

The background of the cover is a photograph of a snowy mountain landscape. A wooden ladder is leaning against a rock formation in the foreground. The scene is covered in snow and ice, with a clear sky in the background.

PATHWAYS

5TH EDITION

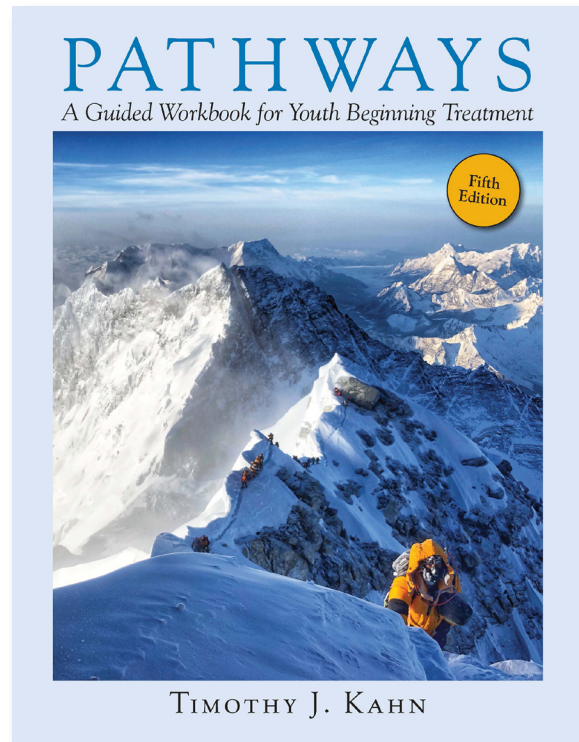
Clinician's Guide

by Timothy J. Kahn

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What's New

Pathways 5th Edition has been revised from cover to cover in order to make the workbook more relevant for all youth with sexual behavior problems, including those youth who have engaged in non-consensual peer-sexual contact as well as youth who have been viewing child sexual abuse images (CSAM), often referred to as child pornography. There are updated assignments focusing on healthy sexuality, establishing healthy boundaries, and teaching yes-means-yes consent as well as greater focus on communication in sexual relationships. The new cover is designed to be inspiring to all youth, and represents the hard work that clients engage in to overcome sexual behavior problems. There is an updated focus on development of the Healthy Living Project, which can be done through telehealth by utilizing Google Slides or MS PowerPoint. Those programs allow the therapist and the client to collaborate together while producing a culminating treatment assignment that demonstrates what they have learned in treatment. *Pathways 5th edition* provides updated technology references, and several new treatment assignments while maintaining the same chapter organization. There is less focus on arousal conditioning methods, and increased focus on building resilience and positive life experiences.

Note to Counselors

Thank you for choosing *Pathways Fifth Edition*. The first four editions of the *Pathways* workbook have been widely used for the past 33 years in many parts of the world. This workbook is designed primarily for adolescents between the ages of 14 and 19 who have sexual behavior problems. Some older clients and some younger clients have also benefited from the *Pathways* workbook. If *Pathways* is used with clients with low reading ability, it may be necessary to read the workbook to or with the client. A new version of *Pathways*, *Pathways Base Camp*, is also available. *Pathways Base Camp* is written for youth 9-14, and it follows the same structure at *Pathways Fifth Edition*, but is written using language that will be more accessible for younger clients or clients who will benefit from a simplified format. Both *Pathways* books are designed for clients in outpatient as well as residential treatment programs, and clients have benefited from the use of the *Pathways* curriculum in both settings.

