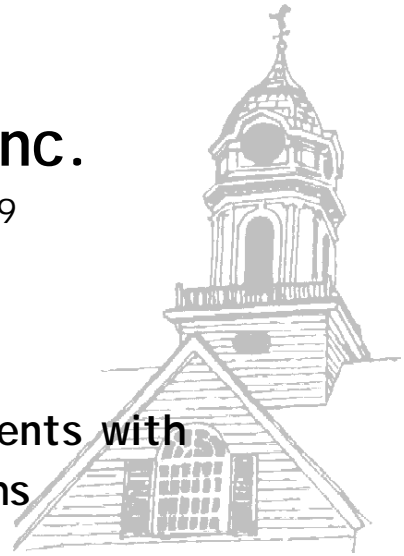


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Concepts of Working with Students with Sexual Behavior Problems (Tools and Concepts)

Stetson School is a residential treatment facility that provides long-term treatment to 111 students, including sexually reactive children (ages 9-13), juvenile sexual offenders (ages 13-18), and young adult sexual offenders (ages 18-21).

Adolescent and young adult students typically remain in treatment at Stetson for 18-24 months, and younger students are typically remain at Stetson for 24-36 months.

Stetson School provides specialized "sex offender specific" treatment for juvenile sexual offenders, and specialized treatment for sexually reactive children.

At Stetson School we aim to build a "Culture of Recovery."

We help our students learn to live in a healthy, safe, and prosocial manner in which they can live satisfying lives, engage in meaningful and appropriate social relationships, and help and support others.

Specific (Basic) Clinical Information About Treatment at Stetson School

Broad Treatment Goals

- Prevent further sexual victimization.
- Prevent further coercive, aggressive, or abusive behaviors.
- Teach and develop pro-social behaviors replacement skills.
- Resolve personal victimization, trauma, or impact of disruptive development

Objectives of Treatment

- Understand, identify, and interrupt thoughts, feelings, beliefs, and behaviors that contribute to abusive, coercive, or aggressive behavior.
- I identify, interrupt, and control deviant sexual arousal and deviant sexual fantasy, and inappropriate sexualized behavior.
- Accept responsibility for personal choices and behavior, without minimization or justification.
- I identify and understand how past trauma contributes to how one responds to difficulties of feelings of vulnerability.
- Develop awareness, sensitivity, compassion, and understanding for others.
- Learn and understand normative sexual development.
- Learn, understand, and use adaptive coping and prosocial skills.
- Develop a plan, incorporating healthy coping strategies, to prevent relapse and promote successful living.

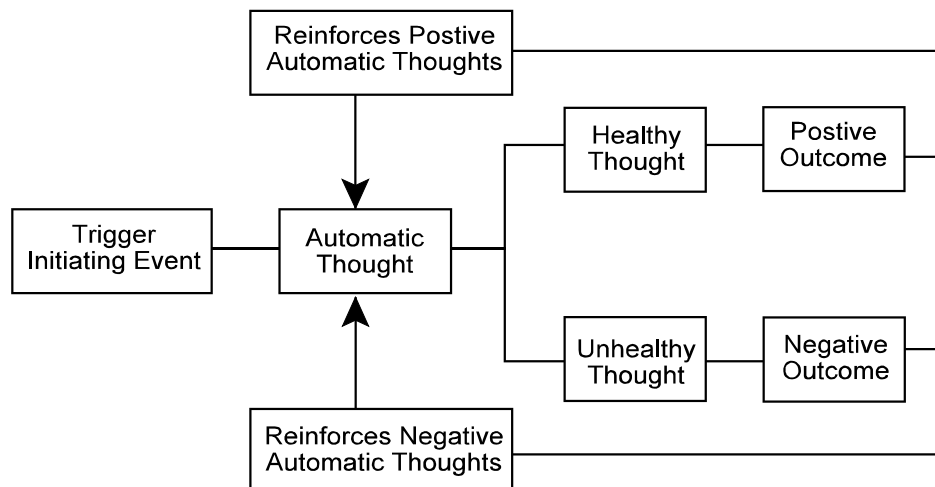
Treatment Philosophy

- Juvenile sexual offenders and sexually reactive children are fully responsible for their behaviors and must be held accountable for those behaviors.
- Juvenile sexual offenders and sexually reactive children cannot be treated strictly for their sexual behavior, as though such behavior is distinct and separate from the rest of their behavior or can be understood without understanding the rest of their lives.
- Sexual offending and sexually reactive behavior occurs in a context, not as a unique and discrete behavior that can be isolated and treated apart from the rest of the person.
- Feelings, thoughts, and behaviors are interconnected and interactive, and cannot be easily separated for the purposes of treatment. We see individual attitudes, experiences, and behavior intertwined with and involving systems, with special emphasis on the family system and the general environment in which the child was raised, learned, and lived.
- In order to prove effective, sexual offender treatment and treatment for sexually reactive children must be directed towards a range of emotional and behavioral conditions, and include a focus on the systemic environment which perhaps influenced and in which sexual behavior developed and was manifested: *this is what we mean by treating the "whole" person.*

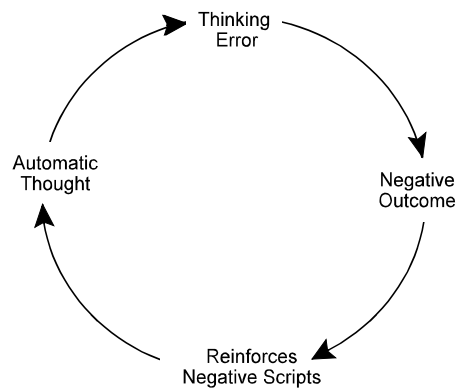
I. THINKING ERRORS AND COGNITIVE DISTORTIONS

The thinking errors model is based on the idea that behavior that is antisocial and/or self destructive is based on distortions in thinking that allow people to behave in ways that harm others or themselves.

The process of forming and acting upon "thinking errors" essentially involves a connection between an event (in sex offender specific treatment, usually called a "trigger"), an "automatic" thought, and a subsequent behavior. In a thinking errors model, the middle step involves a negative or irrational thought, resulting in a negative behavior. In turn, the behavior reinforces negative automatic thoughts, and creates a dysfunctional cognitive-behavioral cycle.



