

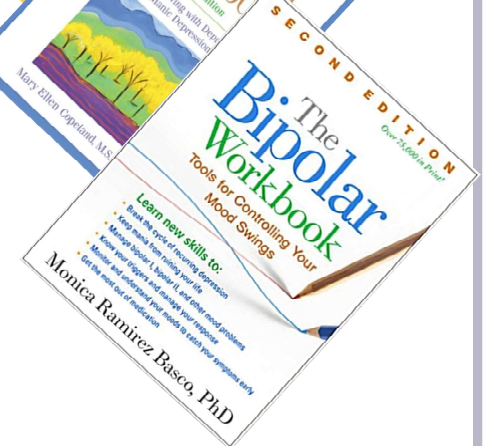
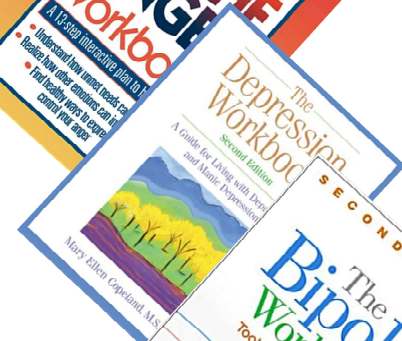
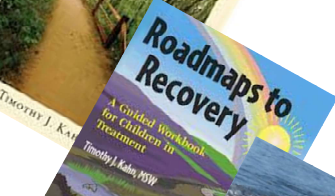
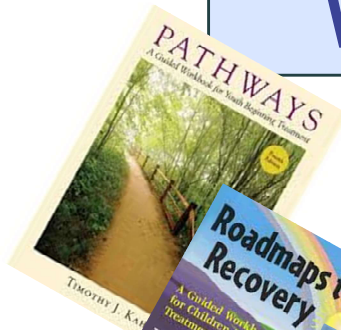
SAFER SOCIETY FOUNDATION

**Using the *Stages of Accomplishment*
Workbooks to Enhance Effective
Practice**

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Specialized Consultation and Training
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Introduction to Workbooks In Treatment



Our Clients Are Whole People

- Workbooks for children and adolescents who have engaged in sexually harmful or problematic behavior address many issues faced and experienced by these young people.
- Workbooks thus recognize that our clients are “whole” people...
... and that sexually abusive and sexually problematic behavior must and can only be understood and treated in this context.



Our Clients Are Whole People

However, the use of workbooks must be built upon the idea that workbooks represent only one part of treatment...

... and when used alone cannot meet the need for the whole treatment of whole people.



Workbooks in Treatment: The Research



- Indeed, there is little research as to the effectiveness of workbooks when used a stand-alone treatment or self-help model.
- However, despite little research on the efficacy of self-help or guided therapeutic workbook use, research from disparate fields does exist, and generally supports the use of workbooks in treatment as adding to overall treatment effectiveness.*

** Refer to references for examples*



The Approach of Workbooks

- Workbooks provide a primarily psychoeducational approach to treatment...
... teaching clients important concepts, tools, methods, and/or skills considered important to their treatment and rehabilitation.
- However, workbooks also provide a means for both self-guided learning and self-discovery, and the integration of ideas and experience.



The Approach of Workbooks

- Additionally, the goal of extending treatment beyond the therapist's office or treatment program makes the use of the workbook still more important.
- As an adjunct to treatment, workbooks serve as a foundation for and extension of interactive, face-to-face therapy...
...through which workbook ideas can be brought to life and explored and developed in a manner that psychoeducation alone can never hope to accomplish.



The Workbook Is Not The Treatment: The Map Is Not the Territory

- Basic psychoeducational ideas are often taught through the completion of workbooks and/or written exercises.
- Upon completion of a workbook, young people are able to show themselves, their families, relevant treatment staff and providers, and others that they are learning about important aspects of their treatment.



The Workbook Is Not The Treatment: The Map Is Not the Territory

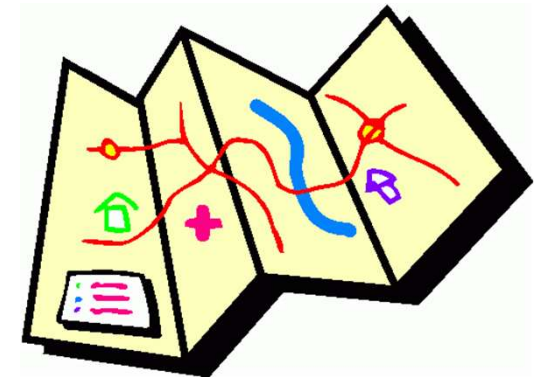
- If the workbook material is being assimilated into their daily lives...
 - ... they will be able to show people through their behavioral changes that they are able to make changes...
 - ... and apply these new ideas and skills in their everyday lives.



The Workbook Is Not The Treatment: The Map Is Not the Territory

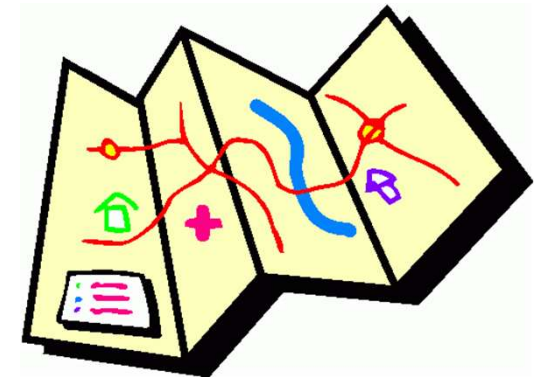
- However, workbook completion must be balanced against larger treatment gains.
- Without wanting to dampen enthusiasm or minimize accomplishment...

... we must bear in mind that workbook completion by itself does not equal “success” in treatment, although it may be an important element.



The Workbook Is Not The Treatment: The Map Is Not the Territory

- Think of a workbook as a guided set of ideas and exercises that help to structure and standardize treatment...
... but used within a larger treatment program, guided by the larger program rather than defining treatment.
- When used as intended, the workbook is part of treatment, not the whole of it.
- **Do not mistake the map for the territory.**



Caution in the Use of Workbook Material

- As useful as they can be...
 - ... workbooks may also limit the development of individualized clinical style and approach, or the use of a wide range of treatment approaches and materials.
- Despite its best intentions, a workbook may force a version of one-size-fits-all treatment onto all clients...
 - ... and clinicians.



The Appearance of Learning

- The tools, concepts, and exercises found in workbooks have real value.
- Together they help to increase self-knowledge and provide a language that can help juveniles learn to recognize problem areas and how to avoid or negotiate them...
... thus escaping problematic thinking and behavioral cycles before they progress too far, or avoiding problems completely.



The Appearance of Learning

Parroting

- However, there is the ever present risk that youths 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 in their everyday lives.



The Appearance of Learning

Parroting

- Clinicians using workbooks must stay alert for parroting, and work with clients to help ensure that they actually understand what they are learning and able to recite.



Fitting the Workbook to the Treatment Program

- An additional problem is that some workbook material may not fit with the ideas of different clinicians or treatment programs...
... or differs from the materials and ideas taught by clinicians and treatment programs.
- It is important to ensure an integrated fit between workbooks and the larger treatment model into which workbook use is embedded.



Fitting the Workbook to the Treatment Program

- It is important that workbooks do not drive treatment, or become the “tail that wags the dog.”
- Accordingly, clinicians and treatment programs that use workbooks must figure out how to adapt their treatment models to fit the workbooks’ approach and ideas...
... or how to use workbooks so that they best fit the approach and ideas of the treatment program.



To Summarize: The Benefits of Workbooks

- Extends treatment beyond the confines of the clinician's office, beyond group treatment, and beyond time-bound restraints.
- Extends the ideas discussed and taught in individual, group, and family therapy sessions.
- Can be used to teach information and ideas, engage clients in self-discovery, prepare clients for further discussion, and develop a knowledge and skill base in clients.
- Can be used to prepare clients for planned sessions that are yet to happen.



To Summarize: The Benefits of Workbooks

- Provides an alternate means for clients to acquire and retain information, augment classroom education, and provide more time for learning.
- Places a level of responsibility on the client for engagement in the learning process.
- Allows for self-paced learning.
- Provides a way to test for client comprehension, motivation, and engagement in the learning process.
- Maintains a permanent record of information taught, the acquisition of such information, and the depth of learning.



To Summarize: The Benefits of Workbooks

- Can be re-visited and serve to refresh memory over time, and workbook tasks and exercises re-assigned as deemed necessary or relevant to any given situation or client.
- Allows others who have legitimate access to treatment records and materials gain insight into material taught, client exploration and comprehension, and client motivation and participation.



The Stages of Accomplishment Workbooks



Using the Stages Workbooks: Standardizing and Individualizing Treatment

Because the treatment of sexually harmful behavior, in some ways, is substantially different from other forms of treatment, and aimed at specific treatment targets...

... it is important to have a set of standardized ideas and tools that represent its core elements.



Using the Stages Workbooks: Standardizing and Individualizing Treatment

- Workbooks designed for work with adolescents who have engaged in sexually abusive behavior help to fill that need.
- They can be used as the basis for a structured model of treatment that:
 - ✓ Includes standardized elements
 - ✓ follows a standardized sequence
and
 - ✓ provides a standardized core for a program of treatment...
... while helping to ensure that treatment is delivered in an individualized manner and is customized for each individual client.



Using the Stages Workbooks: Standardizing and Individualizing Treatment

- Workbooks can help ensure that clinicians, while individualizing treatment...
 - ... are also tightly focused on the sexually abusive and sexually troubled aspects of client behavior.
- That is, they are teaching and discussing with their clients common ideas and tools that are specific to such behavior, and teaching a common language to clients...
 - ... and furthermore to the families of clients, if they are included in treatment.



Using the Stages Workbooks: Standardizing and Individualizing Treatment

- Although standardized in content and design, and in their use within any particular program or model of treatment...
 - ... workbooks can nevertheless be adapted in many ways to meet the needs and goals of individualized treatment...
 - ... including the needs of different youths at particular points in their treatment.



Using the Stages Workbooks: Standardizing and Individualizing Treatment

- This customization largely involves how workbooks are actually used by different clinicians, in...
 - ✓ the choice of reading and workbook exercises that clinicians assign to individual clients
 - ✓ the sequencing and pacing of workbook use
 - ✓ adding to and going beyond the material in the workbooks



Using the Stages Workbooks: Standardizing and Individualizing Treatment

The individualized use of workbooks will be influenced by many factors, including...

- ✓ the treatment setting
- ✓ the ability of each youth to work on specific and often increasingly difficult material
- ✓ the client's participation and progress in therapy



Using the Stages Workbooks in the Treatment Environment

The principle upon which the *Stages* workbooks is built is that they add to a model of treatment...

... that is far greater than the material in the workbooks itself, and that treatment should and must be individualized to each client.



Using the Stages Workbooks in the Treatment Environment

- Through the written exercises and Thinking Points in the Stages workbooks, the workbooks provide a means for self-discovery and the learning and practicing of new skills in self-awareness.
- These exercises and thinking points vary in content and approach, and different exercises are intended for different purposes in the therapeutic process.
- However, part of the art and skill of therapy lies in knowing when and how to help clients tackle the issues they are facing.

Thinking Points

- How might people describe your behavior?
- Are you someone who behaves well, or does your behavior create problems for you?
- Is your behavior also a problem for others?
- If something causes behavioral problems in people, what sorts of things cause your behavior problems?



Using the Stages Workbooks in the Treatment Environment

Accordingly, clinicians using the *Stages* workbooks...

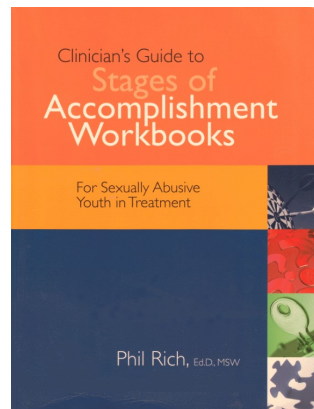
... must be familiar enough with the workbooks, their approach, and the written exercises and thinking points to know:

- ✓ when they're likely to be useful
- ✓ when the client is ready to meaningfully tackle the work
- ✓ when to repeat an exercise or assignment
- ✓ when the completion of certain material is not likely to be productive at that point in treatment, or may even be counter-productive



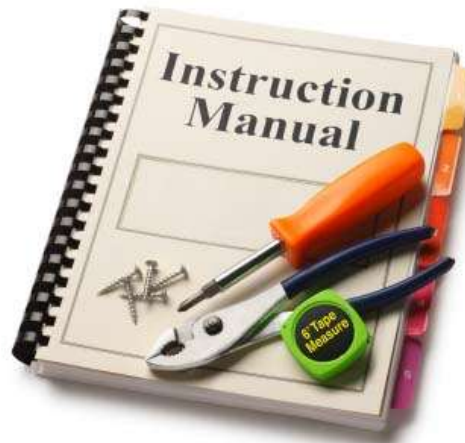
Using the Stages Workbooks: The Clinician's Guide

- The *Clinician's Guide* will help clinicians to use the *Stages* workbooks most effectively in their practice with individual clients and/or as a part of a larger treatment program.
- The *Guide* describes the ideas, practices, and models that underlie the workbooks.
- Through reading the *Guide*, clinicians will quickly become familiar with the workbooks as a whole, as well as the structure and content of individual chapters.



“Manuals” and Workbooks

- The four *Stages* workbooks, as an integrated whole, do not add up to a treatment “manual”...
... and should not be considered or used as such.
- A treatment manual typically not only describes elements and steps of treatment, but prescribes treatment...
... and usually requires that the clinician follow the steps and ideas of the manual, and what is often the single theoretical approach endorsed by the manual.



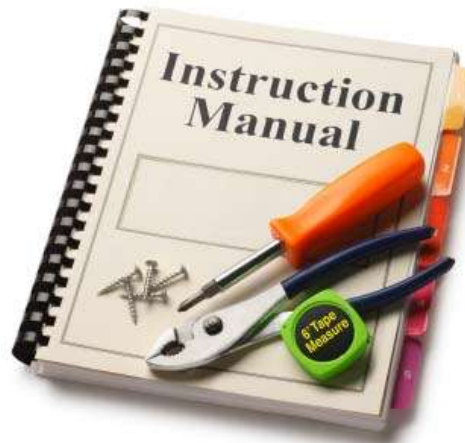
“Manuals” and Workbooks

- Treatment manuals can be rigid, and often, even if not always...
... add up to a “one-size-fits-all” or “recipe” approach to the treatment of all clients.
- Manuals also often eliminate, or seriously dampen, clinical flexibility and the ability to individualize not just treatment itself...
... but the clinician’s approach to treatment.