As the *Pathways* workbook has evolved over the past 33 years, divergent theoretical models and treatment rationales have come and gone. Researchers and treatment professionals now have a very clear understanding that children and adolescents with sexual behavior problems are quite different than adults who have sexually offended, and as a result, the two populations require very different treatment approaches. While the relapse prevention model and cognitive behavioral treatments were widely used for many years, there is now a new push to find evidence-based models that meet the many distinct needs of adolescents with sexual behavior problems. *Pathways Fifth Edition* utilizes a cognitive behavioral framework, with an emphasis on helping clients to build on existing strengths and to develop healthy lifestyles. Many clinicians around the world currently support and have adopted what is called the “Good Lives Model,” from *The Juvenile Sex Offender*, 2nd ed., by Howard Barbaree and William Marshall (New York, N.Y., Guilford Press, 2006). The Good Lives Model is a treatment approach that is based on the idea that successful treatment for persons with sexual behavior problems requires that they not only learn adaptive skills but also develop healthy lifestyles in order to prevent re-offense. The Good Lives Model suggests that material well-being, health, productivity, intimacy, safety, community, and emotional well-being are all critical components in helping clients develop “good lives.” *Pathways Fifth Edition* is focused on strength-based methods that help clients develop healthy and productive lifestyles consistent with the Good Lives Model of rehabilitation. *Pathways Fifth Edition* includes a **Healthy Living Project**, which is a type of culminating assignment that clients work on throughout their involvement in their treatment programs. With the recent addition of telehealth counseling options, the Healthy Living Project can be developed in a collaborative manner utilizing

either Microsoft PowerPoint or Google Slides. A template for the Healthy Living Project is available at no charge from the Safer Society Program, and by using that template the therapist and the client can work together on the Healthy Living Project, even through telehealth. Both PowerPoint and Google Slides have screen sharing ability so that counselors and clients can see their work at the same time, even during telehealth sessions.

Pathways continues to utilize a restorative justice framework throughout the workbook that emphasizes concern for development of victim empathy, restitution, and development of personal responsibility. This fifth edition allows clinicians to incorporate other theoretical approaches as well.

I would like to emphasize that professional treatment providers are at their best when they employ a warm, empathetic, rewarding, and guiding/directive style. This fifth edition of *Pathways* has been developed with that idea in mind. I would also like to emphasize that when it comes to working with adolescents with sexual behavior problems, no one size fits all. Current research continues to show that adolescents with sexual behavior problems are a very diverse group, and represent the entire spectrum of the adolescent population. In my experience, most adolescents do best with a supportive and gentle therapeutic approach by a firm and directive therapist, and relatively few adolescents require the harsh level of confrontation and almost punitive approaches that have sometimes been utilized with adult and adolescent sexual offenders in the past.

Pathways Fifth Edition is not a treatment program in and of itself. *Pathways* is a tool that is designed to serve as one component of an overall treatment program for adolescents with sexual behavior problems. The stories and exercises in *Pathways* are designed to complement individual, group, and family therapy. Most therapists ask their clients to complete the work in *Pathways* in the order in which the material is presented. The exercises in this workbook are structured in a manner that has worked well for many clients in the past. In some cases, however, a therapist might decide to change the order of the client's work in order to meet a specific, individual need. For example, a client who has engaged in sexual behavior with a sibling may benefit from skipping ahead to chapter 11 and working on the clarification process, if the sibling's therapist has requested some early contact between the client and the sibling. In other cases, clients with a strong sexual drive may benefit from doing some early work in chapter 8 in order to learn arousal-control skills.

Pathways utilizes treatment sequencing that has been tested and accepted for the past 33 years. The sequencing in *Pathways* was developed by using a consensus model of expert clinicians. It should be noted, however, that some clinicians may choose somewhat different sequencing based on their experience and training, or a particular youth's needs, and this is perfectly acceptable. *Pathways Fifth Edition* features an educational approach with low-emotional risk in chapters

1 and 2 to help clients feel motivated, accepted, and optimistic about their potential for successful treatment. Some clients may need more such preliminary work before embarking on the difficult disclosure work in chapter 3. In addition, *Pathways* introduces basic information about sexuality and arousal control that was not addressed until later chapters in the earlier editions of the book. *Pathways Fifth Edition* teaches that healthy communication forms the basis for informed consent, which is critical in developing positive relationships. In our experience, adolescents benefit from immediate education and guidance about how to cope with their sexual feelings. This fifth edition provides additional assignments and stories to help clients cope with a plethora of pornographic stimulation that is increasingly readily available in our society, and also contains exercises that will be helpful for clients who have never engaged in hands-on sexual abuse, but have been viewing child sexual abuse material.

Pathways Fifth Edition does progress fairly rapidly from introductory material into the sexual behavior disclosure process in chapter 3. It should be noted that some clients may require additional motivational enhancement, support, and self-esteem work before attempting the disclosure process. In some cases, it may be necessary to work directly on self-management skills or even to seek psychiatric consultation or referral to help some higher-needs clients before directly addressing the disclosure issues in chapter 3. Again, it is important to recognize the diverse nature of adolescents with sexual behavior problems. Treatment providers need to be sensitive to the readiness of their clients to fully disclose their sexual behavior history.