- Thinking errors represent a way of thinking that allows the development of assumptions, beliefs, attitudes, relationships, and behaviors that are self defeating, self destructive, or destructive to others.
- They are built upon feelings and/or ideas that are inaccurate, incomplete, irrational, and/or in some way rationalize unhealthy and/or inappropriate behaviors.
- By their nature, thinking errors are cyclical and negatively self reinforcing, often hampering the development of self esteem.
- Thinking errors or cognitive distortions are built upon and lead to misapprehension and misinterpretation, faulty assumptions and misbeliefs, inappropriate or poor decisions, and ultimately self fulfilling prophecies of disappointment, personal failure, or the failure of others - thus recreating, reinforcing, and maintaining the experiences and feelings upon which thinking errors are built in the first place.



The cycle of thinking errors can only be interrupted when people understand how they respond to situations and by learning how to recognize and change their *irrational* thoughts and beliefs to thoughts and beliefs that are more *rational* and *realistic*.

At Stetson School, treatment helps students to understand the concepts of thinking errors, recognize cognitive distortions in their everyday thinking and when attached to particular situations, and provides tools for correcting thinking errors and replacing cognitive distortions with prosocial thinking.

Types of Thinking Errors

At Stetson School we categorize thinking errors, which can fuel both antisocial and self-defeating behaviors. At Stetson School we group thinking errors into one of three groups. Combined, these thinking errors result in a series of interactive cognitions that include self defeating, self destructive, relationally disconnected, and antisocial thoughts, beliefs, and attitudes, that reinforce and generate still more thinking errors.

The object of treatment is to recognize and interrupt this sequence of negative thoughts and behaviors, and help students replace them with rational and accurate ideas that lead to socially appropriate and effective behaviors and experiences.

**Type 1 Thinking Errors: Unwilling to Accept Responsibility
(or, "It's Not My Fault")**

These cognitive distortions allow people to not take responsibility for their behaviors.

- **Denial.** The student simply pretends it didn't happen, and might even try to fool himself into thinking it didn't happen. If he denies it ever happened, maybe it will go away.
- **Shifting the Focus.** The student tries to get people's minds and attention onto something else, and distract them from the real issue.
- **Blaming Others.** The student blames the problem and his own behavior, onto someone or something else.
- **Blaming the Victim.** The student blames the victim, as though he wasn't at fault, and somehow the victim brought it on him/herself.
- **Intellectualization.** The student tries to use ideas and intellect to sidetrack issues and out think the opposition, finding excuses and explanations.
- **Innocence/Playing Dumb.** The student simply act as though he didn't know it was wrong or against the rules, or pretends he didn't know better.
- **Rationalization.** The student finds reasons, explanations, and excuses for what he did.
- **Justification.** The student find reasons to explain the "correctness" of what he did, as though it was really okay.
- **Minimization.** The student downplays the importance of what happened, or it's meaning.
- **Dismissal.** The student simply disregards, ignores, or brushes aside what happened or other people's feelings as though they don't matter.
- **Angelic Thinking.** This is a victim stance, in which the student portrays himself as a wonderful person, incapable of breaking the rules or harming someone.

Type 2 Thinking Errors: Self Defeating (or, "I Can't!")

These thinking errors are self defeating and interfere with personal growth and self esteem.

- **Catastrophic Thinking.** The student magnifies the impact of negative experiences to extreme proportions.
- **Hopelessness.** The student assumes that nothing will ever work out, and that things will always go wrong.
- **Over Generalization.** Something goes wrong in one situation, and the student apply it to all situations.
- **Black-and White Thinking.** The student see things as "all-or-nothing;" things are either one way or the other.
- **Oughts, Shoulds, and Musts.** The student feels life ought to be a certain way, or he should do something, or things must go the way he wants them to.
- **Negative Predictions/Fortune Telling.** The student predicts failure in situations yet to happen because things have gone wrong before.
- **Projection.** The student makes negative assumptions about the thoughts, intentions, or motives of another person, which are often "projections" of his own thoughts and feelings about the situation.
- **Mind Reading.** The student feels that others should know how he feel or what he wants even though he doesn't tell them.
- **Labeling.** The student labels himself or someone else in a negative way, which shapes the way he sees himself or that other person, often for simplistic reasons.
- **Personalization.** The student treats a negative event as a personal reflection or confirmation of his own worthlessness.
- **Negative Focus.** The student focuses mainly on negative events, memories, or implications while ignoring more neutral or positive information about himself or a situation.
- **Avoidance.** The student avoids thinking about emotionally difficult subjects because they feel overwhelming or insurmountable.
- **Emotional Misreasoning.** The student draws an irrational and incorrect conclusion based on the way he feels at that moment.

Type 3 Thinking Errors: Narcissistic (or, "Me, Me, Me")

These cognitive distortions focus the attention of students onto themselves alone, without thinking about others.

- **Life is too hard.** The student feels that life is just too unfair, and somehow owes him more.
- **Entitled.** The student feels as though he deserves good things, even if he doesn't have to work for them.
- **Victim Stance.** The student feels as though he's the victim of the whole world, and that he's the one who's been harmed.
- **Grandiose.** The student feels as though he's better or more important than other people, or others should and do look up to him.
- **Revenge.** The student feels as though he's been wronged and is allowed (or entitled) to get his revenge.
- **Personalizing It.** The student feels as though the rules are applied only to him, instead of everyone, and that people and things are against him personally.
- **One Upmanship.** The student feels he has to do better than everyone else, and show everyone that he's the best.

Cognitive Distortions as Errors in Ideas, Beliefs, and Attitudes

Cognition is not limited to simply ideas, but also includes beliefs and attitudes. A thinking error model includes not only thoughts, ideas, and plans that enter someone's head, but also beliefs about self and others and the way the world is or should be.

Fitting with a model of thinking errors as either self defeating, antisocial, or both, these beliefs can be self harming or harmful to others.

Thinking Errors at Stetson School

At Stetson School, we use slightly different versions of this thinking errors model with different populations of students; for instance, we have a slightly different version in use on our ALPS (Alternative Learning Program for Students) unit.

Cognitive Distortions and Sexual Offenses

In a more complex model that understands the interaction between thinking errors and sexually aggressive behavior, there are three stages of cognitive distortions, each of which is directly connected to the offense.

Three Stages of Cognitive Distortions

Stage I. Pre-Offense Cognitive Distortions: Contributing and Leading.

Critical to the sexual offense are those thinking errors that get things boiling, and contribute and lead to a sexual offense. These are the ideas, beliefs, and attitudes that mix thoughts and feelings together, and move the student towards sexually aggressive behaviors, setting the groundwork for and justify the movement towards sexually aggressive behavior.