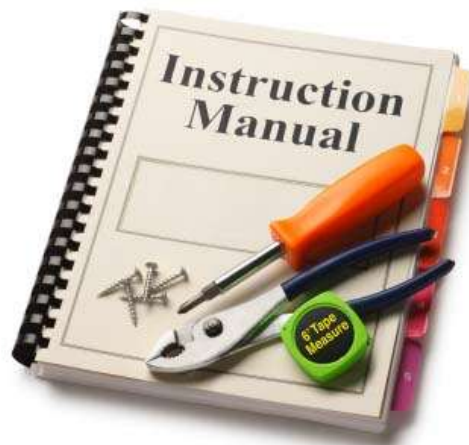
“Manuals” and Workbooks

- A manualized approach to treatment implies, and usually...
 - ✓ requires a single approach
 - ✓ requires a prescribed sequence
 - ✓ requires a regimented application to treatment
 - ✓ defines the elements that comprise treatment



“Manuals” and Workbooks

- The *Stages* workbooks are not manuals.
- They are, instead, “workbooks,” designed to assist and add to treatment...
... rather than fully define or drive, or “manualize,” treatment and the treatment process.



Workbook Limitations

There are a number of potential limitations inherent to all workbooks and their use.

- ✓ Workbooks can homogenize and give treatment the appearance of being one-size-fits-all.
- ✓ Clients can “successfully” complete workbook materials without actually learning anything, or without incorporating any real change into their thinking or behavior.
- ✓ Some clients either don’t complete the homework at all or hurry through assignments, completing them in the most minimal of ways, and in the process learn little if anything at all.
- ✓ Workbook material may go right over the heads of some youth for any number of reasons.



Workbook Limitations

- ✓ Workbook use requires that clinicians review and understand their content before use.
- ✓ Workbook assignments require that staff have the time to review and evaluate the youth's level of understanding.
- ✓ Without reviewing and re-visiting the material covered in workbooks, workbook assignments may never be discussed during individual or group sessions or integrated into the larger treatment program.
- ✓ There may be an unwarranted assumption that the material has been learned, retained and integrated when, in fact, it has not.



Workbook Limitations

- ✓ Workbooks are finite and limited in space.

They always have a beginning and an end, and there is usually only enough space to complete each exercise once.

This can create the illusion that once completed the work has been completed, even when this is not the case.



Workbook Limitations

- The workbook is not the treatment.
- The completion of the workbook neither represents the end of treatment nor the end of the utility of the workbook itself.
- Nevertheless, the physical limitations of workbooks represent an inherent problem...

... that suggests that workbook completion somehow equals content mastery and perhaps even the completion of treatment.



Working at the Client's Level

- Young people in treatment vary widely...
... in age, cognitive development, intelligence, emotional maturity, language skills, social skill development, learning style, and sometimes sub-cultural membership.
- The clinician must recognize and take into account these many potential differences...
... ensuring that the assignment and discussion of workbook material is aimed at the cognitive, developmental, skill, and psychological level of each individual client.



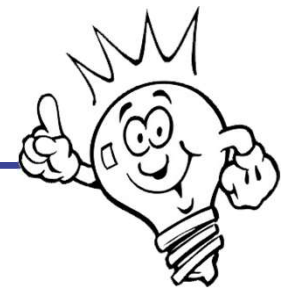
Working at the Client's Level

This not only helps increase the chances that youths can and will understand and internalize the material and experience success...

...but is also a facet of individualizing treatment, gearing treatment to the needs and capacities of each client.



13 Pointers for Best Use

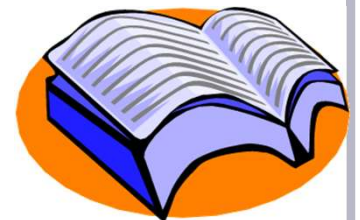


1. Be selective and judicious

Don't feel compelled to use all of the material or ideas in workbooks if they do not fit with other materials or ideas you use.

2. Bring ideas and materials to life

Use discussion, explanation, illustration, reflection, and examples to bring the content of workbook assignments to life, helping to ensure not just clarification but relevance and depth of meaning.



13 Pointers for Best Use



3. Complete some workbook assignments in therapy sessions

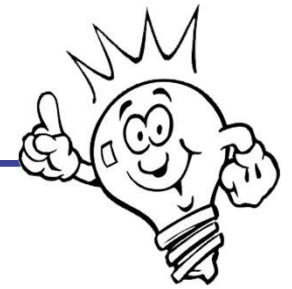
At times, complete workbook assignments with your client during therapy sessions.

Working on assignments together, at least on occasion, can help:

- bring material to life
- clients learn how to best use workbooks
- clients work through difficult areas
- allow you to see the client's understanding and use of the workbooks in "action"



13 Pointers for Best Use



4. Customize treatment

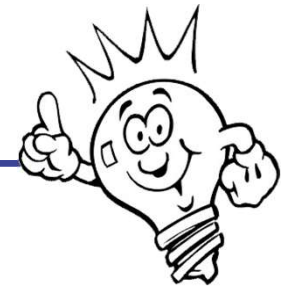
Individualize your use of the workbooks so that it recognizes and meets the treatment needs of each client and the needs of treatment at any given point in time.

5. Expand upon the workbooks

- Don't allow the fact the workbook is finite, with limited space and exercises that are provided only once, to limit your use of it.
- Workbook exercises can be repeated, and reading material and content can be re-assigned as appropriate.
- Of equal value, clinicians can easily extend workbook exercises and content by creating and adding their own written exercises and additional material.



13 Pointers for Best Use



6. Go beyond the boundaries of the workbooks

Expand upon the workbook's boundaries, build upon their ideas, and develop new ideas and materials.

7. Integrate and blend material

Integrate the workbooks with your own ideas and approaches, and with other prepared materials than you may use in treatment.

8. Repeat and re-visit

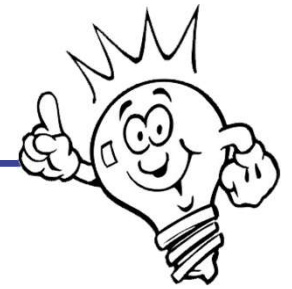
Whenever necessary or it seems appropriate have clients go back to earlier workbook sections or material

9. Pace workbook use to match the needs and abilities of each client

Ensure that you match workbook use and assignment to the individual needs, level, and strengths of each client.



13 Pointers for Best Use



10. Review, discuss, and test for retention and comprehension

- Review the manner in which youths use the workbooks and complete assignments, and discuss this with clients.
- Through review and discussion, ensure that clients complete exercises, retain knowledge, and demonstrate understanding of the material.
- Can clients, for instance, apply learned ideas to real life situations, interactions, and circumstances?

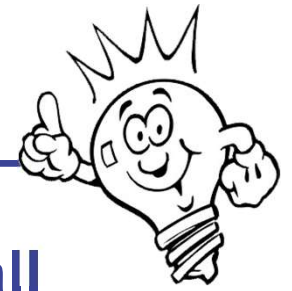
11. Show interest

Beyond reviewing and discussing the workbooks simply to ensure they are completed, show interest in the work your clients are completing

- Read their materials
- Listen to their ideas and their experiences
- Ask additional questions, and answer any questions that your clients may have



13 Pointers for Best Use



12. Don't depend on workbooks as the source of all treatment or the completion of workbooks as a measure of treatment completion

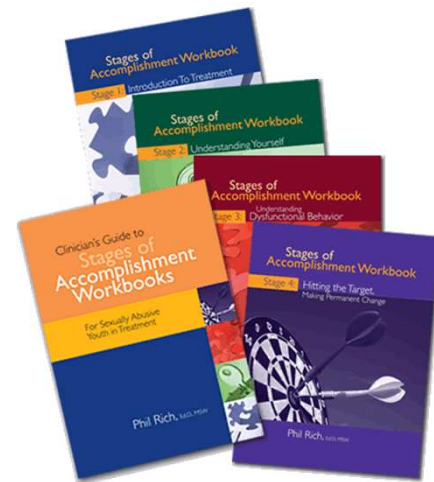
Use workbooks as part of treatment, but do not mistake workbooks for the treatment.

13. Integrate workbook material and assignments into a larger and more comprehensive model of treatment

Incorporate workbook use into the larger treatment framework, and ensure workbook use is relevant in the larger treatment picture.



Using the Stages Workbooks



The Stages of Accomplishment Workbooks

- The four inter-related *Stages of Accomplishment* workbooks are written for adolescent boys of low-average and above intelligence, whose primary language is English, and who have engaged in sexually abusive behavior, and/or sexually troubled and sexually inappropriate behavior.
- These young people will be in residential care or in community treatment.
- However, the most comprehensive use and utility of the workbooks is in conjunction with residential treatment or group care where treatment is usually more comprehensive and wrapped around almost all aspects of client lives during the course of such treatment.



The Stages of Accomplishment Workbooks

- The *Stages of Accomplishment* model was developed as a means both to teach the treatment concepts and engagement we want to foster in our clients...
... and provide a means of recognition when our clients showed acquisition, retention, and application of those concepts.
- With the accomplishment of each stage, young people are thus able to show themselves, their families, and others that they are learning important ideas about treatment, and are able to apply these ideas in their everyday life.



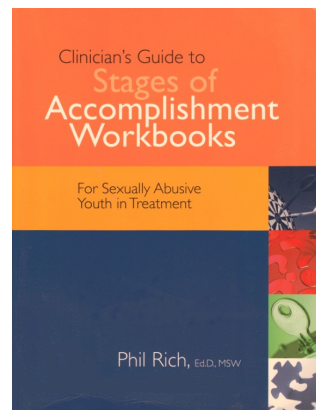
The Stages of Accomplishment Workbooks

- Each of the four workbooks is built in an inter-related sequence.
- Moving from more basic and less intensive material to more complex and detailed material and work, each workbook builds the foundation for the following workbook or builds upon the foundation set by the prior workbook.
- However, each workbook can be used as a “stand alone” element of treatment, and used on its own, or in any order depending on client needs and readiness.
- Nevertheless, the series was designed to be used together and in sequence.



Becoming Familiar with the Workbooks: The Clinician's Guide

- Once familiar with the workbooks, you will need little guidance in their use and will be able to adapt them to fit your own approach to treatment.
- The *Clinician's Guide* will not only acquaint you with the workbooks as a whole, but also with the use of workbooks in general, and how to best use the workbooks as part of a larger program of and approach to treatment.



Becoming Familiar with the Workbooks: The Clinician's Guide

- The *Guide* will also assist you in understanding how to select, assign, and use the written *Exercises* and how to best use the *Thinking Points*, *Key Concepts*, and the general text...
... as well as understanding and facilitating each youth's general use of and experience with the workbooks.

Thinking Points

- Do you put yourself in high-risk situations, or do they just "happen" to you?
- What responsibility do you have for the high-risk situations in your life? Do you make some situations high risk by your own behaviors?
- High-risk behaviors can be exciting. If this is true for you, do you really want to give up your risky behaviors?



Key Concepts

Interrupting the Cycle. Stopping the cycle from progressing to a more negative phase. This is sometimes called "breaking" the cycle.

Lapse. An error in judgment, a slip in thinking during which thinking returns to former ideas that may be inappropriate or negative.

Phase. A *temporary* period of time during which feelings, thoughts, and behaviors develop, progress, and change.

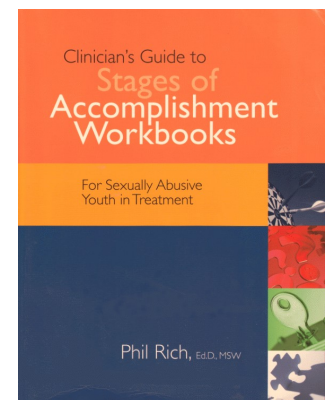
Relapse. A return to negative behaviors a person is trying to avoid. For a drug addict, it means returning to drug use. For a sexual offender, a relapse means returning to sexually abusive behaviors.

Seemingly Unimportant Decisions (SUDs). Choices and actions that seem trivial and unimportant, but are actually small steps that return you to a problem situation or behavior.



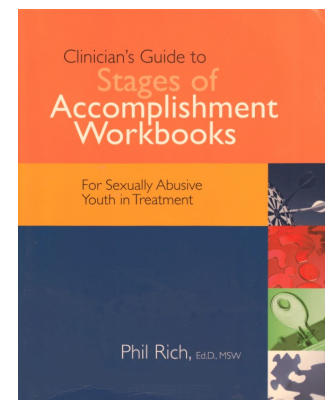
Becoming Familiar with the Workbooks: The Clinician's Guide

- Written to provide a strong resource, the *Clinician's Guide* is also designed to be accessible and simple to use.
- For this reason, the guide is divided into several sections for easy reference.
- Clinicians may choose to read the entire *Clinician's Guide*, or more simply review Section V of the Guide, which provides a detailed overview of the each of the workbooks and their contents on a chapter-by-chapter basis.
- However, it is recommended clinicians read the entire *Guide*.



The Clinician's Guide: Overview of Contents

- Section I. Introduction
- Section II. The Application and Approach of the Workbooks
- Section III. Considerations in the Use of Stages Workbooks
- Section IV. General Overview of Stages Workbooks
- Section V. Detailed Overview of Stages Workbooks
- Section VI. Workbook Accomplishment and Treatment Success
- Appendixes
 - ✓ Thinking Errors
 - ✓ Three Stages of Cognitive Distortions and Sexually Abusive Behavior
 - ✓ One Safe Step at a Time: Alternative to the Dysfunctional Cycle
 - ✓ Simplified Dysfunctional Cycle
 - ✓ Listing of Key Concept Definitions
 - ✓ Characteristics of Healthy and Unhealthy Relationships
 - ✓ Workbook Tests



Using the Stages Workbooks with Different Client Populations



- The workbooks are designed and intended for use with adolescent boys of average (or low-average) and higher intelligence, whose primary language is English.
- However, they can be adapted for use with different juvenile populations, such as children with sexual behavior problems, sexually abusive girls, and cognitively lower functioning juveniles.
- Importantly, just as each of these populations differ from average intelligence adolescent boys, they are also quite different from one another.



Using the Stages Workbooks with Different Client Populations



- Accordingly, if these workbooks are used with a population other than that for which they were designed, adjustments must be made to fit and adapt them for that particular population.
- The same is true to a great degree for youths whose primary language is not English, not simply because they may have difficulty with comprehension...
... but because they may also have difficulty with concepts if they are culturally distinct from the English speaking adolescent boys who are the treatment target of these workbooks.



Using the Stages Workbooks with Different Client Populations



- Many of the ideas and materials found in the workbooks are appropriate and relevant to any teenager engaging in sexually abusive or troubled behavior, male or female, as well as many pre-adolescent children.
- The differences are most apparent in the manner in which the information and ideas are presented, the language and its level of complexity, and in some of the stories that illustrate ideas.
- Although workbook material may be adapted, the workbooks should be used with sensitivity with children and adolescents outside of the intended target population, and will need further customization.



Using the Stages Workbooks with Different Client Populations



- With lower functioning adolescents, both language and concepts typically must be simplified.
- For pre-adolescent children, ideas and language must also be simplified.
- The ideas and concepts about what drives sexualized behavior, and especially sexually abusive behavior, may not apply to the motivations and ideation of children.
- For pre-adolescent and adolescent girls and young women, different motivations and interests, as well as different social behaviors and social needs, apply rather than those described in the workbooks.