Pathways Fifth Edition introduces victim empathy in chapter 4, utilizing a low-risk guided-fantasy approach. Intensive work on a client's own abuse issues is delayed until chapter 10, although some clinicians may choose to focus more extensively on such issues earlier by assigning chapter 10 after completion of chapter 4. Some clients may disclose additional victims or their own personal abuse experiences at many different points in treatment, or in some cases well after treatment has been completed. *Pathways Fifth Edition* provides many opportunities for clients to disclose such information, and clinicians should be prepared to support such disclosures throughout the treatment process.

Pathways Fifth Edition provides a culminating assignment called the Healthy Living Project, and it starts early in the book to encourage ongoing victim-awareness education as well as the development of a healthy lifestyle. It is my belief that the ultimate goal of treatment for adolescents with sexual behavior problems is for them to live happy, productive and healthy lives for themselves and their loved ones, while ensuring that their communities are safe. Toward that end, the Healthy Living Project is interwoven into different parts of the entire *Pathways* workbook along with a repeated emphasis on ongoing treatment challenges, which are honesty, responsibility, sensitivity, and integrity.

The assault-cycle concept has been widely used over the past 33 years with adolescents and adults with sexual behavior problems. Clinicians have gradually moved away from the use of the offense cycle with adolescents. In fact, emerging research tends to indicate that many adolescents with sexual behavior problems do not have established cycles of behavior. The field has shifted toward the use of concepts such as the Offense Behavior Chain to help youth understand their individualized patterns of behaviors, thoughts, and feelings that may have preceded their inappropriate sexual behavior. This edition of *Pathways* incorporates some of that thinking, and chapter 7 is now focused on helping clients understand the antecedents to their own sexual behavior problems.

Pathways continues to concentrate on the “thinking errors” that clients may use to “fuel” or rationalize their inappropriate behaviors. It is important to understand that thinking errors are somewhat universal, and all of us use them at some time or another to some degree, consciously and unconsciously. Our overall goal is to help the adolescents in our care become healthy, happy, and successful people throughout their current and future lives. The emphasis should be on helping clients understand that excessive use of thinking errors can sometimes contribute to irresponsible or harmful behavior that works against this overall goal.

Pathways emphasizes the importance of learning about other day-to-day behaviors that are problematic for clients. The book emphasizes the importance of countering “maintenance” behaviors, which are behaviors that have an indirect but influential role in sexual and criminal misconduct. In this way, *Pathways* provides a means for working with clients who do not demonstrate ongoing sexual behavior problems during the treatment process. *Pathways* emphasizes the development of responsible, honest, and sensitive day-to-day behavior, as well as encouraging clients to develop a sense of integrity in their lives. It is important to understand that while some adolescents with sexual behavior problems have been raised in loving, healthy, and responsible home environments, many have not, so it is important that as clinicians we learn to understand and validate their past experiences in neglectful, abusive and/or irresponsible homes. Rather than simply punishing the irresponsible behaviors of our clients, it is more effective to understand where they learned about such behaviors, and then help motivate them to make lasting personal changes consistent with becoming a more responsible person. It is also important to understand that the therapeutic alliances that treatment providers establish with their clients are probably more important than any workbook ever will be. All treatment providers need to take great care when introducing a change process, and it is important that they work to make sure that a client is ready, willing, and able to change. A professional colleague recently shared an analogy with me. He noted that after a traffic stop a scary policeman in uniform said, “Slow down,” and that resulted in short-term compliance and safer driving for a while. However, what made that person drive

responsibly in the long term was when his wife expressed some empathy for his experience, asked what thought patterns enabled him to speed at his age, got him to explore what would be some of the good benefits of driving more responsibly, and only then implored him to slow down for his own good and for the good of others. Keeping this type of analogy in mind may be helpful in guiding treatment providers to make sure they are paying attention to the importance of developing and maintaining the therapeutic alliance.