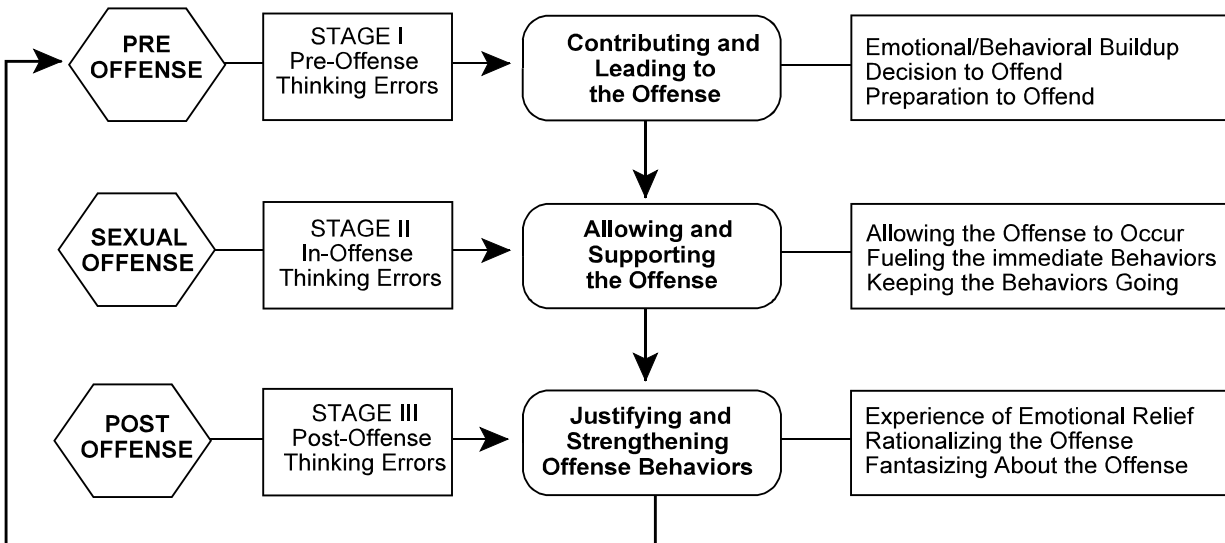
Stage II. In-Offense Cognitive Distortions: Allowing and Supporting.

In most cases, the mind doesn't switch off during the offense itself, with no recognition of right or wrong. Thinking errors don't simply occur prior to and after the offense. They are constant, and in effect during the offense. Thinking errors not only drive the offense in the first place, but allow support the offense while it is occurring.

Stage III. Post-Offense Cognitive Distortions: Justifying and Strengthening.

These are the thinking errors that continue to develop and evolve after the offense. In any model where remorse, shame, or some other form of social conscience doesn't kick in to re-shape the offender's experience of the offense, thinking errors only serve to justify the offense, reinforce the behavior, and strengthen the offending behavior and, indeed, the thinking errors themselves.

The cognitive distortions that appear at different stages may all be picked from the same list of thinking errors. But they are qualitatively different, based on the role they play in the various developmental stages of the sexual offense, from the development of an offense scenario, to the execution of the offense and maintaining offense behaviors during the assault, and later justifying and further integrating an offending mindset in the individual offender.



Working with Cognitive Distortions

The role of staff is variously to teach these concepts and models to juvenile sexual offenders and test for their acquisition

Of greater importance, though, is the therapeutic work done with individual youths and groups to ensure that students understand these ideas, how they have developed within them and where they come from, and how to apply techniques and methods to recognize thinking errors and how to overcome them.

However, no matter how well taught and no matter how well understood, the **first task** is to instill or activate in our students a recognition of the harm caused and a genuine desire to want to change.

II. DYSFUNCTIONAL BEHAVIORS AND THE BEHAVIORAL CYCLE

Beyond thinking errors, there is a focus on dysfunctional behavioral patterns in juvenile sexual offenders, in which cognitive distortions are thought to fuel the thoughts and ideas that lead directly to dysfunctional behavior.

Behavioral Patterns

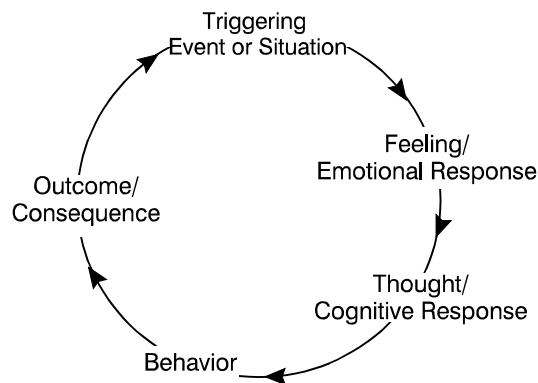
- The idea that troubled kids demonstrate patterns of dysfunctional behavior is neither new nor complex.
- Like the thinking errors model, these behavioral patterns can be seen as linear progressions in which one thing leads to another until a negative behavior occurs or as repetitive cycles of behavior, that go on and on until interrupted.
- Both variations on the same theme, this dysfunctional behavioral cycle is the most commonly accepted and typically used model in the treatment of juvenile sexual offenders, and is also closely connected to the model of relapse prevention planning.

In sex offender specific treatment, the dysfunctional behavioral cycle is often referred to as the "sexual assault cycle," in which the negative behavior is the sexual offense. However, the model is very limited, and especially in cases where there has been only a single episode of sexually abusive behavior. A broader dysfunctional behavioral cycle is more adaptable to all forms of antisocial and negative behavior, and sexually abusive behavior can easily be fit into the model.

The Behavioral Cycle

The behavioral cycle provides a simple way to describe, illustrate, and teach the relationship between triggering events and interactions, feelings/emotions, thoughts and ideas, and behaviors (in this case, sexual offending behaviors). Although a behavioral cycle that focuses specifically on

sexual offending provides more detail and distinct moments and opportunities to examine each step of the cycle and the elements that contribute and add up to sexual offending behavior, the cycle is a basically simple concept.

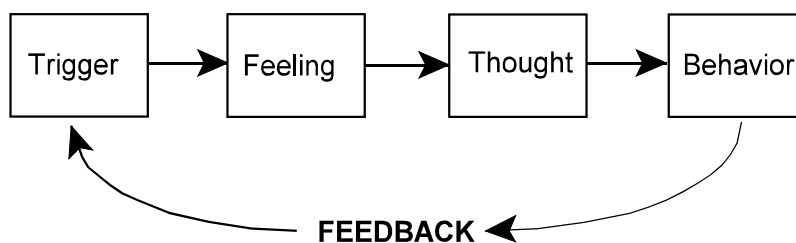


- Trigger Event. The behavioral cycle starts with a *situation* or an *event* that serves as a *trigger* to a feeling-thought-behavior sequence.
- Feeling/Emotional Response. The event triggers an *emotional response*.
- Thoughts and Ideas. The feelings/emotions trigger a *cognitive response*, or thoughts, ideas, beliefs, or attitudes.
- Behavior. Thoughts and ideas lead to a *behavior* or *action* of some kind.
- Outcomes. All behaviors have *outcomes*, *results*, and *consequences*.
- New Event. Behavioral outcomes feed back into and help shape the next situation or event.
- Trigger Event. The new event triggers to a new cycle of *event-feeling-thought-behavior-outcome-event*.

