

**COALINGA STATE HOSPITAL
SEX OFFENDER COMMITMENT
PROGRAM**

PHASE III PATIENT HANDBOOK

**SKILLS
APPLICATION**

(Revised 1-10-03)

**Coalinga State Hospital
Sex Offender Commitment Program**

Phase III – Skills Application – Module 1

Lay - Outs

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.

=====

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.

PRACTICING LAYOUTS

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.

**Coalinga State Hospital
Sex Offender Commitment Program**

Phase III – Skills Application – Module 2

Journals & Logs

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

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?

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?

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 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?

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 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?

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?

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?

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?

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?

End of Week Review

Summarize this week's important events and the effect(s) they had on your sense of self-control. Include those feelings that were triggered by the event(s). Identify strengths (things that worked) and weaknesses (those elements that did not work) regarding coping effectiveness. Then indicate any action that you can do to assist you in dealing with the situation if it is still unresolved.

**Coalinga State Hospital
Sex Offender Commitment Program**

Phase III – Skills Application – Module 3

Cognitive Distortions

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 carryout 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 wrestling 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 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 freer 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 who 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, and 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

**Coalinga State Hospital
Sex Offender Commitment Program**

Phase III – Skills Application – Module 4

Relapse Prevention

Topic 2: RELAPSE PREVENTION MODEL - HOMEWORK ASSIGNMENT

Goals: To assign materials that will help the group members apply the relapse prevention model to their current life situations.

Methods: The group leader will assign the following homework assignment and, once completed, the group members will present their assignments in group and the leader will lead a discussion presented material.

HOMEWORK ASSIGNMENT - Relapse Prevention

1. Write a statement that describes your vow of abstinence in one sentence.
2. List ten (10) threats to abstinence that could occur in your current life situation.
3. List ten (10) adequate coping responses you could use in your current life situation.
4. Write a definition of a lapse for you that could occur in your current life situation.

Topic 4: IDENTIFYING HIGH-RISK ELEMENTS -- HOMEWORK

Goals: To have group members identify their own high-risk elements.

Methods: Each group member will identify their own high-risk elements by completing the homework assignment. They will then present their high-risk elements in group and receive relevant input from the group leader and members of the group.

HOMEWORK ASSIGNMENT -- Identifying High-Risk Elements

Instructions: The Behavior Chains that you completed in Phase II included, in the "Coping" boxes, a section for identifying the risk. For each event, you identified a number of risks. These risks were developed from your own work and are based on your particular offense pattern. Some of those risks were identified more than once and others are closely related to one another. These risks can be combined.

1. List all high-risk elements that you identified in your behavior chains and any other high-risk elements that may be important.
2. Prioritize the list according to importance -- most important at the top.

Name: _____ Date: _____

LIST OF HIGH-RISK ELEMENTS:

Topic 5: COPING WITH HIGH-RISK ELEMENTS

- Goals:
1. For participants to consider specific examples in which high-risk factors could occur.
 2. For participants to recognize that they can control the hazard or danger of high-risk factors through their behavioral responses and self-statements.
 3. For participants to identify specific ways in which they may increase the danger of a high-risk factors for themselves.
 4. For participants to recognize the importance of not increasing the danger of high-risk factors if they are to avoid relapse and reoffense.

- Methods:
1. The leaders will remind the group that the degree to which one is able to plan and prepare strategies to effectively cope with high-risk factors (behave in a way that reduces their danger of a lapse) is directly related to one's chances for avoiding relapse and reoffense. That is, a central premise of RP is risk management and control.
 2. The leaders will also remind the group that they are in control of their high-risk factors through both their behavior and self-statements (cognitive interpretation).
 3. It will be pointed out that the danger of high-risk factors can either be increased or decreased depending on the way one responds to the high-risk factors. It will be emphasized that once a high-risk factor is present, the responsibility for its management is on the individual. Discuss several high-risk situations and talk about how particular cognitions could make them worse to illustrate how this process works.
 4. The leader will present the example of coping with high-risk elements provided. Each participant will be given the homework assignment of completing an attached "Coping with High-Risk Elements" chart for ten (10) high-risk elements they have previously identified. The instructions for completing this assignment include:
 - a. In the first column of the chart, the participant is to place one high-risk element they identified in the last unit.
 - b. In the second column of the chart, the participant is to describe five situations in which this high-risk element could occur
 - c. In the third column of the chart, the participant is to describe at least one behavioral response to each situation that would cope with or decrease the riskiness and danger of the high-risk factor.
 - d. In the fourth column of the chart, the participant is to describe at least one self-statement to each situation that would decrease the riskiness and danger of the high-risk factor.
 5. Each participant will be asked to present their completed "Coping with High-Risk Element" chart on the chalkboard for the purpose of group discussion. The participant will then be asked to describe how each behavioral response would decrease the hazard or danger of the high-risk situation. Finally, the participant will be asked to describe how each self-statement (cognitive interpretation) would decrease the danger or hazard of each high-risk situation.

6. The group will be asked to give each participant feedback regarding his completion of the chart. This feedback might include:
 - a. Does each behavioral response effectively cope with the high-risk element?;
 - b. What other behavioral response would cope with the high-risk factor?;
 - c. Does each self-statement decrease the danger of the high-risk situation?;
 - d. What other self-statements would decrease the danger of the high-risk situation?

7. After all participants have presented their homework assignments, the leaders will remind the group that it is up to them to control and manage their own risks. The purpose of the homework assignment was to demonstrate how they could decrease and cope with their high-risk elements. It will be emphasized that the coping behavioral and self-statement responses are to be practiced in the hospital if patients are to be effective high-risk element managers when they return to the community.

8. At the conclusion of this section, the group will be asked to describe the benefits they received from this exercise.

MATERIALS: Chalkboard or Easel
"Coping with High-Risk Elements" form

HOMEWORK: Completion of the "Coping with High-Risk Elements" form

Coping With High-Risk Elements

High-Risk Element: **ANGFR** _____

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."

Name: _____

Date: _____

Coping With High-Risk Elements

HighRisk Element: _____

High-Risk Situation	Coping Behavior Response	Coping Self-Statement

Name: _____

Date: _____

**Coalinga State Hospital
Sex Offender Commitment Program**

Phase III – Skills Application – Module 5

Victim Awareness

Topic 7	HOMWORK 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.

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.

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.