Chapter 8 describes and teaches some arousal-control intervention techniques that may be helpful to some clients even earlier in the treatment process. It should be noted that many adolescents with sexual behavior problems do have well-established patterns of inappropriate sexual fantasies (we used to call these deviant-arousal patterns). Some experts suggest that as few as one-in-five to one-in-fifteen adolescents with sexual behavior problems have such patterns of inappropriate thoughts and fantasies. It is recommended that clients be supervised and monitored by an experienced sex-offender treatment provider in order to use the arousal-control techniques described in the book. Controversy surrounds the use of some arousal-control techniques with juveniles, especially masturbation satiation. Many clinicians are understandably reluctant to use this technique due to possible negative side effects. For this reason, *Pathways* does not mention that method. The book teaches the basic components of covert sensitization, however, since it can be a valuable tool in the toolbox for young persons with sexual behavior problems. The use of penile plethysmography remains controversial for adolescents, but since it is now rarely used with adolescents there is only a brief mention of it in *Pathways Fifth Edition*.

It is also recognized that there may be some unintended consequences associated with pairing or connecting a young person's sexual arousal with sexually abusive thoughts (increasing the risk of acting on those thoughts). In *Pathways*, we do not want to introduce any inappropriate ideas to our clients, but we do need to tell them that people cannot read minds, and that honesty is one of the most important tenets of treatment. Clients need to be clearly taught that when they are having trouble with inappropriate sexual arousal (thinking of something illegal or hurtful or something that could get them into trouble), they need to tell us, so that we can help them alter those thoughts.

In *Pathways*, care is taken to minimize sexually explicit discussions of abusive sexual behavior, so that we don't inadvertently reinforce negative and harmful ideas. Instead of focusing on an unhealthy thought or fantasy and asking clients to re-experience it, *Pathways* teaches clients how to replace such a thought or fantasy with a healthy one. Again, it should be noted that most adolescents with sexual behavior problems do not have well-established patterns of inappropriate fantasies, and may not need extensive arousal control training. Specific discussions of the details of their inappropriate behavior are usually confined to assessment interviews and individual

counseling sessions. In group sessions, counselors should be very careful to minimize the risk of repeating details in any way that could inadvertently lead to some clients becoming aroused, which the therapist knows, with teenagers, is very easy to do. To accomplish this, it is okay in group to have clients talk about why their behavior was wrong or abusive, what was going on with them at the time it occurred (thoughts, feelings, behaviors, and life events), and what the signs of distress or discomfort were that the other person may have experienced.

Because program models differ, relapse prevention is taught as a series of techniques rather than as an overall integrated theoretical model. Clients are instructed to identify their “warning signs” and high-risk situations and to develop multiple appropriate coping strategies. They contract with significant others (family, friends, probation officers) to support their efforts at preventing re-offense and sexual misconduct. Establishment of a positive support system that is aware of a young person’s sexual behavior problems and treatment history is encouraged in *Pathways Fifth Edition*.

Chapter 12, which was developed from the 12-step self-help model, is intended to be used in the later stages of treatment. While it is loosely based on a 12-step model, it really is not based on an addiction model since most adolescent sexual misconduct does not represent a lifetime problem behavior. The purpose of chapter 12 is to provide a good structure for clients’ transition into the aftercare component of a treatment program and to introduce the idea of an ongoing, post-transition self-monitoring and maintenance of a “good life” or healthy lifestyle. Many programs using addiction or medical models to address sexual offending behavior adopt AA-type language regarding the “recovery” process. Because “recovery” seems to conflict with the message that sexual acting out has no “cure”—only control—in *Pathways Fifth Edition* teens are encouraged to adopt a “sexual abuse prevention and safety lifestyle,” and to become a member of the “prevention and safety team” by establishing a healthy and responsible lifestyle. Learning healthy communication skills and practicing consent in their daily lives are treatment goals worthy of constant focus.

Early editions of *Pathways* did not incorporate chapter quizzes into the workbook. Instead, the quizzes were made available directly from the author. In *Pathways Fifth Edition*, we continue to provide quizzes at the end of each chapter. Experience has shown us that the quizzes are a rewarding and helpful way to make sure that clients are actually reading the material in the chapters. The tests also provide the client with a tangible sense of accomplishment.