Linear Steps in the Cyclical Behavioral Sequence

Although the behavioral cycle is most commonly used, it is just as relevant to describe the individual steps that make up the behavioral cycle in a linear, step-wise fashion.

That is, the trigger event leads to a feeling, then a thought, and then a behavior. The response to the behavior, or the feedback, may turn the linear sequence into a cycle. Certain types of feedback reinforce the linear steps (positive reinforcement) and lead to repetition of the behavior, turning the linear sequence into a cycle.



The Dysfunctional Behavioral Cycle

The model is only a tool, not intended to take the place of therapy or valuable on its own, and in some cases is too abstract or complex for students. It's also important to realize that a behavioral cycle can just as easily be used to explain positive behavior.

However, in our work with juvenile sexual offenders, we focus on negative behavioral cycles – that is, cycles of triggers and responses that lead to *negative* and *acting out* behaviors. These are referred to as dysfunctional behavioral cycles.

Phases of the Dysfunctional Cycle

The cycle is simply a tool to help students connect their history, triggers, feelings, thoughts, and behaviors together. In fact, not everyone passes through any cycle of events in exactly the same manner, or has the same experiences in passing through the cycle.

In reality, every student passes through a behavioral cycle in a different way, unique to their particular circumstances and psychology. For this reason, it's more useful to think of behavioral cycles having definite phases through which individual students pass.

A phase model allows for both *individuality* (the reality that students will have different experiences as they pass through their particular cycle) and *common experiences* (all cycles essentially develop the same way, and all students essentially pass through the same phases of development). A "phased" cycle is shown below, with the basic cycle of *event-feeling-thought-behavior-outcome-event* at the center and the phases attached to and surrounding each step in the process. Each phase is described below, including the terminology used to more directly connect to the kids who use the model and describe what's going on during any given phase.

- **Phase 1: The Trigger Phase** (*Getting Set Off*). The *Trigger* phase represents the initiating event and can last for a moment or many weeks. The “trigger” is that thing, or series of things, that upset or excite a student, and set off a negative behavioral cycle. Sometimes one thing can trigger a student; at other times, the “trigger” is a combination of many things.
- **Phase 2: The Pre-Lapse Phase** (*Building Up*). During the *Pre-Lapse* phase, things start to go wrong for the student: negative thoughts or feelings, anger, self doubt, depression, loneliness, or feeling misunderstood, frustrated, or self pity. During this phase, things build up inside of the student and, if not caught and interrupted, thoughts and feelings like these can lead to the next phase of the cycle.
- **Phase 3: The Lapse Phase** (*Planning*). A lapse occurs when students have inappropriate thoughts, urges, fantasies, and other ideas about behaving inappropriately. During this phase, juveniles start to think about and plan negative or inappropriate behaviors. The *Lapse* phase is that time soon or immediately before the student’s thinking turns into negative behavior, and it’s critical that students spot these lapses in their thinking, because they signal the possibility of a relapse.
- **Phase 4: The Relapse Phase** (*Acting Out*). Acting out occurs when students return to negative or problematic behaviors, and they have relapsed when they act out in old familiar patterns. The *Relapse* is a return to those old patterns of inappropriate or negative behaviors. In the case of sexual offending, a relapse means returning to sexual offending behaviors.
- **Phase 5: Post-Relapse Phase** (*After The Acting Out*). After students relapse, or act out, they enter the *Post-Relapse* phase. Here, they experience many thoughts, feelings, and other things that keep their cycle going. Instead of interrupting their cycle before they behave dangerously again, they find all sorts of ways to avoid dealing with what they’ve done.

Interrupting and Escaping the Cycle

The idea here is simple. As s are taught to recognize thinking errors and components and phases of the behavioral cycle, they are also enabled to interrupt the progression and further development of the process and thereby escape the cycle.

Of course, this, like everything in the treatment of troubled kids, is easier recognized, spoken, and practiced in group and individual therapy. *The ability to actually escape a behavioral cycle is carried out, not in group, a workbook exercise, or a written relapse prevention, but in everyday application.*

A Detailed Look at the Phased Dysfunctional Cycle

A more detailed look at the dysfunctional behavioral cycle is provided on the following page, with *examples* of (but these may be different for different students) of the sort of things that may be happening for a student during any particular phase. Again, notice the basic *event-feeling-thought-behavior-outcome-event* cycle at the center of the illustration.

