do I Make It Up To The Victim?”

There is no way to ever fully compensate a victim of sexual abuse. Working hard to never sexually abuse anyone again, however, is at least one small step you can make. Making restitution is another way of owning up to your responsibility.

“What If I Never Can Feel True Empathy For My Victim?”

Some offenders are never able to reach the highest level of victim awareness — being able to feel the same things that a victim does. Being able to recognize that children who are molested and that women who are raped are harmed is at least a step that may prevent you from hurting another person in the future.

Topic 9 VICTIM CLARIFICATION LETTERS ASSIGNMENT

Goal To have each person write victim clarification letters to enhance victim empathy.

Method The group leader will present the victim clarification letter assignment and lead a group discussion on the assignment once it is completed. This group discussion should include each group member reading their victim empathy letter.

Mini-Lecture on Victim Clarification Letter(s)

You are going to be asked in this section to write what is referred to as a “victim clarification letter”. These letters make clear that you are responsible for the abuse and the effects that have resulted from it. You will not actually send this letter. In this letter you should:

- Apologize to your victim.
- Take full responsibility for your behavior.
- Fully describe your behavior in detail (without minimizing your actions or behavior).
- Make clear your responsibility for both the abuse and its consequences on the victim.
- Recognize that the victim has a right to be upset with you.
- Tell the victim to blame you, not him or herself.
- Tell the victim not to blame others for what you have done.
- Give the victim hope for the future.
- Encourage the victim in the recovery process.

some useful hints on writing victim clarification letters:

1. You should write a separate letter for each of your victims.
2. It may take several drafts of the letter before you are satisfied with it. Be prepared to rewrite the letter several times.
3. **DO NOT ACTUALLY SEND THE LETTER TO THE VICTIM!!!!** Contact with an abuser can be very traumatizing to a victim. Some victims report feeling abused all over again when they are contacted by their abuser. Any communication that you may have with your victim(s) should be supervised and carefully timed. Hopefully your victim has a therapist. If so, the therapist can be of great assistance in determining if and when any contact from you might be helpful.
4. Keep the focus of the letter on the victim. Avoid describing how hard you are working to get help for yourself. This is only a disguised way of keeping the relationship focused on you. The purpose of this letter is to focus on what the victim is feeling and thinking.
5. Avoid asking the victim for forgiveness. The purpose of this letter is not to make it all “OK” between you and the victim. Instead, it is a tool to help you identify your responsibility for the abuse and its aftermath.
6. It is acceptable to mention how your abuse of the victim has hurt other people in the victim’s life. However, the major theme of the letter should be how the abuse injured the victim. So, if you decide to add this to your letter, describe how the harm done to others affects the victim as well
7. You may want to refer to pages 32 and 33 in the book Empathy and Compassionate Action when preparing your letter. The guidelines and examples provided there may be of assistance to you as you struggle with this task.
8. Ask for feedback and help from others in completing this task. You will be asked to read your letter to your group. Your therapists and other group members can be objective when it comes to your letter. They will help you make sure you haven’t left anything important out and will point out things about the letter that you might not have noticed.
9. Refer back to the notes that you made in completing the homework exercises in this manual; the books and articles that you read; and the videotapes that you reviewed for information that you can include in your letter.

Topic 10 VICTIM LETTERS ASSIGNMENT

Goal To have each person write victim letters to enhance victim empathy.

Method The group leader will present the victim letter assignment and lead a group discussion on the assignment once it is completed. This group discussion should include each group member reading their victim letters.

Mini-Lecture -- Victim Clarification Letters

The final stage of developing victim awareness is truly attempting to walk in the victim's shoes. Your victim clarification letter was written as if it would be sent to your victim. Now, you will try to see yourself as the victim sees you, attempting to view the abuse as your victim sees it. You will write yourself a letter from the victim's perspective. This means writing a letter to yourself as if you were your victim.

To help in this process you may be asked to role play scenes or aspects of your abusive behavior, taking the part of the victim.

In this letter you should include descriptions of:

- How your victim saw you before the abuse.
- How your victim saw you after the abuse.
- How your victim experienced your behavior.
- How your victim feels about you now.
- What were the effects of the victimization immediately after the abuse. How did they feel, what did they think, how did they behave?
- What effects they may still be experiencing now, many months or years after the abuse.
- What questions you think the victim may have for you.
- What kind of relationship the victim may want to continue to have with you (if any).

Some Hints for Writing a Victim Letter.

1. You should write a separate letter as if it was from each of your individual victims.
2. Like the clarification letter, it may take several drafts of the letter before you are satisfied with it. Be prepared to rewrite the letter several times.
3. Try to use the language and words that your victim would use. If your victim is still a child, use the words and phrases a child of that age would use.
4. Review the previous material in your readings, in this module, and in the videos to identify things the victim would say or think.
5. If you have talked with or received letters from your victim(s), review them in your mind and use what they said to you.
6. Seek feedback from your other group members, therapists, or support system. Ask them to review the letter to see what you have missed or whether you are being unrealistic about the victim's point of view.
7. Avoid having the victim forgive you (even if he or she has) in this letter. The purpose of this letter is not to get rid of your guilt. Rather, it is an opportunity to see the abuse through the victim's eyes.

HOMEWORK -- Victim Clarification & Victim Letters

- 1 Write a separate victim clarification letter for each of your victims.
2. Write a separate victim letter for each of your victims.

Topic 10 READING ASSIGNMENTS ON VICTIM EMPATHY

Goal To have each person read his victim empathy assignments in order to further enhance victim empathy.

Method The group leader will assign the following reading assignments and lead a group discussion on the assigned material.

Reading Assignment on Victim Empathy

Read: “It’s All Relative - The Relationship Perspective” by Jan Hindman.

Read Chapter 4 (“The Four Poisons”) in Empathy & Compassionate Action.

Read Chapter 5 (“Compassionate Action”) in Empathy & Compassionate Action.

Read Chapter 7 (“Becoming a Better Person”) in Empathy & Compassionate Action.