It is recommended that the chapter quizzes be used in a supportive and educational manner, with the primary purpose being to help clients understand and integrate what they have learned in the readings. The author has made an effort to create simple and concrete quizzes, with multiple-choice and true/false questions. The quizzes do not use pass/fail scores, which therefore

allows counselors to review both the questions and the responses with their clients in order to maximize the opportunity for learning. The quizzes are designed to be easy to complete and rewarding for clients, especially for those with writing deficits. Each therapist should point out that some questions have no absolute right and wrong answers. It is usually not helpful to have clients retake an entire chapter quiz if they answer several questions incorrectly. It is more helpful for the counselor to talk with the client, to explain the issue(s) he or she didn't understand, and to help the client select a more suitable answer. The primary goal with the chapter quizzes is for clients to gain a tangible sense of accomplishment from doing the hard work in each chapter. It is critical for counselors to use the chapter quizzes as learning tools that foster discussion and a sense of achievement for clients.

This edition continues to prompt the reader to change the way they sign each page. This assignment results from years of experience that found that some clients skip the reading and only fill out the assignments in chapters. This ongoing assignment is designed to encourage youth to read each page carefully, which takes time and effort. In order to facilitate this, the prompt to change how they sign each page is kind of like Where's Waldo. In this assignment clients have to carefully read each chapter to find the cue that tells them how to sign the pages from that point forward. If clients are not catching those cues and changing the way they sign the pages, then they are likely not carefully reading and understanding the material in that chapter.

Some of the exercises in *Pathways Fifth Edition* contain material that requires therapists to talk with the client and use some judgment in determining whether or not the client's responses are correct. The exercises are Assignment 1B in chapter 1, Legal/Illegal Behaviors, and Assignment 13E in chapter 13, Adolescent Sexual Information Scale (ASIS). Suggestions designed to help therapists successfully use these assignments with their clients are included in an appendix to this document.

The Healthy Living Project assignment is a powerful culminating assignment that is best done by using Microsoft PowerPoint or Google Slides. The Safer Society Program has a template for this assignment that is available free of charge upon request. It is recommended that counselors work with clients to build and modify the Healthy Living Project as the client works through *Pathways Fifth Edition*. Both PowerPoint and Google Slides allow screen sharing so that the counselor and client can work on it simultaneously, even during telehealth sessions. Clients may benefit from instruction about how to take pictures of certain assignments in *Pathways*, such as the STOP Plan, and then import the pictures into the Healthy Living Project. When using the template that is available, please instruct the client to modify each page to meet their needs. Pages that don't apply to them, such as the family reunification rules, can be deleted or modified to fit the client's history and situation. This project is best utilized as a collaborative process between

the client and the therapist, and clinician's are encouraged to work closely with clients to make the Healthy Living Project a creative, culminating assignment where they review what they have learned in treatment, and lay out a pathway for their future lives focusing on their strengths and positive supports in their lives. Once the clinician has approved the Healthy Living Project, and it contains at least 60 pages, then the clients can be instructed to share the project with their treatment group, parents or guardians, and even their probation counselor.

The Are You Ready for Sex test in Chapter 13 is designed to help clients learn basic information about contraception, STIs/ STDs, anatomy, and pregnancy. The idea is that clients who plan to be sexually active during treatment complete this assignment before becoming sexually active. It is often very helpful for clients to complete the test with help from their partner, which helps improve their comfort and communication regarding sexual issues. Of course, if a client is not sexually active when they take the test, the counselor should instruct the client to put N/A in response line for questions regarding their sexual partner.

We reinforce for all *Pathways* readers the fact that all human beings are sexual and that nobody would be alive on this planet if it were not for human sexual activity. We do not want to give clients the message, "Never do anything sexual." We do, however, want to encourage clients to develop the ability to delay gratification and to wait to engage in sexual behavior until they can handle the potential legal, social, financial, and health consequences and until they can also understand how to engage in sexual behavior in healthy, legal, and responsible ways.

It is important to note that over the past 33 years, professionals' thinking has changed with regard to teenagers with sexual behavior problems. The idea of teenagers being "sexually deviant" has been replaced with an understanding that most teenagers with sexual behavior problems grow up to become healthy, responsible members of our communities. So, in this fifth edition, we pay substantial attention to defining abusive behavior as consisting of lack of consent, unequal power, and coercion. Clients are also encouraged to explore their own understanding of why what they did was wrong. Consistent with this thinking, the term deviant has generally been replaced with terms such as inappropriate.