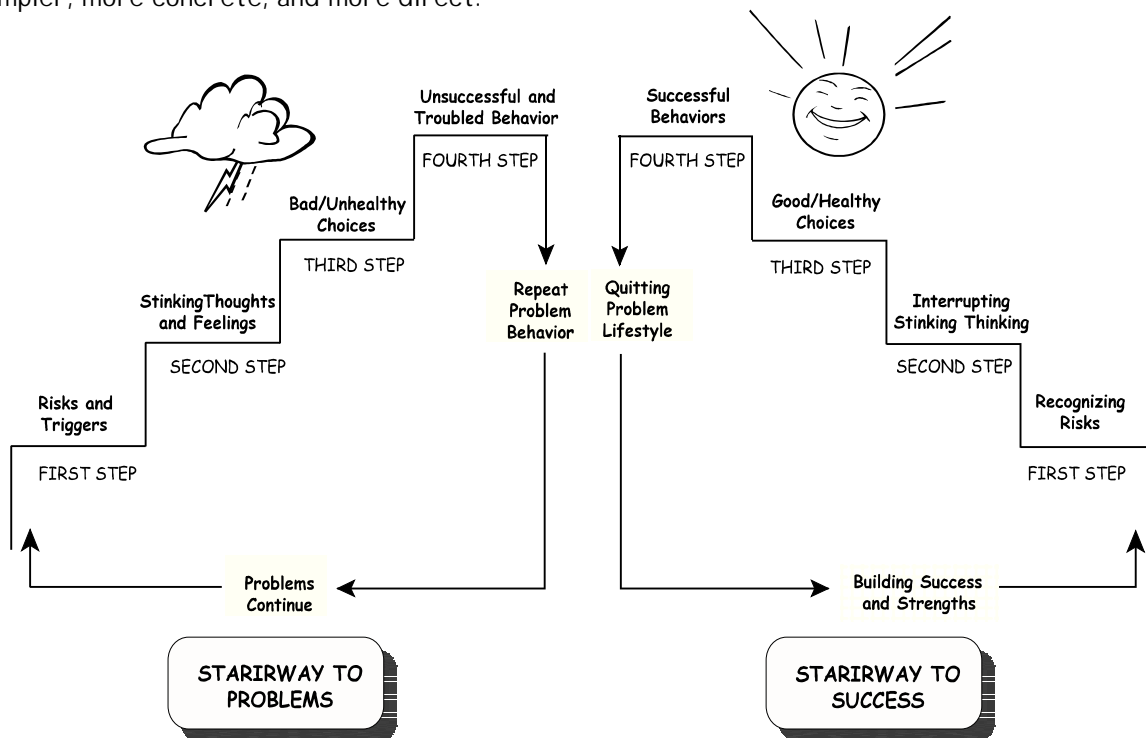
Cycle Work Materials

Any behavioral cycle model can be developed into workbooks or worksheets, and used with great frequency. However, this makes it all too easy to depend on workbooks, and risks turning treatment into just the completion of worksheets. Processing the cycle requires a treatment approach so that the experience is meaningful.

- The advantage of using workbooks is that treatment can be extended outside of individual and group treatment sessions, and students can, in part, be held responsible for their own treatment.
- In addition, non-clinical staff can work with students on the materials, extending treatment to other members of the treatment team.
- Workbooks materials can also be customized to meet the needs of individual students.

Alternatives to the Cycle

At Stetson School, we don't depend on cycles to make treatment successful. In the first place, the cycle should be used to enhance and supplement treatment work, rather than substitute for the clinical work. In addition, the cycle model is not for everyone, and should be either re-designed for students with more concrete learning needs or who are too young to make use of the model. Our "One Safe Step At A Time" model outlines the same steps and sequences involved in dysfunctional behaviors but in a more easily understood model. Models like these can be more effective in teaching the important concept that behavior is linked to triggers. However, a simpler diagram is not enough. The concepts, as well as the words and terms used to describe the concepts, must also be simpler, more concrete, and more direct.



III. THE RELAPSE PREVENTION PLAN

The relapse prevention plan is a tool intended to help students understand about the behavioral cycles, thinking errors, and behaviors that might lead back to sexually abusive behavior, and think about and plan to use coping skills and alternatives to sexually abusive behavior.

The Relapse Prevention Plan

- Identifies high risk situations and relationships.
- Names overwhelming feelings that signal or lead to inappropriate or unhealthy thoughts.
- Helps the student and others spot and correct thinking errors and deviant thinking that may lead to inappropriate or dangerous behavior.
- Lists desired behavioral outcomes.
- Identifies the consequences of inappropriate or dangerous behaviors.
- Lists healthy and appropriate behavioral strategies that serve as alternatives to unhealthy or destructive behavior.
- Describes effective coping activities and relationships.
- Binds the students to the plan through a process that involves a relapse prevention/behavioral "contract," signed by the student and other people important to making the plan successful or serving as witness to the plan.

Ultimately, the relapse prevention plan serves as a tool to interrupt cycles of thinking errors and sexually abusive behavior, and a contract that has both practical and symbolic meaning. Although a very important last step before discharge, the relapse prevention plan is nonetheless nothing more than a problem recognition and avoidance plan.

It is no different in concept than a safety plan for suicidal patients, an anger management plan for those whose major problems are episodic rages, or a substance abuse relapse prevention plan for alcohol or drug abusers. The difference is that, in the case of the juvenile sexual offender, "relapse" equals sexual offending.

The relapse prevention plan is simply a behavioral plan designed to avoid or escape the *event-emotion-cognition-behavior* cycle, based on the three primary components of cognitive awareness, emotional regulation, and behavioral control.

The Relapse Prevention Plan Represents

- An acknowledgment of risk,
- A plan and means to keep safe,
- A commitment to safety, and
- A symbolic agreement that in itself may fulfill a treatment need.

Developing the Relapse Prevention Plan

The relapse prevention plan is an aid to help the student stay in appropriate control of his behavior. It is intended to help him recognize and avoid situations and interactions that may set off a sequence of feelings, thoughts, and behaviors that can result in a relapse, or a return to the abusive behavior.

The Elements of the Relapse Prevention Plan

- Identifying high risk situations, people, interactions, and/or relationships.
- Listing ways to avoid, reduce, or eliminate high risk situations, people, interactions, and/or relationships.
- Identifying and understanding urges or cravings to return to target behaviors (pre-lapse or lapse phase).
- Listing ways to recognize slips/lapses and signs of pending relapse.
- Recognizing thinking errors that contribute to the relapse sequence.
- Describing self-monitoring skills and techniques.
- Identifying effective coping strategies, alternative behaviors, and stress reduction techniques.
- Identifying key people and resources to turn to in the event of pending or actual lapse or relapse.
- Promising to use named coping strategies, alternative behaviors, and stress reduction techniques.
- Naming the consequences of relapses.
- Describing how to recover from a relapse.

When to Develop the Relapse Prevention Plan

A meaningful and effective relapse prevention plan can only be built when the student is able to recognize the importance and significance of the plan, and the plan is adequate to the task of helping him maintain treatment gains and staying safe, not for one week but for many years.

Therefore, relapse prevention plans must be reviewed periodically and revised so that they become living tools, not simply relics or mementos of past treatment. In addition, both the clinician and the student must avoid coming up with "cookie cutter" relapse prevention plans, and instead develop an individualized relapse prevention plan custom built for that student.

In order to build an effective plan, then, the recovering juvenile sexual offender must make a commitment to relapse prevention, and must recognize and accept the reality and potential for relapse.

IV. OTHER RELATED TERMS AND CONCEPTS

Thinking errors, behavioral cycle, and relapse prevention models are closely related, and, in fact, interrelated. Thinking errors lead to dysfunctional behavioral cycles, and play a significant role throughout. Similarly, cognitive distortions themselves are cyclical in their self-reinforcement. Relapse prevention plans are built on both recognizing and avoiding thinking errors, and are essentially intended as a method for escaping or interrupting dysfunctional behavioral cycles that otherwise lead to relapse.