Applying the Stages Workbooks in the Larger Treatment Environment



- The *Stages* workbooks were designed to help young people both learn new information...
... and help them think about, work through, and address important elements in their treatment and in their lives, including as a means for self-reflection.
- Through the written exercises and *Thinking Points*, the workbooks provide a means for self-discovery and the learning and practicing of new skills in self-awareness.
- These exercises and Thinking Points vary in content and approach, and different exercises are intended for different purposes in the therapeutic process.



Applying the Stages Workbooks in the Larger Treatment Environment



- However, “workbook completion” does not equal “treatment completion,” whether the workbooks are used as adjuncts to treatment or as the basis for a structured and sequenced program of treatment.
- From this perspective, treatment gains are judged by changes in behavior, self-regulation, social interactions, and improved psychosocial functioning, and not solely the completion of the workbooks.
- Regardless of how quickly or slowly they are completed, workbook completion does not provide evidence of real change.
- Furthermore...



Applying the Stages Workbooks in the Larger Treatment Environment



- It is unlikely that simply completing one or all of the workbooks will accomplish very much at all, other than perhaps the simple acquisition of information for some youths.
- For some youths, that acquisition will soon fade into the background...
... even among those who retain the information, many will nevertheless not apply any of the information or incorporate it into their daily lives.



Workbook Completion Time

- For youth of average or higher cognitive skills, and particularly those skills that relate to verbal intelligence, these workbooks may be relatively easy to complete.
- For these youth, if they can sustain their attention, each workbook can be completed in a week or less.
- For other adolescents it may simply be impossible to finish the workbooks at all, due to attention difficulties, lack of comprehension, incapacity to sit still, learning style or needs, or just disinterest or boredom.



Workbook Completion Time



- The question is not how long does it take to complete the workbooks...
 - ... but how does the clinician use the workbooks in terms of assignments to ensure as best as possible that workbook material is not simply completed...
 - ... but actually learned, taken on-board, and applied?



Workbook Completion Time



- Recognizing that workbooks can be completed quickly by some adolescents and very slowly by others...
- ... your use and assignment of workbooks should be guided by the both program goals and individual treatment goals.
- However, workbook completion is not to be rushed.
- Different clients will complete workbooks at different rates.



Developmental Trauma and Adverse Childhood Experiences

- The *Stages* workbooks are not designed to address the impact of earlier adverse experiences, which are common among adolescents who have engaged in sexually abusive behavior, as well as other troubled young people.
- However, in several places, and in particular chapter 6 of workbook 2, the workbooks touch on the outcomes of childhood experiences or trauma.
- They may thus serve as important links for clinicians in recognizing the presence and effect of prior adverse experiences and, at the right juncture in treatment, work on these very important issues with the young person they affect.



Overview of Workbook Structure and Content



Overview of the Stages Workbooks



- Each of the four inter-related *Stages* workbooks builds upon the previous one.
- Earlier workbooks provide the foundation for subsequent books, in terms of length, depth, and complexity, as well as specific content.
- In terms of appearance and use, the workbooks are designed to be user-friendly.
- Bearing in mind that the workbooks are designed for youths of average intelligence, they are written to be easily understood and in plain language that speaks directly to young person.



Overview of the Stages Workbooks



- Each workbook follows a similar format, and each begins with the same introductory section.
- Obviously, for clinicians and youths using all of these workbooks the introduction need not be read and discussed for each subsequent workbook.
- However, the introduction is important and should be discussed with clients at least once, and perhaps more if necessary as additional workbooks are brought into use.



Overview of the Stages Workbooks



- As a series, the workbooks move from more elementary material to more complex, more sophisticated, and richer content, and increase in length.
- The *Stage 1* workbook is thus easier to handle, easier to understand and complete, and far less overwhelming and imposing than the *Stage 4* workbook...
... which, aside from anything else, has both more pages and more chapters.
- This reflects the likelihood that clients will be less put off by workbooks that are briefer in size and contain simpler material, allowing clients to feel less intimidated by voluminous workbook size as they begin their work.



Overview of the Stages Workbooks



- As the workbooks increase in size, they also increase in their depth of content.
- They allow for a level of graduated success as clients move from one workbook to next...

... mastering material in small chunks that provide the basis for both tackling more complex material and feeling successful, confident, and capable as they take on more work.



Overview of the Stages Workbooks



- Each of the four workbooks is aimed at a different aspect of treatment, beginning with orienting clients to treatment.
- Each provides material and workbook exercises relevant to the development and deepening of treatment that is being addressed in that workbook.
- Beyond differences in content, the general construction of each workbook is very similar and the same elements of design and use are included in each workbook.
- In addition to the text, each workbook contains several common teaching elements.
- The *Clinician's Guide* provides a detailed description of each workbook and its contents.



The Young Person's Introduction to the Workbooks

- Each of the workbooks has essentially the same introductory section.
- It explains...
 - ✓ That young people to whom these workbooks are assigned are in treatment because of their sexually abusive or sexually inappropriate behavior
 - ✓ That each workbook is part of a set of four workbooks which clients may be assigned throughout the course of their treatment
 - ✓ That together these workbooks will help clients learn important ideas taught and discussed in treatment



The Young Person's Introduction to the Workbooks

- The workbook introductory section also explains that, although not everything in the workbooks is directly about sexually abusive or sexually troubled behavior, each workbook is aimed at helping young people...
 - ✓ to understand their sexually troubled behavior
 - ✓ leave such behavior in their past
and
 - ✓ move toward a future that's safer and, hopefully, happier for them and for others



The Young Person's Introduction to the Workbooks

- Although honesty and participation often comes only with time in treatment, youths are reminded that if they aren't able to be honest about themselves in their treatment...
... then it will be difficult for them to meaningfully complete the work in any of the workbooks.

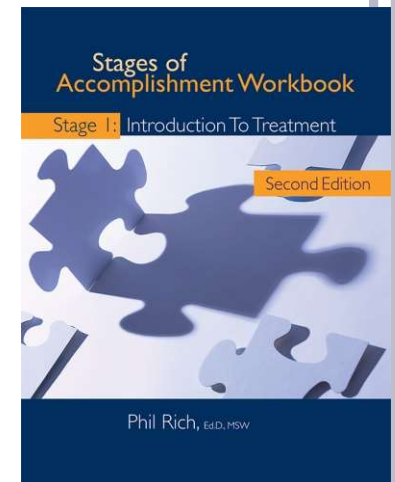


Brief Overview of the Stages Workbooks



Workbook 1 An Introduction to Treatment

- Young people learn about treatment, and about themselves and why they're in treatment.
- The workbook covers ideas and information about sexually abusive and sexually inappropriate behavior.
 - ✓ Chapter 1. Introduction to Treatment
 - ✓ Chapter 2. Participating in Your Treatment
 - ✓ Chapter 3. Understanding Sexually Abusive Behavior

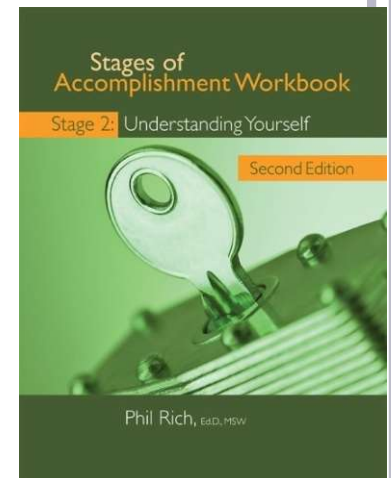


Brief Overview of the Stages Workbooks



Workbook 2 Understanding Yourself

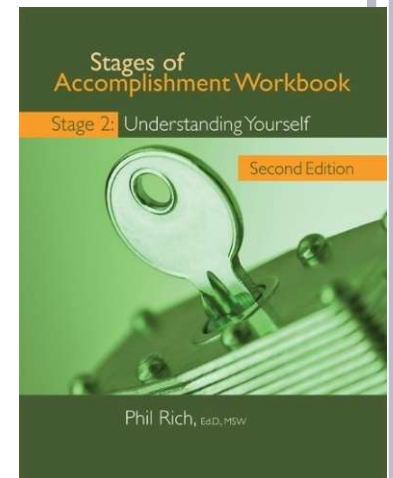
- Young people learn more about themselves, including their feelings, attitudes, and ideas, and how these responses can come together to contribute to sexually abusive or sexually inappropriate behavior.
 - ✓ Chapter 1. Learning About Yourself
 - ✓ Chapter 2. Feelings, Thoughts, and Behaviors
 - ✓ Chapter 3. Understanding and Managing Feelings
 - ✓ Chapter 4. Attitudes, Beliefs, and Values
 - ✓ Chapter 5. Thinking Errors
 - ✓ Chapter 6. Past and Present



Brief Overview: Workbook 2, Chapter 6

Past and Present

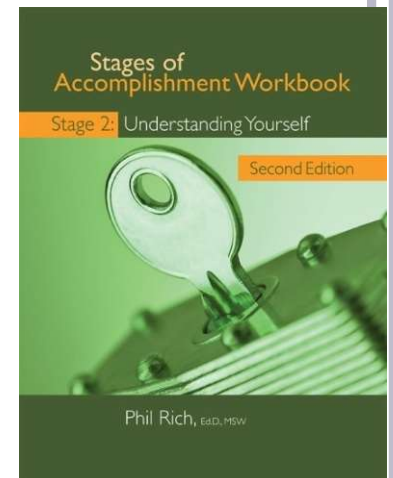
- This is the one chapter that does not have an expectation that the client will share it with their clinician or treatment providers, although the chapter emphasizes the hope that they will.
- For the same reason, this is the one chapter that does not have a *What have You Learned?* or *Staff Review* section, and does not require staff approval for completion.
- It is about expressing experience rather than learning content, and there are no correct answers.



Brief Overview: Workbook 2, Chapter 6

Past and Present

- The work in this chapter may be more difficult than the work in other chapters, and it may push emotional buttons for the client or dig at unpleasant memories or realizations.
- Hence, the chapter aims at providing maximum privacy for the client, and it is expected that treatment staff will observe and honor that boundary.
- It will be the client's choice to share or not share the content of this chapter.

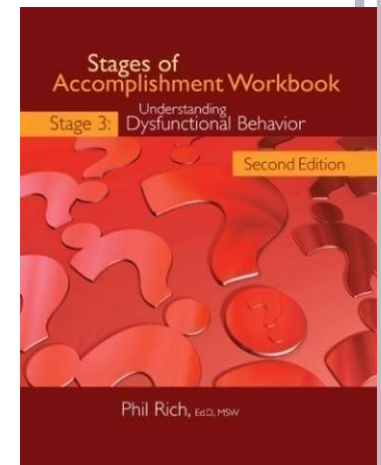


Brief Overview of the Stages Workbooks



Workbook 3 Understanding Dysfunctional Behavior

- This workbook helps young people to understand their problematic behaviors, and the impact of their behavior on others.
 - ✓ Chapter 1. Dysfunctional Behavioral Cycles
 - ✓ Chapter 2. Phases of the Dysfunctional Behavioral Cycle
 - ✓ Chapter 3. High-Risk Situations and Behaviors
 - ✓ Chapter 4. Sexual Health: Managing Sexual Thoughts and Interests
 - ✓ Chapter 5. Behavior Management, Staying Safe, and Preventing Relapse

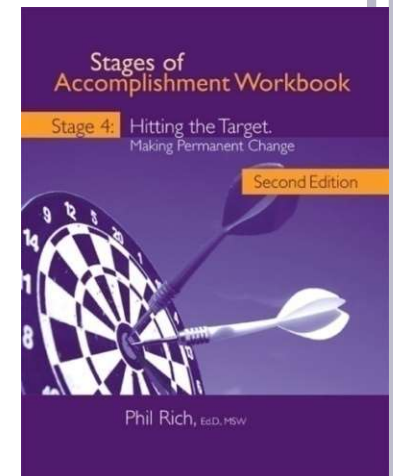


Brief Overview of the Stages Workbooks



Workbook 4 Hitting the Target: Making Permanent Change

- The final workbook helps young people learn...
 - ✓ how to better understand and connect with others and their community
 - ✓ make amends for their sexually abusive or inappropriate behavior
 - ✓ relate and give back to their community
 - ✓ build stronger relationships with others
 - ✓ think forward into their future

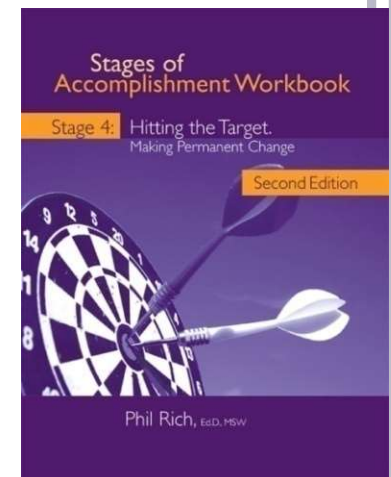


Brief Overview of the Stages Workbooks



Workbook 4 Hitting the Target: Making Permanent Change

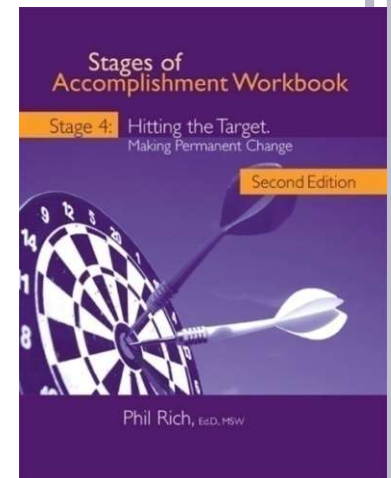
- ✓ Chapter 1. Thinking About Others: Empathy and Caring
- ✓ Chapter 2. Victim Awareness and Clarification
- ✓ Chapter 3. Community Service
- ✓ Chapter 4. Learning to Communicate
- ✓ Chapter 5. Healthy Relationships
- ✓ Chapter 6. Looking Ahead: Planning for Success
- ✓ Chapter 7. Epilogue: Your Final Words



Workbook 4, Chapter 6.