One of the goals in *Pathways* is to have clients learn to recognize when something would be abusive and then choose to do something non-abusive instead. *Pathways* is based on the idea that for most of our clients, it is possible for them to become sexually healthy adults.

This fifth edition of *Pathways* continues to address clients as "people with sexual behavior problems" rather than sexual offenders, a term used in the original *Pathways* workbook, because many treatment programs for adolescents now serve adjudicated and unadjudicated clients together. The term sexual offender is a legal term that denotes clients who have been through a legal

proceeding and have pleaded guilty or have been found guilty of committing an act of sexual misconduct against someone else. Rather than labeling youth as offenders, there is a general movement toward *person first language*, where we first recognize clients as people, not offenders. Many of the clients using *Pathways* have not yet gone through a formal court process, and they may not have been formally adjudicated. Therefore, we prefer the use of the more generic term in this edition of *Pathways*. Many professionals agree that “adolescents with sexual behavior problems” is more appropriate than labeling teenagers with stigmatizing terms such as sexual offenders, predators, sexual abusers, or perpetrators. It is noted, however, that this is not intended to minimize the harm that some clients cause victims of their abuse, because it is understood that sexual abuse by an adolescent can be just as damaging as sexual abuse by an adult.

In general, clinicians should clarify with clients in advance what they are required by law to do regarding disclosure of additional unreported offenses. Disclosure of all sexual behavior is generally encouraged so that clients will be held accountable, changes in clients’ risk levels can be assessed, and victims may receive help. However, misunderstandings between clients and group leaders or counselors can and do occur. Such misunderstandings can destroy trust or hinder the client’s therapeutic work. *Pathways Fifth Edition* allows young people to complete the homework assignments using only the first names of unreported victims, giving clinicians both a window into the client’s previously undisclosed behavior and a way of supporting eventual full disclosure and accountability. In addition, the *Pathways’* approach can be modified in accordance with your program’s guidelines.

I would like to thank all of the many professionals who have taken the time over the past 33 years to provide me with feedback about how to improve *Pathways* for their clients. I continue to encourage professionals to contact me directly with any ideas or feedback about how to improve future editions of this workbook (Timothy Kahn, 11747 N.E. 1st Street, Suite 330, Bellevue, WA 98005; timothykahn@cs.com).

Many professionals have provided valuable input and feedback about *Pathways* since the first edition was published in 1990. Staff members at the Friends of Youth Griffin Home in Renton, WA and the Ryther Child Center in Seattle worked hard to incorporate *Pathways* into their programs, and have provided excellent ideas about how to improve it as a treatment resource. Jo Langford-Fuchs, M.A. deserves special recognition for his creative work with thinking errors in chapter 3 and his ongoing help in developing intervention tools with this population. My other current staff, Krishan Hansen, M.S.W., Jenny Johnson-Riley, Ph.D., Siri Gillespie, Ph.D., and my past staff, Carol Almero, M.A., Lorraine Lynch, M.S.W., Sarah Pemble, M.A., and Jenna Sandoval, M.A. also have provided me with a great deal of inspiration and encouragement through their caring and sensitive work with clients. I would also like to thank Brent (BJ) Oneal, Ph.D. for his

support, collaboration and ongoing work with this population of clients, and for his helpful suggestions about *Pathways*.

My loving thanks continue to go to my wife, DeeAnn, who helped me find the time necessary to complete this work.

In addition to my friends and colleagues who have supported and encouraged my work, Robert Freeman-Longo, who pioneered the concept of guided workbooks for adult sexual offenders and assisted greatly in the development of the first edition of *Pathways*, has my deepest appreciation. Thanks also to David Finkelhor of the Family Violence Research Program at the University of New Hampshire for the use of his “four preconditions” theory and for his helpful comments; to Jan Hindman for the use of her “restitution model” for offender-victim interactions from her book *Just Before Dawn* (1989, AlexAndria Associates); and to Jonathan Ross, Peter Loss, and the offenders in the Forensic Mental Health Services Program for their early use of their 12 Steps for Sex Offenders. I would also like to thank David Burton, Ph.D., and David Prescott, LICSW, for being willing to review the previous *Pathways* manuscripts in detail and for providing many helpful and insightful comments and suggestions. I would also like to thank John Bracken for his feedback and suggestions about how to improve several chapters in *Pathways*. In addition, Vermont clinician Tammy Leombruno provided much helpful feedback during the preparation of previous *Pathways* editions.