In addition to, thinking errors, cycles, and relapse prevention plans there are a number of important and related terms and concepts. These contribute both to understanding the behavioral cycle or a linear behavioral model, as well as the development of the relapse prevention plan.

The Value of Sex Offender Specific Treatment Tools and Concepts

- Although there are variants on these ideas, they generally have similar names and meanings.
- Together they add up to a language or shorthand markers that can help juveniles learn to recognize problem areas and how to avoid or negotiate them, thus interrupting and escaping their cycle before it progresses too far, or avoiding it completely.
- Accordingly, these few ideas turn out to be enormously useful tools for those students who have the cognitive capacity to understand them, as well as recognizing when and how to use them, the emotional and behavioral control required to apply them, and the desire and commitment to motivate and ensure their use.

Lapses and Relapses. Described already, as part of the dysfunctional behavioral cycle a lapse signifies a return to dysfunctional thinking, and is a potential precursor to a relapse, or a return to the dysfunctional behavior that we aim to extinguish.

Lapse and Relapse

- In a substance abuse model, a lapse includes thoughts or cravings for the substance or even plans and the actual acquisition of the substance. Relapse occurs when the substance is used.
- In reality however, although a relapse is very clear (in this example, actual substance use), it is sometimes very difficult to distinguish between a lapse and a relapse. *For instance, is the actual purchase of drugs in itself a relapse, or does one sip of beer count as a lapse or relapse?*
- In sexual offending, "lapse" represents the urges and fantasies that edge juvenile sexual offenders towards a possible sexual offense. It also includes behaviors that may themselves be considered relapse, such as isolating a planned victim or preparing for a sexual assault.

SUDs (Seemingly Unimportant Decisions). Seemingly Unimportant Decisions (SUDs) are often important factors in dysfunctional behavioral cycles. These are the sort of decisions that students make in the course of their daily lives that seem unimportant at the time, but later add up to significant problems and steps along the dysfunctional cycle.

Triggers, Dangerous Situations, and High Risk Factors. Another critical element in any problematic behavioral cycle is the "trigger." Triggers are the sort of things that can set off a problem sequence. These are the people, relationships, interactions, situations, or other things that "trigger" a problem sequence of events, or begin a cycle.

- Triggers and Dangerous Situations (DS's) are similar. If the triggers are the things that initiate an emotional response, the DS is the environment or circumstances in which the trigger occurs.
- Dangerous situations are also known as high risk situations (HRS), and the elements that can act as triggers or lead to trouble are referred to as high risk factors (HRFs). They are similar ideas, and in many ways amount to the same thing.
- Situations and circumstances that we know can initiate a series of emotions and thoughts can get out of control, and lead to behaviors that are dangerous for the student and others.
- Escape techniques are very important, but it is more important for the student to recognize and avoid dangerous situations/high risk factors *before* they trigger a dysfunctional behavioral cycle.
- Accordingly, we want to teach students how to recognize their particular triggers and avoid those high risk factors that put them in jeopardy of beginning a problem behavioral cycle.

Escapes and Interruptions. In any model that includes a sequence of steps that pass from trigger to relapse, there is the opportunity to *escape* the sequence at any point, by recognizing the dangerous path that is being followed. Escaping the sequence amounts to the same thing as *interrupting* the sequence, in which the sequence is broken, thus avoiding the otherwise likely outcome of relapse, or behavioral dyscontrol.

Denial. In fact, denial has many faces. Offenders can deny that the event occurred at all, or deny their part in the offense. This is denial in its most basic form: "I didn't do it," or the closely related, "I wasn't there " and "it only happened once." Other forms of denial are much more prevalent, however, and especially in young offenders.

These include forms of denial that play down the significance of the offense, its reality, the intent, or harm done. Here, there is an *emotional* level of denial in which the facts are not disputed, but denial is an attempt to ward off the emotional reality of the behavior, in terms of its impact on others or as a reflection on self or future behaviors. Sometimes, these forms of emotional denial are referred to as "pretend normal." Examples of different types of denial are shown below.

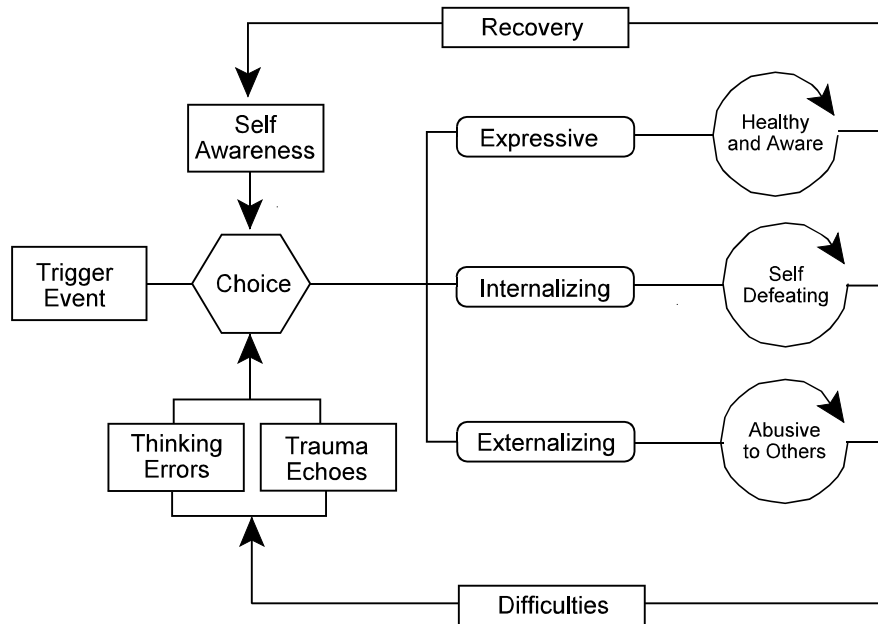
Forms of Denial

Denial of...