Looking Ahead: Planning for Success

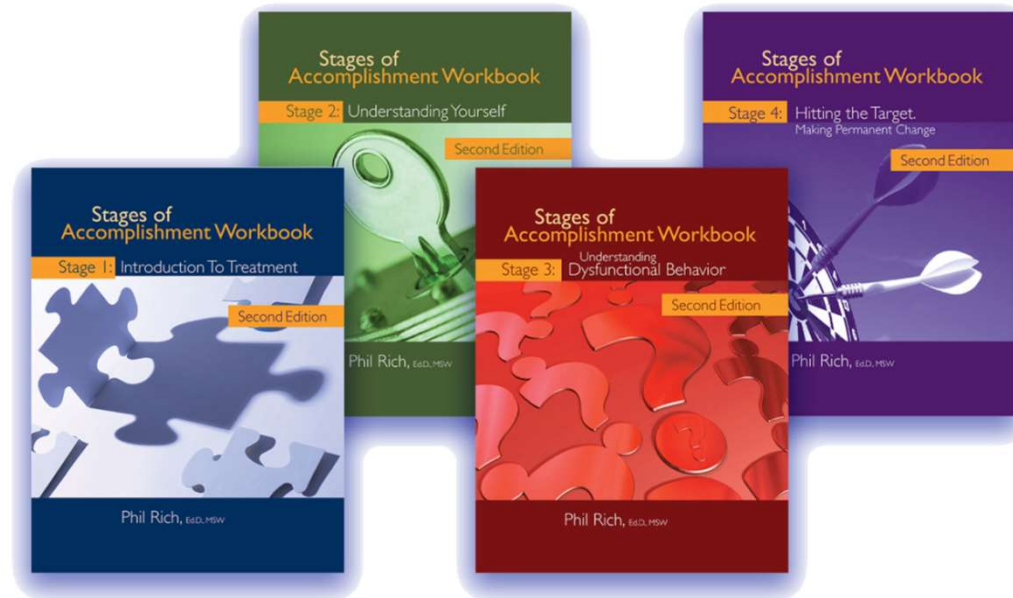
- The chapter introduces clients to a number of ideas relevant to building meaningful life plans, as well as reflection, forethought, and insight.
- It places the young person's needs and achievements alongside the elimination of sexual and non-sexual recidivism as a central goal in a contemporary, strength-based, and rehabilitative model of treatment.
- Success in treatment is more than not returning to sexually abusive behavior or other non-sexual behavioral problems.



Brief Overview of the Stages Workbooks



- Beyond differences in content, the general construction of each workbook is very similar and the same elements of design and use are included in each workbook.
- In addition to the text, each workbook contains several common teaching elements.



Teaching and Learning Elements in the *Stages* Workbooks



Key Concepts

- These are included throughout each chapter, summarizing and briefly describing terms and ideas discussed in their relevant sections.
- *Key Concepts* both teach and remind clients of what they're learning with respect to the definition of important ideas.
- There are 156 *Key Concepts* throughout the workbooks, which in a few cases are repeated in different workbooks as relevant.
- Appendix E of the Clinician's Guide contains an alphabetized list of all of the *Key Concepts* and their definitions.



Key Concepts

Interrupting the Cycle. Stopping the cycle from progressing to a more negative phase. This is sometimes called "breaking" the cycle.

Lapse. An error in judgment, a slip in thinking during which thinking returns to former ideas that may be inappropriate or negative.

Phase. A temporary period of time during which feelings, thoughts, and behaviors develop, progress, and change.

Relapse. A return to negative behaviors a person is trying to avoid. For a drug addict, it means returning to drug use. For a sexual offender, a relapse means returning to sexually abusive behaviors.

Seemingly Unimportant Decisions (SUDs). Choices and actions that seem trivial and unimportant, but are actually small steps that return you to a problem situation or behavior.



Teaching and Learning Elements in the *Stages* Workbooks



Key Concepts Example

- Sexual Offenses: behaviors that involve making someone engage in a sexual behavior against his or her will, having sexual contact with someone too young to give permission, or having sexual contact with someone who can't give permission for another reason (such as being drugged or asleep).
- Sexual Abuse: another term for when a sexual offense has been committed. An act of sexual abuse may or may not involve legal charges, but it always involves a sexual act with someone against his or her will or with someone who can't give permission for sex.



Teaching and Learning Elements in the *Stages* Workbooks



Thinking Points

- These are also scattered throughout each chapter, providing opportunities for youths to think further about and reflect upon what they're reading, and pose simple questions to themselves.
- *Thinking Points* do not require any written work, but are of great importance because they represent key questions for clinicians to ask of clients at any given point in workbook use, and...

... suggest junctures at which to engage clients in a dialogue about their thoughts, emotions, and decisions.

Thinking Points

- How might people describe your behavior?
- Are you someone who behaves well, or does your behavior create problems for you?
- Is your behavior also a problem for others?
- If something causes behavioral problems in people, what sorts of things cause your behavior problems?



Teaching and Learning Elements in the *Stages* Workbooks



Thinking Points

- *Thinking Points* additionally provide clinicians with a means for exploring whether and how deeply clients are thinking about and understanding the workbooks and engaging in self-reflection appropriate to their particular cognitive and developmental level.



Teaching and Learning Elements in the *Stages* Workbooks



Thinking Points

- Just as different workbooks and different chapters within workbooks use written exercises differently, so too are *Thinking Points* used in different ways in different chapters.
- These are, in effect, “mind exercises” based on a short series of questions that are posed for the youth to consider, and potentially for the clinician to explore further with the youth.
- These *Thinking Points* appear at points throughout the text and in each chapter, and are directly related to the text immediately leading up their insertion point.



Teaching and Learning Elements in the *Stages* Workbooks



Thinking Points

- Just as clinicians must be familiar with the entire workbook, clinicians should be aware of the various *Thinking Points*...
... using and building on them in therapy sessions, and even spinning off additional “homework” assignments as appropriate to each client’s particular cognitive and developmental level.



Teaching and Learning Elements in the *Stages* Workbooks



Thinking Points Example

- Do your feelings sometimes get the better of you, and make you act without thinking?
- When you act without thinking, are you even aware that your feelings are shaping your behaviors?
- Can you always correctly recognize *how* you're feeling? Is it sometimes difficult to tell the difference between being mad, sad, and disappointed, for instance?



Teaching and Learning Elements in the *Stages* Workbooks



Written Exercises

- All chapters have specific writing exercises for young people to complete, most of which are embedded within relevant text or found at the end of discrete sections.
- In addition to reading the review section completed by each young person at the end of each chapter, clinicians should also read these written exercises.
- This helps ensure that clients understand the exercises and have tried their best in both depth and significance of answers...

... and in order to answer any questions the youth may have and/or pick up on and further discuss the answers and concepts in terms of clinical interaction.



Teaching and Learning Elements in the *Stages* Workbooks



Written Exercises

- These written exercises offer great insight into how well youths are comprehending material and how they are approaching their work in terms of motivation and interest.
- Rather than simply being exercises to be completed, they provide the basis for clinical interaction, and even intervention, at several different levels.
- They can be used by the clinician to explain, to re-direct, and to process and deepen understanding.



Teaching and Learning Elements in the *Stages* Workbooks



Written Exercises

- Written exercises are not intended to provide answers for youths.
- They are, instead, designed to aid and develop the skills of self-reflection, exploration, and expression, and help young people think about their own lives and behaviors, and their relationships with others.
- Even though each workbook follows a similar design, some workbooks, and some chapters, include far more written exercises than others.



Teaching and Learning Elements in the *Stages* Workbooks



Written Exercises

- The *Stage 1* workbook, for instance, is “light” on exercises and focuses more on providing information and orienting youths to treatment than having youths complete written exercises.
- Conversely, the *Stage 3 Workbook* is focused on understanding and applying the dysfunctional behavioral cycle model.
- It provides less information and more written exercises, each of which is designed to teach, apply, and reinforce ideas related directly to the dysfunctional behavioral cycle.



Teaching and Learning Elements in the *Stages* Workbooks



What Have You Learned? Review Questions and Learning Exercises

- Each chapter concludes with a review section, which amounts to both an extension of learning and a test for comprehension and retention.
- Material is based on the content of the chapter to which the review section is attached.
- The review sections vary in the number of questions asked of the young people and the type and format of the questions.
- They often also include brief vignettes as the basis for one or more questions.



Teaching and Learning Elements in the *Stages* Workbooks



What Have You Learned? Review Questions and Learning Exercises

- Although it is possible to further test young people for retention and understanding upon completion of each workbook...
... these review sections are designed to do just that upon completion of each chapter, and prior to moving to the next chapter or workbook.
- In most cases, the items test for conceptual understanding.
- There are no “correct” answers, per se, as in the case of multiple choice questions, for instance.



Teaching and Learning Elements in the *Stages* Workbooks



What Have You Learned? Review Questions and Learning Exercises

- Accordingly, no “key” is provided by which clinicians may “score” answers.
- Thus, it is important that clinicians themselves understand the content of the workbooks so that they may judge, or evaluate, how well youths have completed the review questions.
- It is up to each individual clinician to decide whether a client has “passed” the review testing at the end of each chapter, or whether the young person should repeat the review.



Teaching and Learning Elements in the *Stages* Workbooks



What Have You Learned? Review Questions and Learning Exercises

- Because we want to support learning and retention, the workbooks are designed to allow young people to refer to each chapter and its contents as they complete the review section.
- In this case clients are not “cheating” by referring back to the relevant chapter.
- However, it is again up to the individual clinician to decide how to incorporate chapter review testing into their use of the *Stages* workbooks.



Teaching and Learning Elements in the *Stages* Workbooks



Staff Review

- The final section in each chapter allows for the clinician and other relevant members of the treatment team involved in the assignment and review of workbook material to “sign off” on the completion of each chapter.



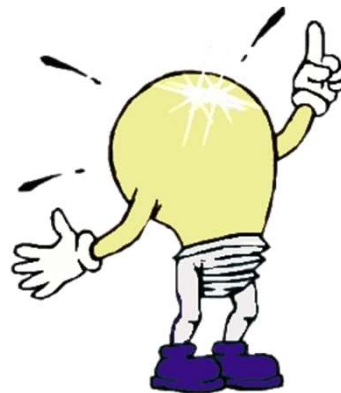
Becoming Familiar with Workbook Exercises

- Written exercises in the Stages workbooks are embedded and incorporated into the text and are spread throughout the four workbooks.
- They are self-explanatory and require little description in terms of either their purpose or use.
- The text leading to or following the exercises makes clear the use and purpose of each exercise.
- The single best approach for the clinician is to review and become familiar with each workbook, the workbook series as a whole, and thus the exercises within them.



Understanding and Assigning Exercises

- Although clinicians may choose to assign particular exercises...
... it is more likely that clinicians will instead assign whole chapters or perhaps sections of chapters, in which case the process of assigning exercises is managed by the chapter itself.
- However, there are different types of exercises, and some clinicians may select certain exercises independently of the chapter or text within which they are found.



Understanding and Assigning Exercises

- Nevertheless, assigning exercises as “stand alone” assignments is not recommended without having first used the exercises as designed.
- That is, as part of a chapter, or at least the section within which any particular exercise is located.



Understanding and Assigning Exercises

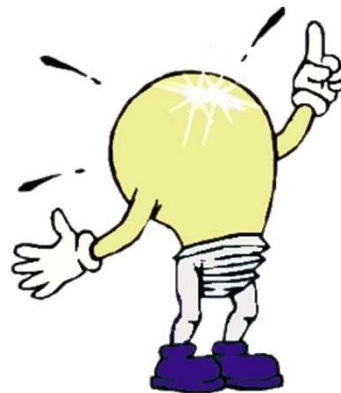
- Clinicians are encouraged to assign exercises as “stand alone” only when they have previously been completed and are being *re*-assigned for any number of reasons.
- They may have been poorly or inadequately completed the first time around or poorly understood, or they may have been well done and well understood at the time of initial completion...

... but at a later point in treatment are worth re-visiting and completing again, perhaps from a more sophisticated perspective.



Understanding and Assigning Exercises

- Re-visiting and re-assigning exercises for any number of reasons is a recommended practice.
 - ✓ It keeps the workbooks alive
 - ✓ It helps to increase both comprehension and retention
 - ✓ It ensures the workbooks are not simply static things that disappear into the past as the treatment journey proceeds



Types of Exercises

- Workbook exercises vary in content, type, and format.
- Many exercises are in the form of “close ended” questions, some of which provide multiple choice answers or a checklist format that allow multiple items to be checked off.
- Other similar exercises pose “open-ended” questions, such as “How did you feel when ...?” and require a written narrative response.
- Other exercises are completely open ended, and induce self-reflection by providing only a “sentence stem” that the youth must complete, such as “When I think of the person I victimized, I... ”



Types of Exercises

- Other exercises require the youth to provide a definition, or describe a concept in his (or her) own words.
- Some exercises ask the youth to describe aspects of his behavior or thoughts or, if in a checklist format, to check off all relevant items.
- Still others ask the youth to rank items, such as
 - ✓ typical emotional responses
 - ✓ types of coping behaviors most frequently used
 - ✓ the most (or least) supportive relationships in his life... and then follow up with a question or two that has the youth reflect on the answers just given.



Types of Exercises

- Finally, some exercises follow brief stories, or vignettes, that provide examples or illustrate ideas discussed in the text.
- In these cases, the questions are based on the story, testing for and building the youth's understanding of the story and its point.
- In some cases the questions are also aimed at building perspective or self-exploration.
- Sometimes one question follows the story, and sometimes several.
- In some cases, the workbook re-visits the same story later in the chapter, asking additional questions.



Types of Exercises

- The point of each exercise varies from exercise to exercise.
- Different types of questions aim at different responses, use different types of learning, and have different types of objectives.
- Some aim at...
 - ✓ testing knowledge
 - ✓ building understanding and retention
 - ✓ comprehension and fostering a deeper comprehension
 - ✓ self-reflection
and some
 - ✓ at perspective-taking and metacognition



Clinician's Guide: Appendixes

- The *Clinician's Guide* contains a series of appendixes.
 - Appendix A. Thinking Errors
 - Appendix B. Three Stages of Cognitive Distortions and Sexually Abusive Behavior
 - Appendix C. One Safe Step at a Time: Alternative to the Dysfunctional Cycle
 - Appendix D. Simplified Dysfunctional Cycle
 - Appendix E. Listing of Key Concept Definitions
 - Appendix F. Characteristics of Healthy and Unhealthy Relationships
 - Appendix G. Workbook Tests



Appendix G: Workbook Tests

- Four tests are included in this appendix, each of which is intended as a test for each completed workbook.
- These include both questions to complete, as well as a series of definitions to be completed by the young person.
- The tests are completely optional and up to each clinician to decide upon.
- Answers are provided for each test.



Example: Workbook Test



Stages of Accomplishment: Stage 1 Test

Youth: _____ Test Date: _____
Treatment Staff: _____ Test Sitting #: _____
Question Score: ___ Definitions Score: ___

Instructions

- On this test, there are 16 questions for you to answer. To pass the Stage 1 test you have to correctly answer 13 of these questions.
- There are also 20 words that you must provide definitions for. You have to provide correct definitions for 17 of these words.
- Take as much time as you need to answer these questions. You can use your Stage 1 workbook to help you, if needed.
- If you don't have the answer to a question, just skip the question or write that you don't know.
- Your clinician or another member of your treatment team will review your test when complete, and decide whether you've passed.
- If you don't pass the test, don't worry. You can go over the test with your clinician or another member of your treatment team. She or he will help you to understand any questions that you didn't understand or got wrong, and you can take the test again one week (7 days) later.