Abuse	It was consensual, it wasn't abusive
Awareness	I didn't realize anyone would be hurt
Deviancy	I only have appropriate sexual feelings and fantasies
Facts	I didn't do it, it wasn't me
Fantasies	I only fantasize to normative sexual fantasies
Frequency	it only happened once
Harm	No-one got hurt, it was no big deal
Impact	S/he's no worse for it, s/he'll get over it
Intensity	I only did one thing
Intent	I didn't mean anything by it, I was just curious
Knowledge	I didn't know it was wrong
Meaning	It doesn't mean anything
Planning	It just happened
Problem	It happened, but I don't really have a problem
Reality	It won't happen again
Recollection	I don't remember
Responsibility	It wasn't my fault
Seriousness	It wasn't such a bad thing
Significance	It do much harm
Wrong doing	There's nothing wrong with what happened

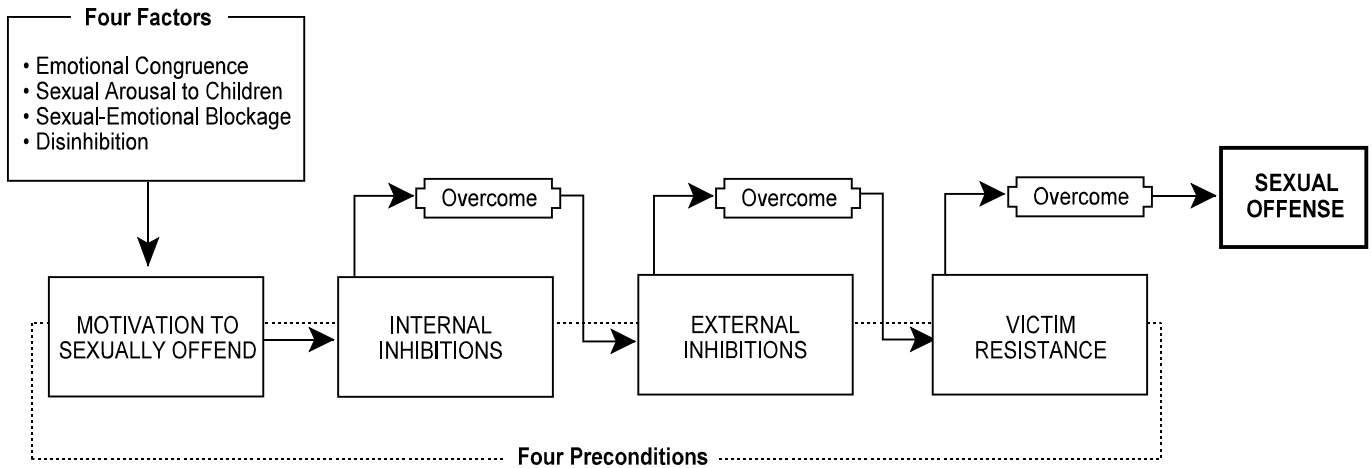
Minimization. A close cousin to *denial*, one way to deny the reality of a situation is to downplay or *minimize* its importance: It was no big deal, it didn't matter, it could've been worse. Minimizing is a way of avoiding the truth or the consequences, and as long as students minimize they are not only avoiding the consequences, but in a significant way failing to acknowledge the meaning of the behavior and hence failing to meaningfully engage in treatment. Denial and minimization are both ways to avoid pain, but often treatment requires that the juvenile sexual offender experiences deeply emotional pain, in part as the result of confronting both his own behaviors and treatment of others and his experience of how he has been treated by others, as well as self image and sense of personal identity.

The Trauma Outcome Process. This model is often used in work with juvenile sexual offenders, although is intended for children ages 4-12 who are defined as sexually reactive.



- The Trauma outcome process distinguishes between behavior that is self destructive, abusive to others, and healthy and adaptive, or recovery based.
- The trauma outcome process is based on the idea that sexually reactive children who are themselves victims of abuse or maltreatment ultimately resolve the internal conflicts caused by trauma by either:
 1. Internalizing them and becoming self destructive,
 2. Externalizing and becoming abusive to others, or
 3. Expressing their emotions and becoming self aware, and thus finding a healthy path to emotional recovery.
- Each path itself leads to a self-reinforcing cycle, and is based upon by a choice made by the child to take one path of another.
- The goal of treatment is to teach awareness and help children recognize that unhealthy choices are based upon thinking errors that justify negative choices and "trauma echoes," or the emotional and cognitive vestiges of earlier trauma in the life of the child.
- The trauma echoes are internalized ideas about self and others, or assumptions, embedded into pre-consciousness by the earlier trauma process.

Four Preconditions. This description of a process by which individuals engage in sexually abusive behavior was developed to help explain how adults sexually abuse children. But it is easy to see how the model can be applied to any sexual offender, adult or juvenile, and any victim, child or adult. In part, the model describes a pathway to offending based on how the sexual offender manages to overcome internal and external barriers that might otherwise prevent sexual abuse. The model offers a simple approach to both thinking about sexually abusive behaviors and teaching these ideas to our students, helping them to recognize how these factors might apply to them and how they managed to overcome these barriers in their sexually abusive behavior.



V. OTHER TREATMENT CONCEPTS AND PROTOCOLS

Disclosures of Sexual Offenses

Disclosure is the process by which students describes their sexually abusive behavior and related behaviors to the clinician, group members, and family members – although at Stetson School we don't have our youngest students go through the disclosure process in group.

The quality and the quantity of disclosure changes over time, as do all elements of client participation in treatment, with the expectation that students are able and willing to increasingly engage in more detailed, complete, and honest disclosures of their sexually abusive behaviors. In fact, it is not unusual for juveniles in treatment to disclose additional details or victims many months into treatment, and even well into the second year. The disclosure process keeps the door open at all times, providing a constant channel for greater honesty and increased responsibility.

- The intention behind the disclosure process is not to shame the student, although working with shame and guilt are important aspects of treatment for the juvenile sexual offender.
- The treatment of juvenile sexual offenders does not include shame-based treatments, humiliation, holding the juvenile out for criticism or ridicule, or angry and accusatory confrontations.

Disclosures occur in many different ways and venues, usually structured by the clinician. Disclosures also take several different forms, from introductory and minimally detailed disclosures to later, more detailed disclosures.

Time Lines

We have students work on written and oral "time lines" of their sexually abusive behaviors, which include important events in their lives, events and situations that led up to their sexually abusive or sexually reactive behavior, and their actual behaviors.

Journals and Fantasy Journals

We sometimes ask students at Stetson School to keep and share, with their clinician and other assigned staff, journals that describe their thoughts and feelings, as well as their behaviors. This can be an important way for students to learn more about themselves and also learn to be more expressive, as well as helping treatment staff get a closer look inside of those ideas and feelings. A journal is a deeply important and personal possession, and it is important that all staff treat journals with great respect and care, using the journal as a way to help students.

A "fantasy" journal is one in which students describe their sexual thoughts and feelings, as well as sexual fantasies, and this is even more sensitive than the journals of thoughts and feelings described above. Only clinicians or other leading members of the treatment team may ask a student to complete a fantasy journal, and only the treatment team can decide which staff may review a fantasy journal.

Victim Clarification

Victim clarification refers to the process of making amends and paying some form of restitution to the victim(s) of sexually abusive behavior.

Victim clarification, considered an important aspect of sex offender specific treatment means eventually bringing the offender and the victim into direct contact in face-to-face clarification (victim/abuser) sessions for the purposes of:

- Addressing and resolving issues for the victim.
- Confronting the offender with his behavior, as well as confronting him with the victim of his behavior.
- Providing an opportunity to test empathy, remorse, and compassion in the offender and his ability and/or willingness to make amends for his behavior.

The victim of juvenile sexual offending is another family member, often a younger sibling. Usually under such circumstances, the juvenile offender is removed from the home during treatment. When this is the case, successful victim clarification work is a prerequisite for both family reunification and family visits that include both the offender and the victim.

In order to carefully and thoroughly build the groundwork for future reconciliation and reintegration, victim clarification work takes place later in treatment rather than earlier and is not a treatment area to be rushed or forced by the offender or, in the case where the victim is another family member, by the offender's family, or even the victim.

The Purpose of Victim Clarification

Another way to think of victim clarification is as victim restitution, or making amends. The term "victim clarification" means that the offender has clarified in his mind:

- that there is a victim,
- who the victim is, and
- that there is likely more than one victim in every offense (i.e., the direct victim of the offense, the victim's family, the offender's family, and the community-at-large).

In addition, victim clarification refers to:

- the process by which the perpetrator later clarifies or explains his new position with regard to his perpetration, his apologies, and his goal of making amends or providing restitution to the victim.

Process and Components of Victim Clarification Work

When it is determined that victim clarification is an appropriate intervention, the clinician initiates the process. Victims are never contacted directly by the clinician, as they are usually children. Accordingly, the clinician will discuss victim work with the victim's parents or legal guardians.

- Victim clarification is always designed to be in the victim's best interests, and planned to meet the victim's needs and emotional readiness.
- Before victim clarification can occur at Stetson School, we expect to see the development of honesty, remorse, and sensitivity on the part of the Stetson School student (the perpetrator).
- Victim clarification sessions occur only in a therapeutic setting, and require that the victim be in treatment outside of Stetson School during the victim clarification process.
- Victim clarification work takes place in graduated stages, rather than all at once – and as stated, it is likely to take place later in the treatment of the juvenile sexual offender than earlier, despite pressure to begin the process sooner.

Victim Empathy

There are other facets of victim clarification as well, besides face-face sessions between perpetrators and victims. In many cases, these other aspects of victim clarification work prepare the student for later face-face work or other forms of reunification or contact with victims. Sometimes, when direct face-face work is not possible or is not a good idea, these other non-direct forms of victim clarification work serve as a substitute. In all cases, they are designed to increase victim awareness in the student, and serve to increase and enhance the experience of empathy in the juvenile sexual offender.

Victim Empathy Essay

Victim empathy essays can be written in any number of ways. They are intended to put the student into his victim's shoes, and imagine (or have empathy with) the victim's experience, then and now. Victim empathy letters are usually not intended to be mailed to the victim, but shared with the

clinician and treatment group. Victim empathy essays can also be directed towards the experience of the victim's family, which is often also the student's family. One form of victim empathy essay describes the student's thoughts about his victim and how he imagines he has affected that victim. Another form is written by the student in the first person, describing how he imagines the experiences of his victim from the victim's perspective.

Victim Letters

Victim letters are fictional letters written by the student to himself. These letters are intended to help develop and drive empathy and understanding for the victim, and place the student into his victim's shoes. As with empathy essays, victim letters can also be directed towards the victim's family, which is often also the student's family. The victim letter is written by the student in the victim's voice as though the victim is writing a letter to the student about her or his experiences.

Apology Letter

Apology letters are the most direct and the least dependent upon the student's imagination. In these letters, the student is writing his own thoughts and feelings about what he did and what happened, and writing them directly to the victim or the victim's family (which, again, may be the student's own family). Victim letters may or may not be sent, but it is unlikely that early versions of such letters will be sent. Under any circumstances, victim letters should never be sent to the victim or the victim's family without the express consent of the family and the victim ahead of time, and the victim's therapist is consulted as to the appropriateness of sending such letters at that time. Additionally, letters must never be sent without the prior review and approval of the clinician, and letters can be read in group treatment so that other group members can give feedback as well.

Apologies, Forgiveness, and Shame

There are many controversies and concerns about victim clarification and family reunification. One particularly strong concern rests with the notion of seeking and granting forgiveness. Most models of victim clarification focus on the ability of the sexual offender to feel genuine remorse and offer an authentic and sincere apology, but not on the request for absolution or forgiveness.

This is because the goal of forgiveness suggests that it is the victim's responsibility to forgive the offender for his behaviors and sexual assault, and hence free him from guilt. This process may serve the offender as much or more than the victim and pressure the victim to meet the needs of the offender, and even the family.

Accordingly, there should be little to no emphasis on forgiveness in victim clarification, and certainly no request made by the offender for absolution, although the choice to forgive is a choice the victim may make.

Another area of concern involves shame and humiliation. The goal of victim clarification is to benefit both the victim and the offender, and although considering the victim's needs above all else, the intervention is clearly intended to promote the healing and rehabilitation of the offender as well.

Shame-based therapies are not considered appropriate in the treatment of juvenile sexual offenders: in its recommendations for victim/abuser sessions, the National Task Force on Juvenile Sexual Offending (1993) has noted its opposition to such models, writing that “humiliating or degrading interactions are abusive and must be considered counterproductive to the goals of treatment” (p. 71).

VI. INDIVIDUALIZING TREATMENT

Individually, each of these tools and concepts of sex offender specific treatment has remarkable value. Taken together, they present a language for both treatment staff and students that is itself instructive.

In addition, these concepts are central to an understanding and the development of a relapse prevention plan, itself the embodiment of these ideas.

However, there is the ever present risk that students will learn to simply mimic what they are being taught, sometimes even fooling themselves into believing that they have actually acquired and can apply new information and ideas about themselves, their behaviors, and the world in which they live.

- For the treatment ideas to be effectively taught, treatment staff must ensure that they are understood by students and can truly be applied, rather than simply memorized and answered correctly in a workbook or described in a group.
- As is true for all aspects of treatment, the instruction of these ideas must be individualized to meet the real life needs, learning style, and cognitive skills of each individual student.
- This may mean teaching kids individually or in dyads or small groups rather than in a larger group treatment setting, or developing special materials geared to individuals or special populations, rather than depending on a one-size-fits-all approach that will almost certainly fail to fit all.