Test Questions

1. What does "confidentiality" mean? P__ F__

2. Do therapists always keep confidentiality? P__ F__

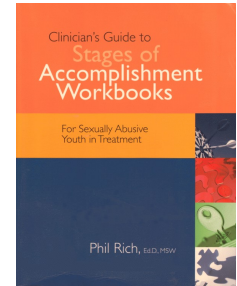
3. When might a therapist not keep confidentiality? P__ F__

4. How are "responsibility" and "choice" connected to one another? P__ F__

5. How do you know if someone's behavior is sexually abusive? P__ F__



The Details: The Clinician's Guide

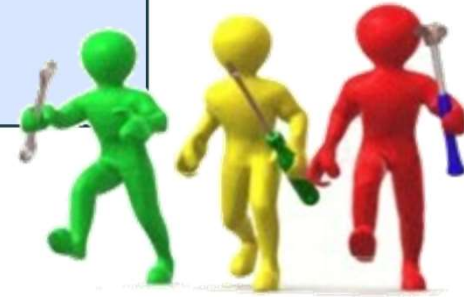


Section V: Detailed Overview of the Workbooks

- This section of the *Guide* provides a detailed overview of the *Stages* workbooks.
- Each workbook is briefly described as a whole, and then described by chapter, starting with the key points and major headings in each chapter, followed by a general description of the contents and focus of the chapter.
- However, although providing a detailed glimpse into content, structure, sequence, and inter-connectivity, an overview can never substitute for a detailed familiarity with the actual workbooks themselves.



Stages of Accomplishment: Tools and Cognitive Behavioral Constructs



The Value of Sex-Abuse-Specific Treatment Tools and Concepts

- Although there are variants on the ideas presented in the *Stages* workbooks, they generally have similar names and meanings.
- Together they add up to a language or shorthand markers that can help young people in treatment for prior sexually abusive behavior 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.

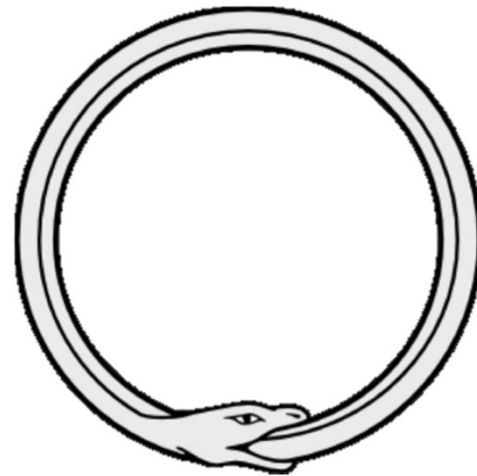


The Acquisition of Tools and Concepts: Parroting

- Individually, each of these tools and concepts of sexual abuse treatment has remarkable value.
- However, there is the ever present risk that young people 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 in their everyday lives.



Dysfunctional Behaviors and the Behavioral Cycle



Behavioral Cycles

- The dysfunctional behavioral cycle is the most commonly accepted and typically used model in the treatment of adolescents who have engaged in sexually abusive behavior ...

... and is also closely connected to the relapse prevention planning model.



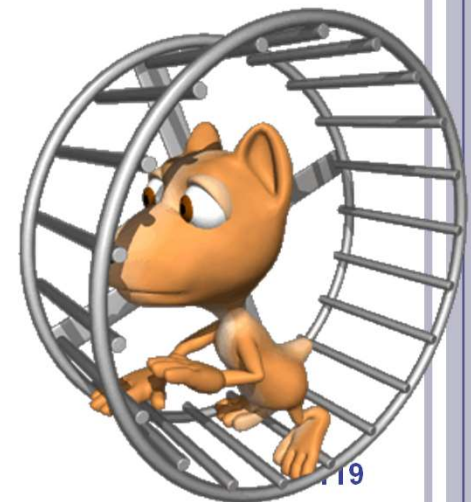
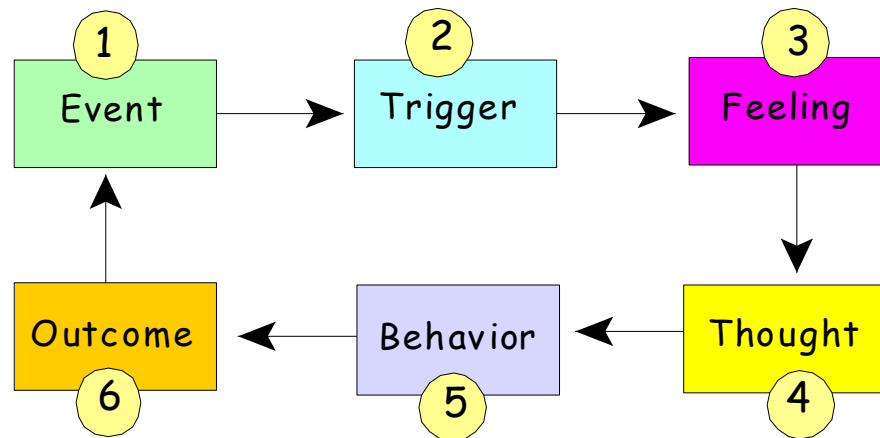
Behavioral Cycles

- In treatment aimed at sexually abusive behavior, the dysfunctional behavioral cycle is often referred to as the “sexual assault cycle.”
- 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.

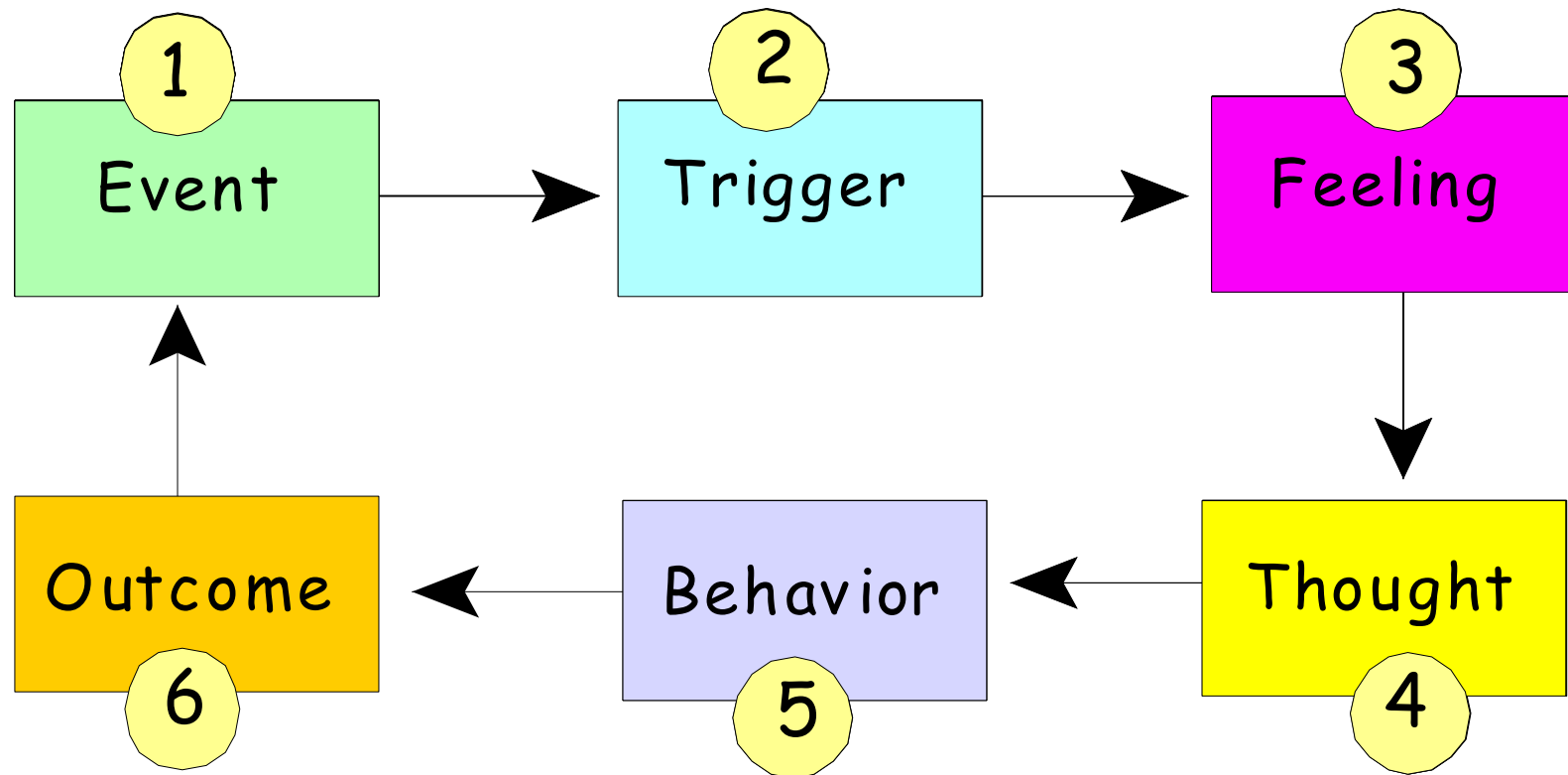


Behavioral Cycles

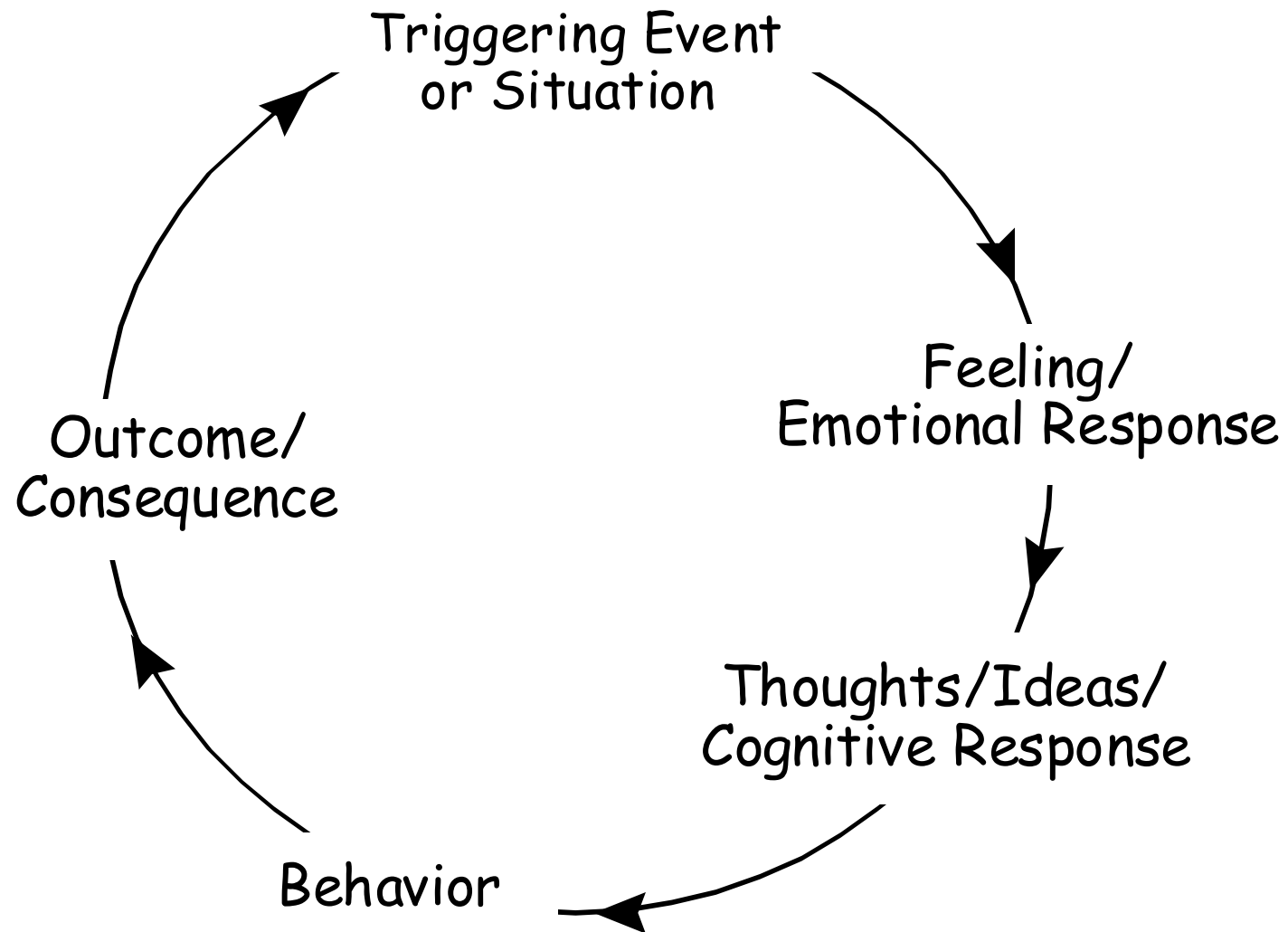
- The behavioral cycle provides a simple way to illustrate and teach the relationship between triggering events, emotions, thoughts, and behaviors.
- Although the model allows an examination of each step in a behavioral cycle and the things that add to the repetition problematic behavior ...
... the cycle is a basically simple concept.



Elements of a Behavioral Cycle

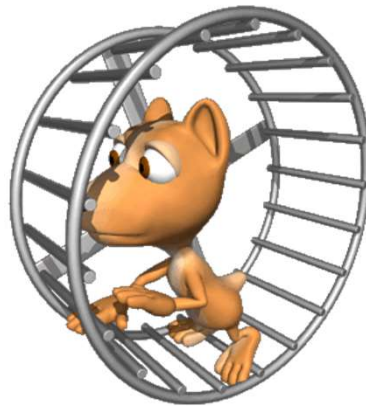


A Behavioral Cycle



The Dysfunctional Behavioral Cycle

- The cycle is simply a tool to help young people connect their history, triggers, feelings, thoughts, and behaviors together.
- In reality, not everyone passes through any cycle of events in exactly the same manner, or has the same experiences in passing through the cycle.
- Every individual passes through a behavioral cycle in a different way, unique to their particular circumstances and psychology.

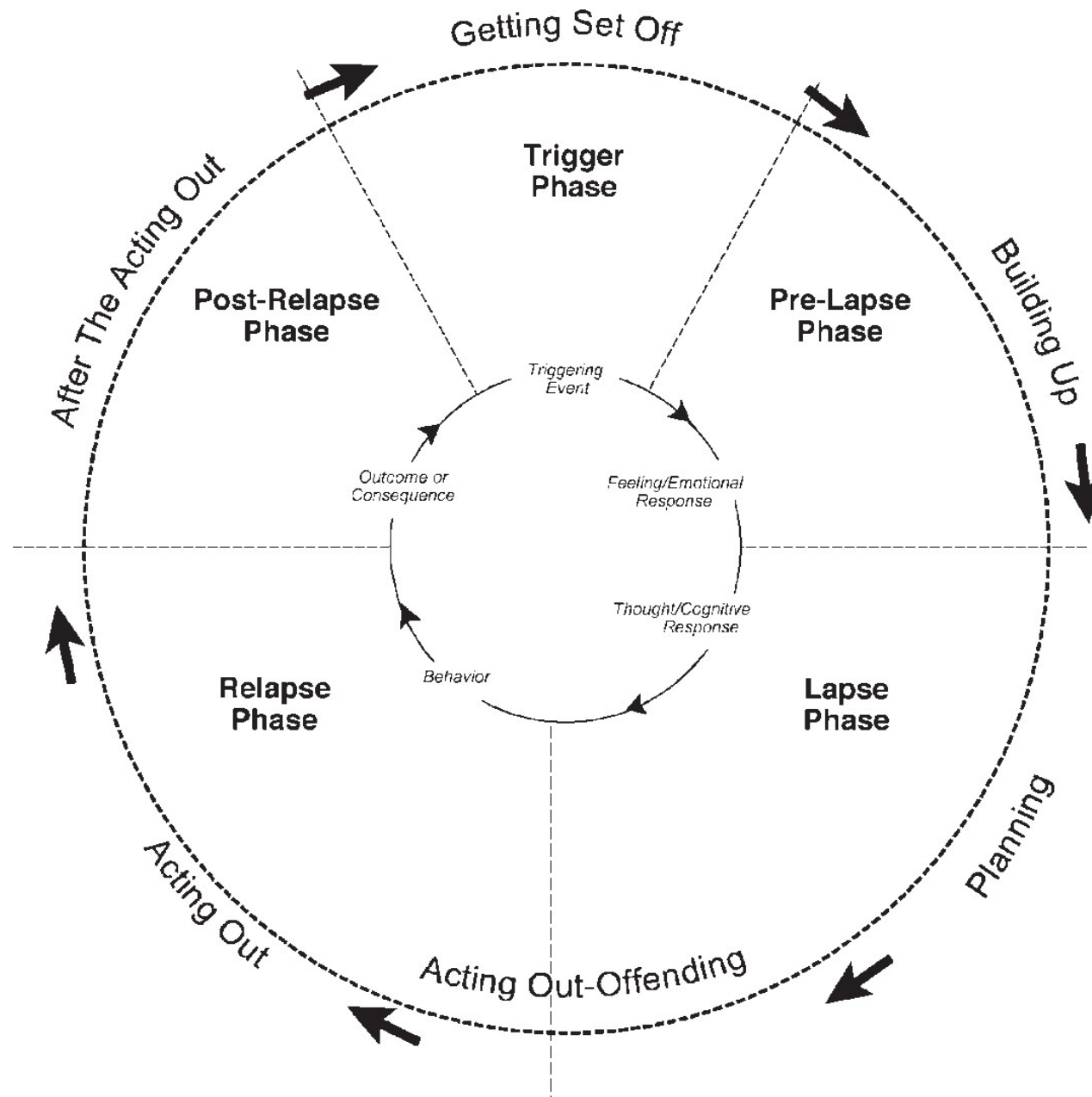


Phases of the Dysfunctional Behavioral Cycle

- The *phases* of the behavioral cycle are the different stages and periods of time people pass through as they start and move through a dysfunctional behavioral cycle.
- In a dysfunctional behavioral cycle, a “phase” is something minds pass through as things go from bad to worse, and negative behavior develops and progresses.

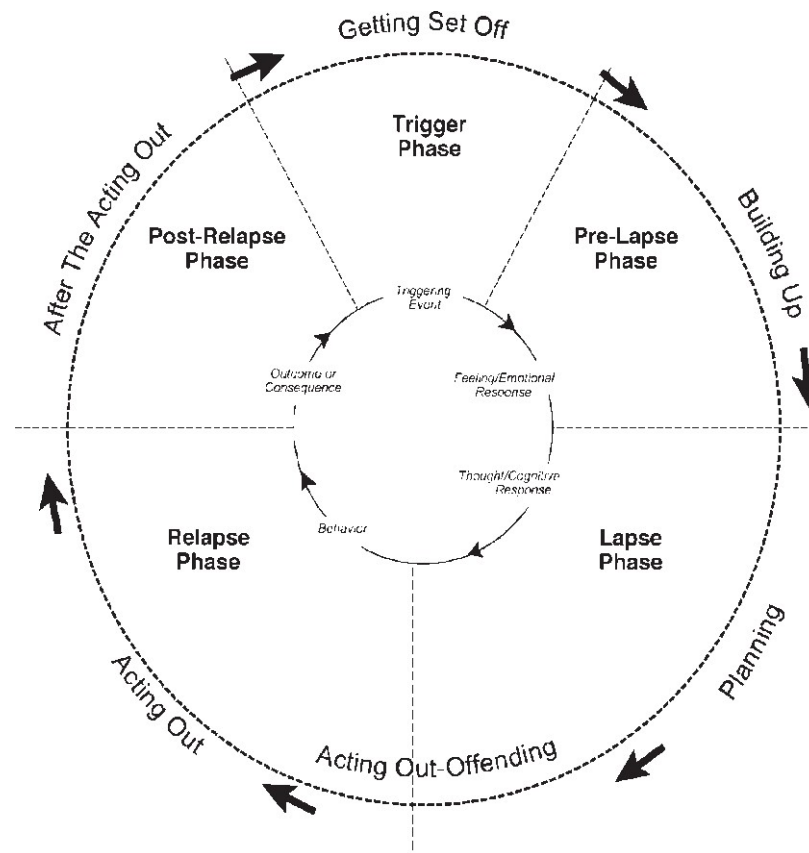


Phases of the Dysfunctional Behavioral Cycle



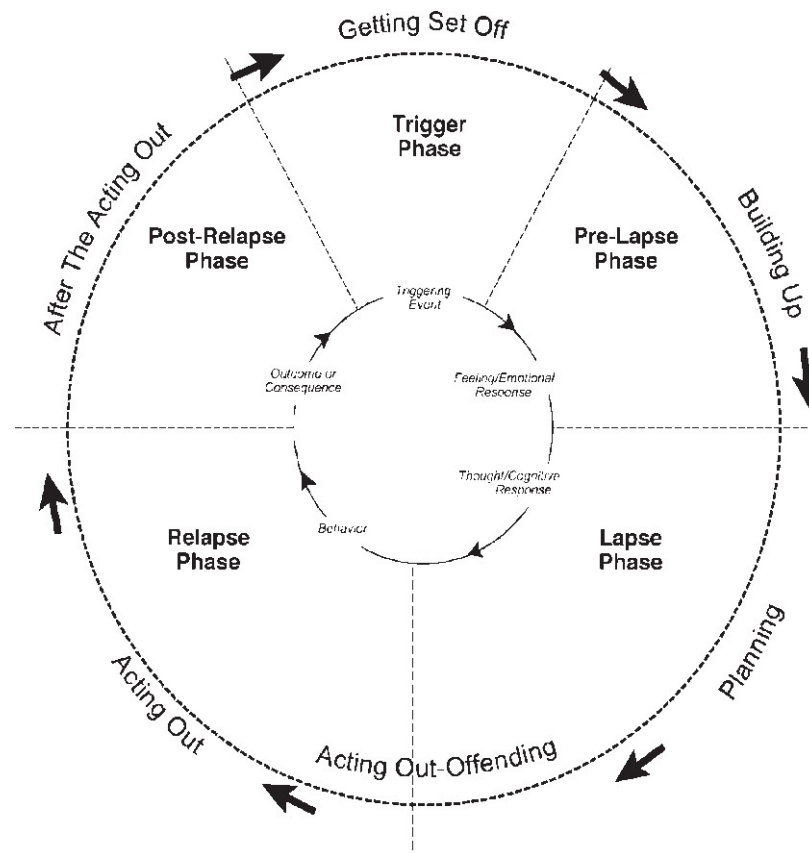
Phases of the Dysfunctional Behavioral Cycle

- The dysfunctional behavioral cycle sits at the very center of this drawing, and around the behavioral cycle are “wedges” that look like slices of a pie.
- Each wedge is a phase, or a period of time during which certain things develop.



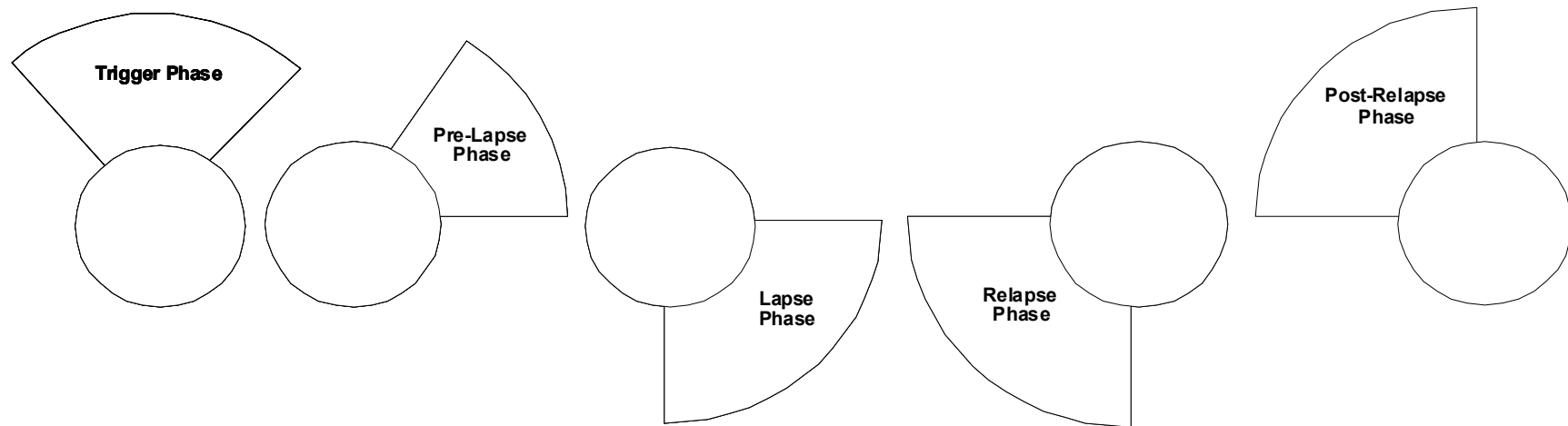
Phases of the Dysfunctional Behavioral Cycle

- As people move through a dysfunctional behavioral cycle, they pass through each of these phases as the cycle deepens and becomes more serious.
- People who are unable to interrupt (or break) their cycle may wind up behaving in a dangerous way.



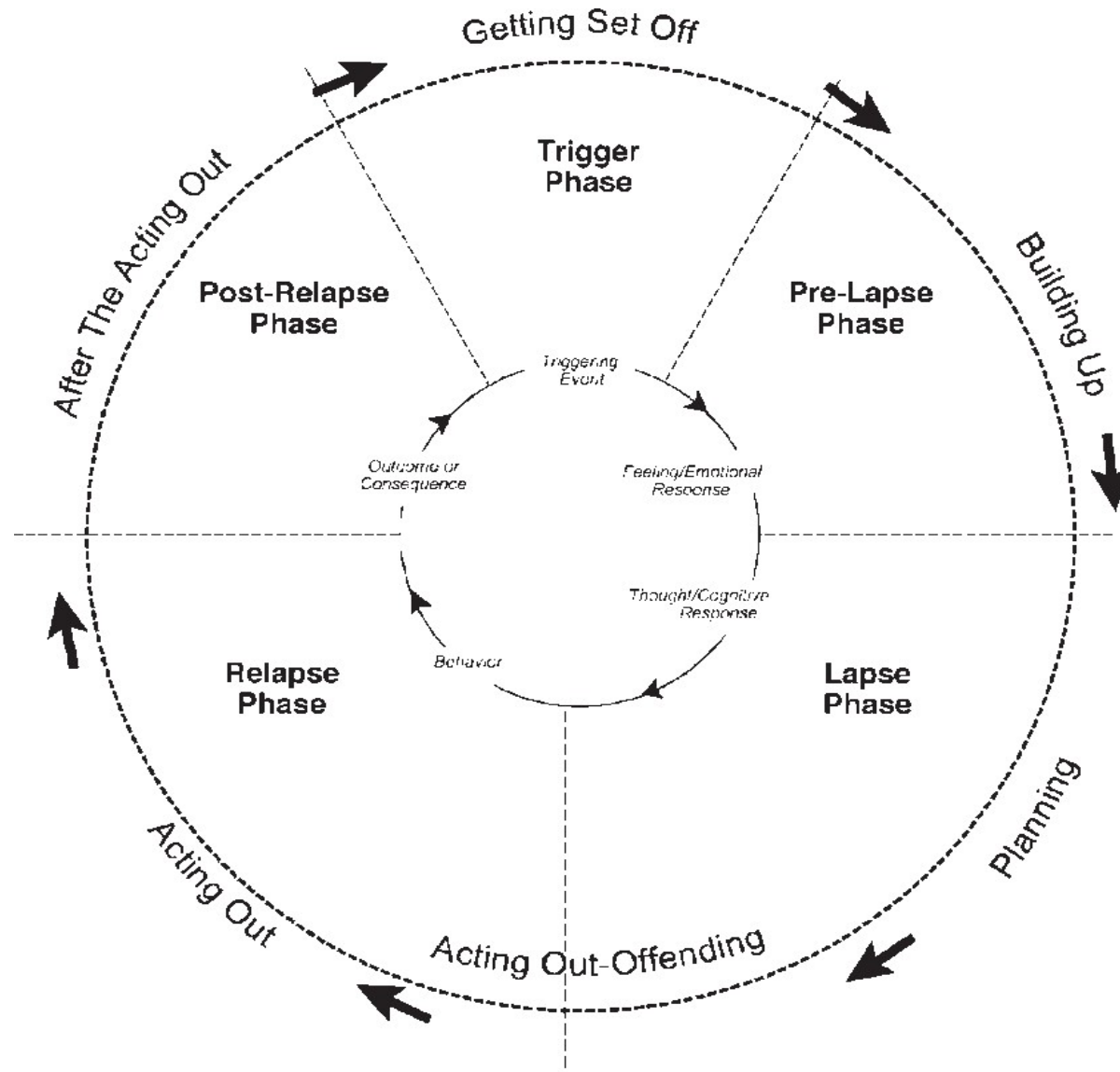
Phases of the Dysfunctional Behavioral Cycle

- Phase 1. Trigger Phase..... “Getting Set Off”
- Phase 2. Pre-Lapse Phase..... “Building Up”
- Phase 3. Lapse Phase..... “Planning”
- Phase 4. Relapse Phase..... “Acting Out”
- Phase 5. Post-Relapse Phase..... “After the Acting Out”



Phases of the Dysfunctional Behavioral Cycle

- Put the phases back together....

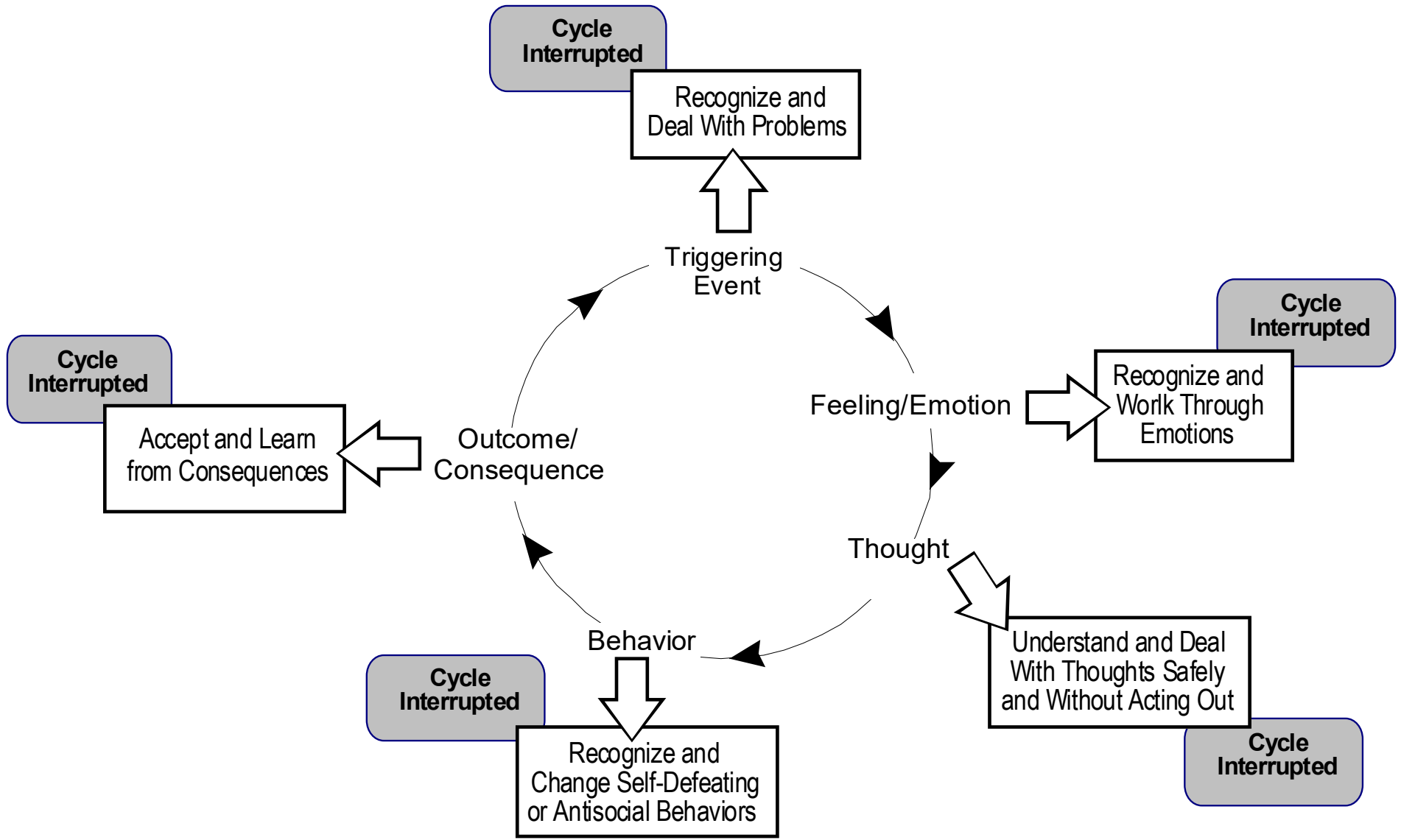


Interrupting and Escaping the Cycle

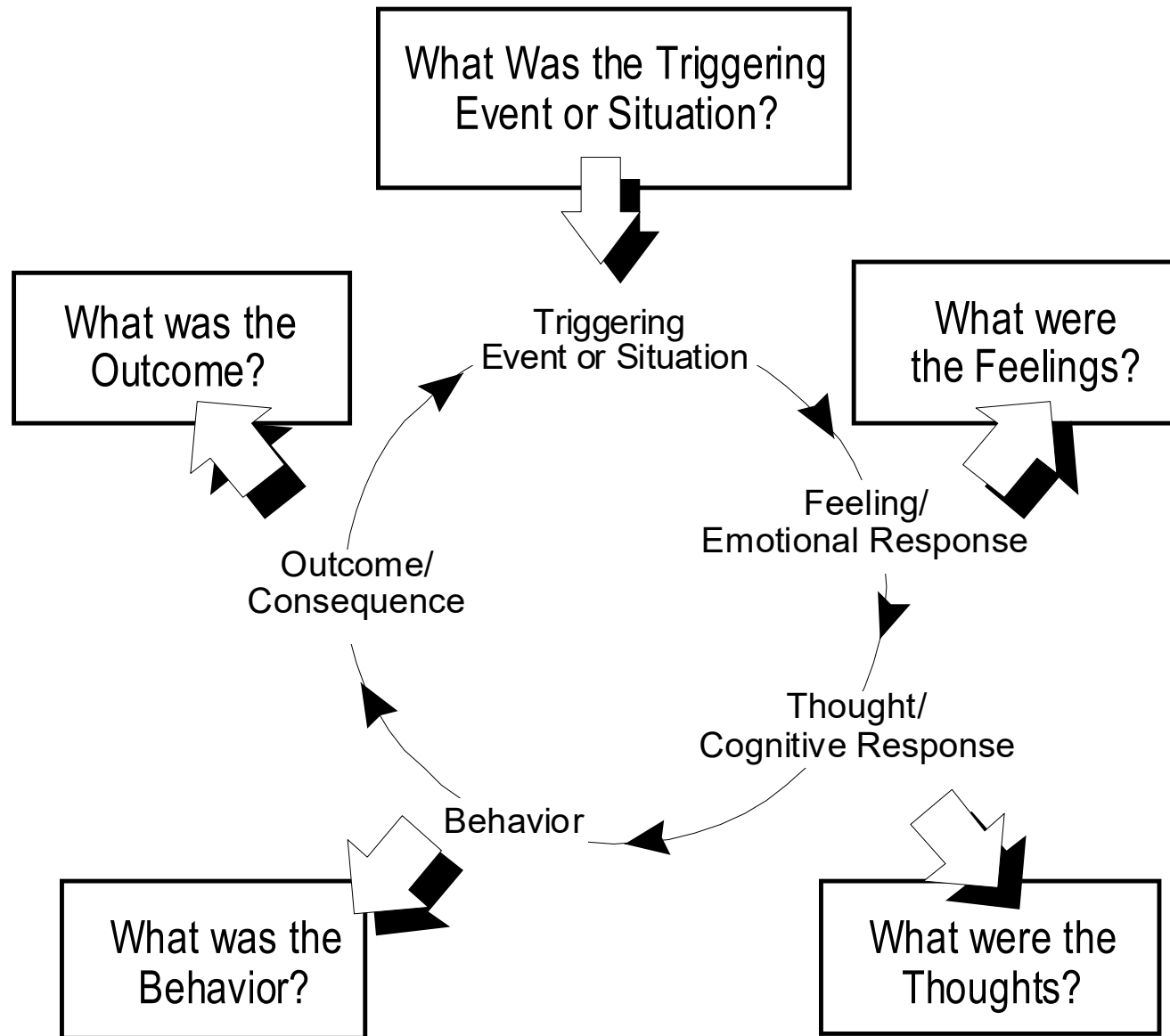
- The idea here is simple.
- As clients are taught to recognize thinking errors and components and phases of the behavioral cycle...
... they are also enabled to interrupt the progression and further development of the process and thereby escape the cycle.



Interrupting and Escaping the Cycle

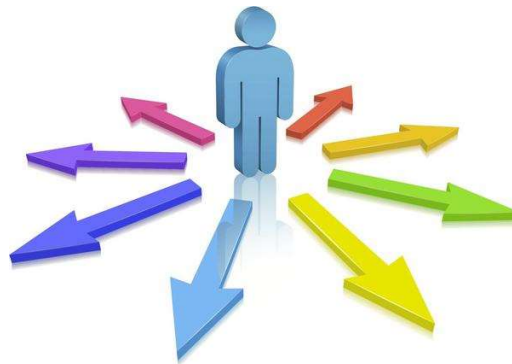


Processing the Cycle



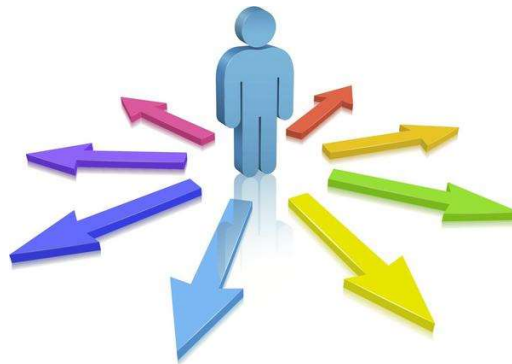
Alternatives to the Cycle

- We should not 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.
- It should be either re-designed for youths with more concrete learning needs or who are too young to make use of the model.

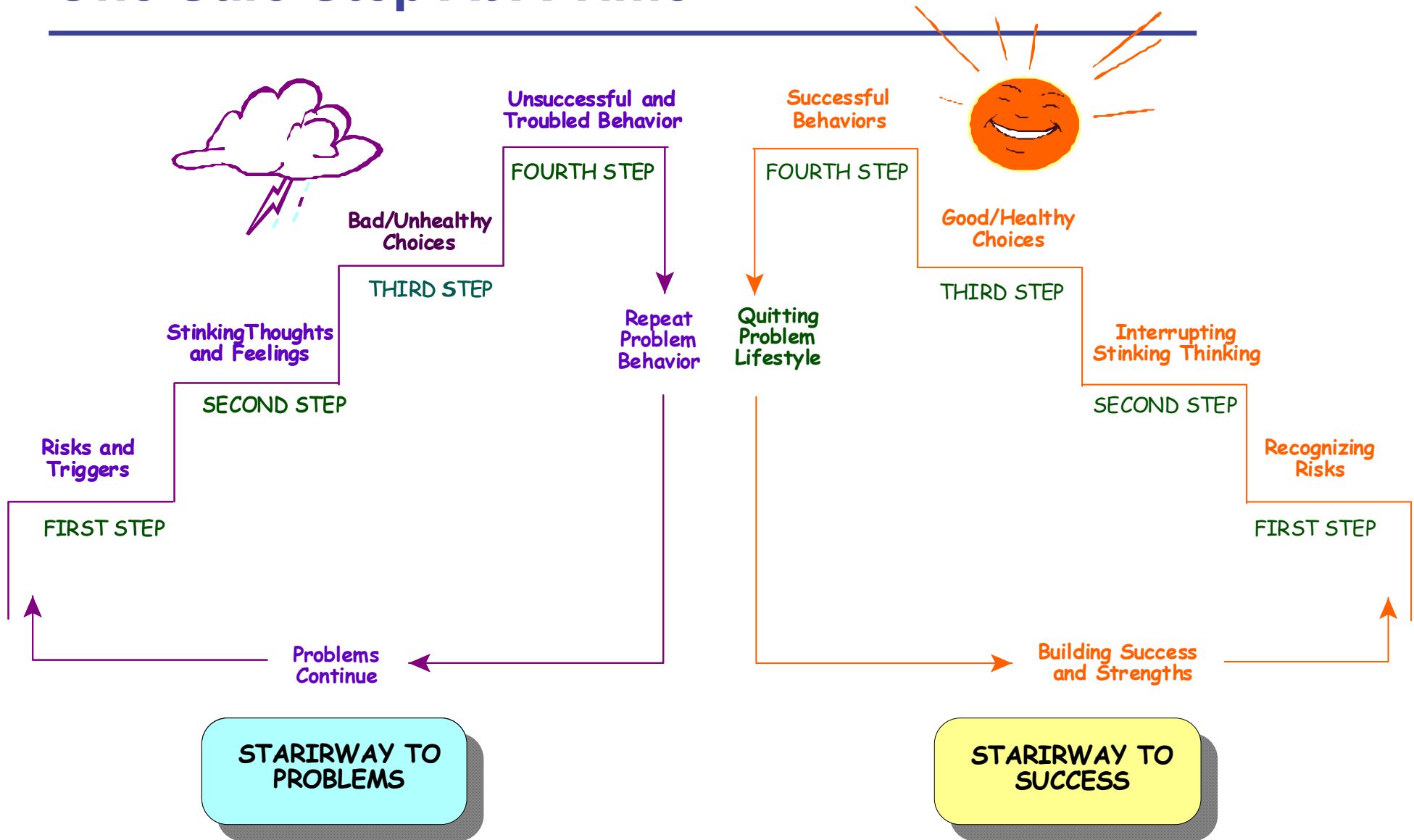


Alternatives to the Cycle

- Alternative models may use the same steps and sequences involved in cycle models, 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 (or causes).
- 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.



One Safe Step At A Time



Thinking Errors



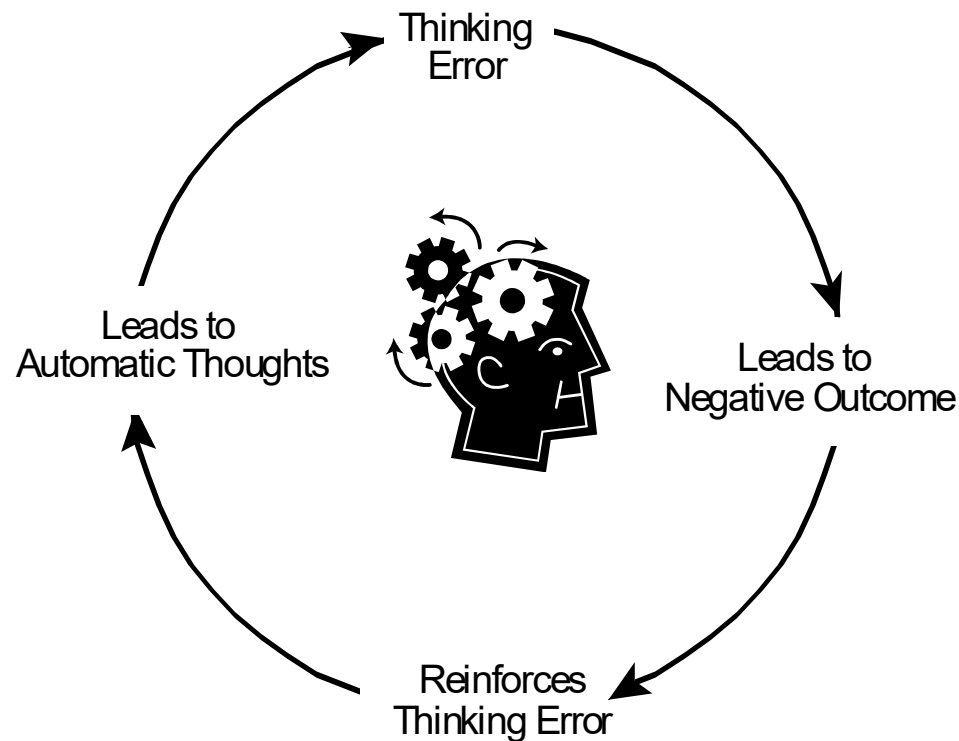
Thinking Errors are Self-Reinforcing

- Thinking errors are mistakes in the way that people think that keeps them stuck, prevent them from meeting their own goals, and sometimes cause or allow them to harm others.
- By their nature, thinking errors are cyclical and negatively self-reinforcing, often hampering the development of self-esteem.

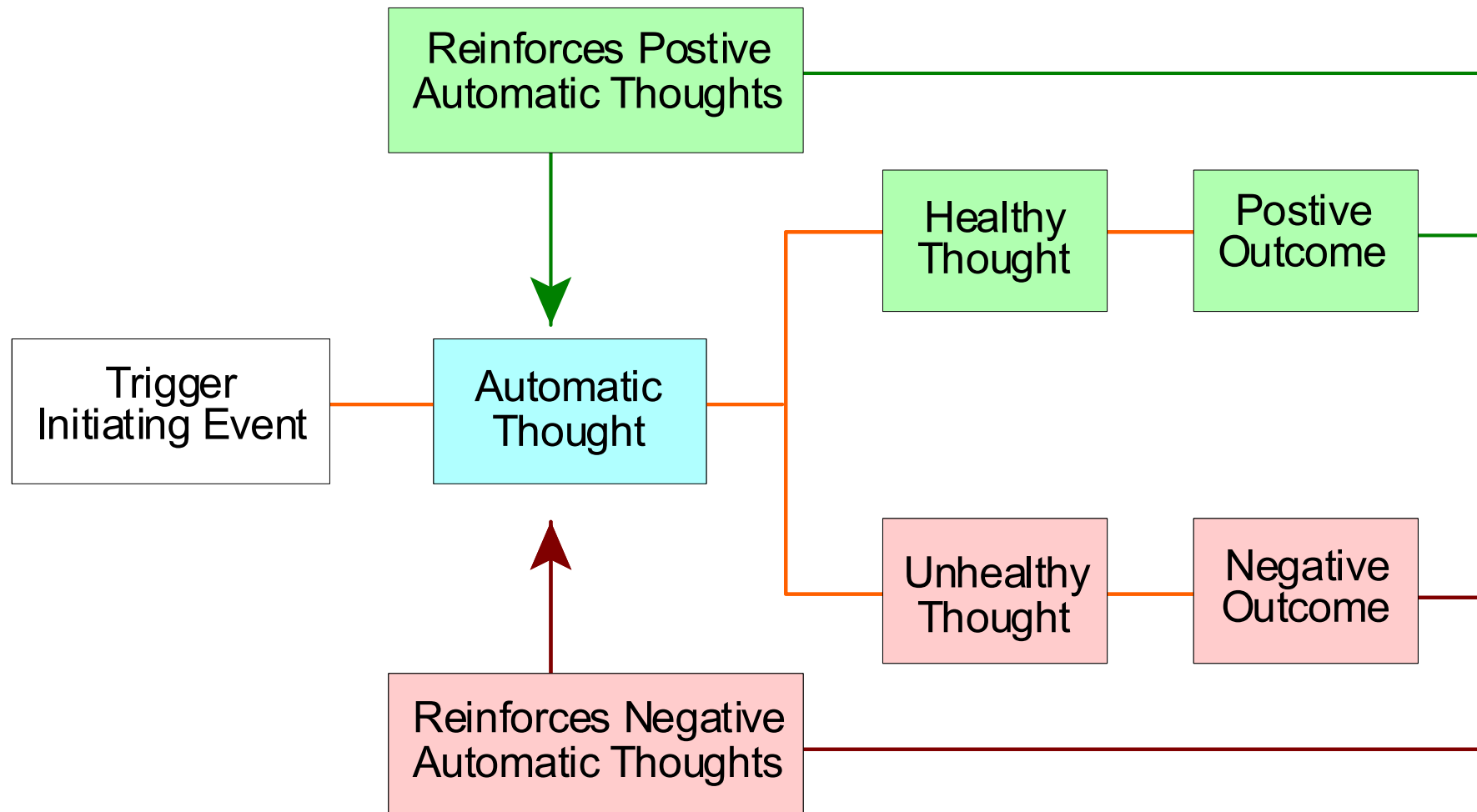
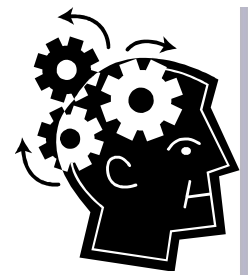


Thinking Errors are Self-Reinforcing

- Thinking errors reinforce and maintain the negative experiences and feelings upon which thinking errors are built in the first place.

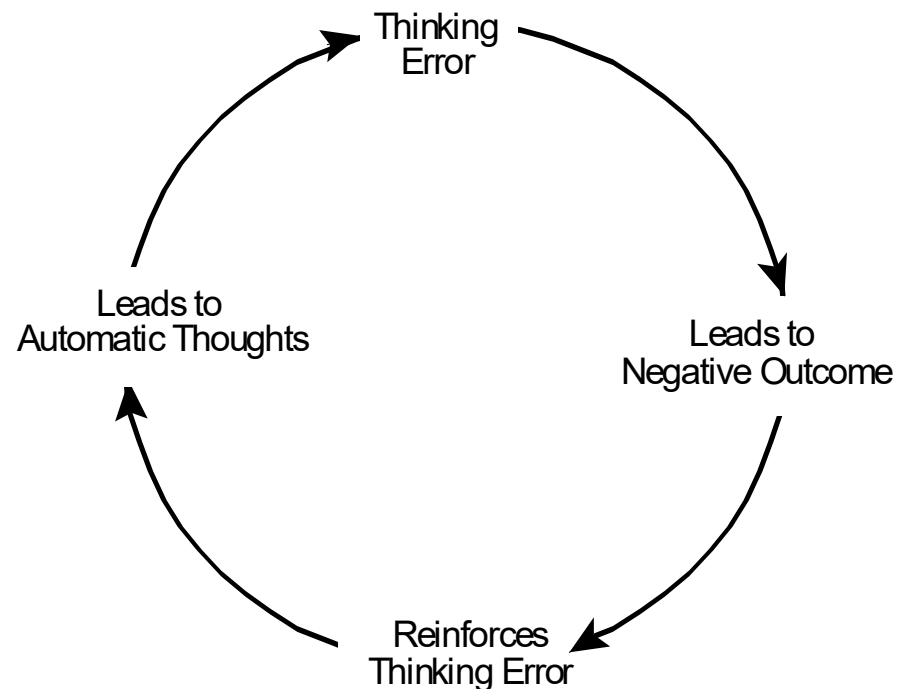


Thinking Errors Have a Feedback Loop



The Thinking Error Cycle

- The object of treatment is to help clients recognize and interrupt the cycle of negative thoughts and behaviors...
... and help replace them with rational and accurate ideas that lead to socially appropriate and effective behaviors and experiences.



The Thinking Error Cycle

- Psychoeducational treatment helps adolescents who have engaged in sexually abusive behavior 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.



Three Types of Thinking Errors



Type One: Unwilling to Accept Responsibility

“It’s Not My Fault”

These thinking errors allow people to not take responsibility for their behaviors.



Type One: Unwilling to Accept Responsibility

“It’s Not My Fault”

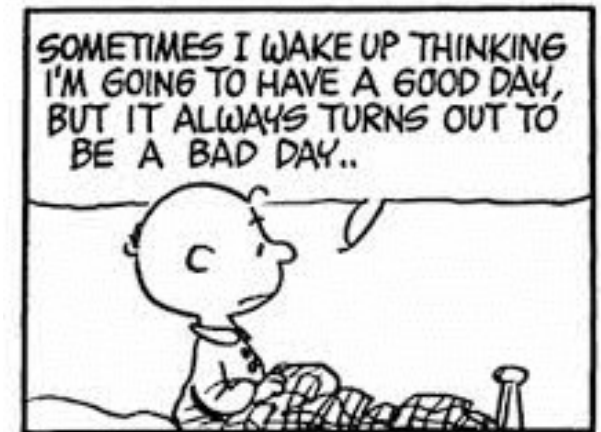
- Denial
- Shifting the Focus
- Blaming Others
- Blaming the Victim
- Intellectualization
- Innocence/Playing Dumb
- Rationalization
- Justification
- Minimization
- Dismissal
- Angelic Thinking



Type Two: Self-Defeating

“I Can’t”

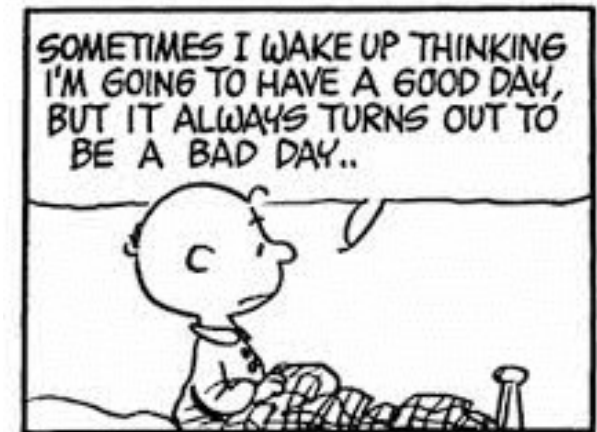
These thinking errors get in the way of personal growth and self-esteem.



Type Two: Self-Defeating

“I Can’t”

- Catastrophic Thinking
- Hopelessness
- Over Generalization
- Black-and White Thinking
- Oughts, Shoulds, and Musts
- Negative Predictions/Fortune Telling
- Projection
- Mind Reading
- Labeling
- Personalization
- Negative Focus
- Avoidance
- Emotional Misreasoning



Type Three: Narcisstic

“Me, Me, Me”

These thinking errors focus the attention of people onto themselves, without thinking about others.



**It's ALL
about
ME!**



Type Three: Narcisstic

“Me, Me, Me”

- Life is too hard
- Entitled
- Victim Stance
- Grandiose
- Revenge
- Taking It Personally
- One Upmanship



Working with Cognitive Distortions

- The role of treatment staff is to teach these concepts and models to adolescents who have engaged in sexually abusive behavior...
... and test for their acquisition
- Of greater importance, though, is the therapeutic work done with individual clients and in groups to ensure that young people understand the ideas they've learned...
... and how to apply them in order to recognize and avoid thinking errors and/or how to overcome them.



The Relapse Prevention/ Safe Behavior Plan



Relapse Prevention and Safe Behavior Plans

- A relapse prevention or safe behavior plan is intended to help people control their behaviors and stay safe.
- Lots of people make relapse prevention/safe behavior plans.
- But making a plan and using one are two different things.
 - ✓ Must have value
 - ✓ Must be realistic
 - ✓ Must make sense
 - ✓ Must be client-invested
 - ✓ Must evolve over time



Relapse Prevention and Safe Behavior Plans



- ✓ Identifies high risk situations and relationships
- ✓ Names overwhelming feelings that signal or lead to inappropriate or unhealthy thoughts
- ✓ Helps the young person 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



When to Develop the Relapse Prevention / Safe Behavior Plan

- A meaningful and effective safe behavior/relapse prevention plan can only be built when the young person is able to recognize the importance and significance of the plan...
... and the plan is adequate to the task of helping them maintain treatment gains and staying safe, not for one week, but for many years.
- Therefore, safety/relapse prevention plans must be reviewed periodically and revised so that they become living tools, not simply relics or mementos of past treatment.



When to Develop the Relapse Prevention / Safe Behavior Plan

- In addition, both the clinician and the client must avoid coming up with “cookie cutter” plans...
... and instead develop an individualized safe behavior/relapse prevention plan custom built for that young person.
- Of greatest importance...
... the most critical element to any safe behavior is the client’s commitment to avoiding the behavior and to the change process.



Looking Ahead: The Success Plan



Chapter 6, Workbook 4

Looking Ahead: Planning for Success

- Chapter 6, *Looking Ahead: Planning for Success*, is aimed at helping young people think about and plan for their future, ranging from the immediate and pressing future, the near future, and the longer-term future.
- The chapter introduces clients to a number of ideas that are relevant to building meaningful life plans, and help to build reflection, forethought, and insight.
- It discusses “planning for success,” rather than only planning to prevent sexual recidivism and the prevention of other recurring problems.



Chapter 6, Workbook 4

Looking Ahead: Planning for Success

- Prevention is the aim of safe behavior and relapse prevention plans. *It often focuses on avoidance goals.*
- Planning for success lies in the domain of rehabilitation. *It focuses on approach goals.*



Looking Ahead: Planning for Success

- The emphasis is on the building of a plan that will help the young person define, move toward, and achieve success.
- The Success Plan has many variants, often with different titles, but each are aimed at the achievements of young people as their primary goal, as well as the elimination of sexually harmful behavior.



Looking Ahead: Planning for Success

- By meeting goals that are important to them, by achieving a sense of personal satisfaction with their lives, and by moving forward into a life that meets their needs...

... clients can be effective and successful in the social world, and engage in prosocial behaviors that help meet their personal goals and cause no harm to themselves or others.



Wrapping Up



Individualizing Treatment

- For treatment ideas to be effectively taught, treatment staff must ensure that they are understood by clients, and can truly be applied...
... rather than simply memorized and answered correctly in a workbook or described in a group.



Individualizing Treatment

- This may mean teaching clients 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 everyone.



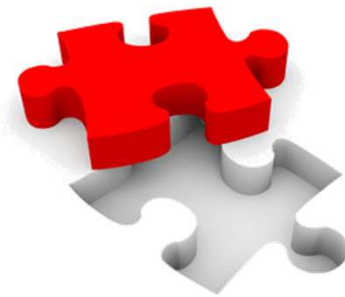
Individualizing Treatment

- 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 youth.
- To effectively and meaningfully use the *Stages* workbooks, the clinician must know and understand the client, otherwise it will involve one-size-fits-all use of *Stages*.



Embedding Workbooks and Psychoeducation into Comprehensive Treatment

- The use of workbooks and psychoeducational interventions should be tucked within larger, more comprehensive, and integrated models of treatment...
... that address and treat the whole person, and which are rehabilitative in nature and vision.
- Alone, psychoeducation is not comprehensive treatment.
- The map is not the territory.



Client Motivation

- No matter how good the workbook, absent of client motivation all workbooks lack any real or deep utility.
- Consequently, an early element of treatment involves fostering and nurturing motivation in the client.
- Unless the client is internally motivated, it is unlikely that any workbook can provide the necessary level of motivation to ensure that treatment is meaningful.
- Motivation is key to treatment gain, and often needs to be developed through the relationship with the clinician.



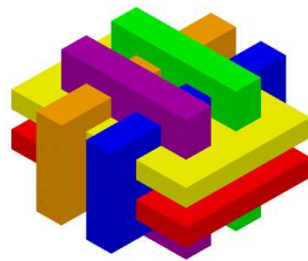
The Therapeutic Relationship

- Without attempting to instruct clinicians in how to form a strong treatment relationship, some of the pertinent elements are reflected in the previously described thirteen pointers for effective workbook use.
- When the clinician recognizes these elements and builds them into work with individual clients, the relationship itself is likely to enhance, support, and make more effective all treatment...
... including the use and value of workbook assignments.



Workbook Accomplishment and Treatment Success

- Without in any way minimizing the work accomplished by young people in completing these workbooks...
... it must be reiterated that the completion of workbooks alone does not equal “success” in treatment.
- All workbooks, including the *Stages of Accomplishment*, must be used, tied into, and understood as part of the broader treatment process.



Questions and Discussion



Using the Stages of Accomplishment Workbooks to Enhance Effective Practice