I also give my thanks and respect to the multitude of children, adolescents, and adults with sexual behavior problems who had the courage and commitment to admit to their behavior and participate in treatment for their sexual behavior problems. People with sexual behavior problems and/or sexual offense histories often face embarrassment, rejection, anger, and hatred from others, making it difficult and scary for them to admit to their problems. People who are brave enough to admit to their mistakes and participate in counseling deserve our support and understanding. With intensive and specialized treatment there is hope that most young people with sexual behavior problems can and will change their behavior in order to become responsible and healthy citizens in our society.

Please note that there is a companion book for parents that is designed to complement the *Pathways* workbook. It is called *Healthy Families*. It is also available from the Safer Society Press, and that book helps parents become more fully involved in their child’s treatment. It is strongly recommended that parents of youth using *Pathways* be provided with copies of the parent’s guide, *Healthy Families*.

Treatment of juveniles with sexual behavior problems continues to be a rapidly evolving field. Thank you for your work with this difficult and potentially rewarding population. Each client who

responds to your treatment may then, in turn, be able to avoid creating additional victims who will suffer from a lifetime of trauma. We salute your efforts and again thank you for using *Pathways Fifth Edition*.

Important Information for Counselors

Two of the assignments in *Pathways* contain material that requires therapists to talk with the client and use some judgment in determining whether or not the client's responses are correct. The following suggestions are designed to help therapists successfully use these assignments with their clients. The exercises are Assignment 1B Legal/Illegal Behaviors, in chapter 1, and Assignment 13E, Adolescent Sexual Information Scale (ASIS) in chapter 13. Suggested answers and scoring key are included below.

Assignment 1B: Legal/Illegal Behavior

The comments in this section are based on sexual assault laws common in the United States and Canada in 2023. Sexual assault laws in individual states and countries may vary widely. Consult an attorney, juvenile court worker, or prosecutor for information about specific laws in your area. Due to the variation in the laws of differing jurisdictions, some answers provided here may be inaccurate in some locations. Since they were intended to promote discussion, answers are not provided for the coercion vs. consent questions. It is strongly suggested that therapists provide clients with a written handout of sexual assault laws in their jurisdiction and then have the client complete the assignment using those laws.

Question 1. Jose's behavior would be considered illegal in most places. Even though he is inside his own home, he is trying to be noticed by younger persons. This is considered indecent exposure in many states.

Question 2. Tony's behavior is probably legal in most, but not all jurisdictions, assuming that his girlfriend consented and was a willing partner in the sexual encounter. Since there appears to be only a two-year age difference, this would most likely not be considered a sexual offense. It could, of course, be considered indecent exposure or lewd conduct if someone saw them undressed or having sex in the park. It should be noted that there are some states in the United States where it is illegal for young people under age 16 to engage in any sexual behavior with others, even with people their same age.

Question 3. Jeannie’s behavior is almost always illegal. Her behavior could be charged as several crimes, including child molestation, communicating with a minor for immoral purposes, or indecent exposure. Since there is more than a four-year age difference and the boy is only 10 years old, it doesn’t matter that he appeared to go along with it—he is well under the statutory age of consent.

Question 4. Maria’s behavior is usually illegal. Her behavior could be charged as sexual assault, statutory rape or communicating with a minor for immoral purposes. In Washington State it could be charged as rape of a child in the third degree. Since Booker is younger than the statutory age of consent, it doesn’t matter that he appeared to go along with the sexual behavior. It should be noted, however, that the age of consent may vary from state to state or in other countries.

Question 5. Bill’s behavior is usually illegal. He could be charged with rape, child molestation, or communicating with a minor for immoral purposes. Since Bill tried to put his penis in Cindy’s vagina, he could be charged with sexual assault, rape or rape of a child. Because rape usually includes any penetration, no matter how slight, it doesn’t matter that his penis wouldn’t go all the way in.

Question 6. Scott’s behavior is most likely illegal. Because of the age difference, he could be charged with child molestation.

Question 7. Hank’s behavior is probably legal, assuming of course, that both boys gave their consent.

Question 8. Dan’s behavior is illegal. He could be charged with rape. It doesn’t matter that Barbara, the victim, didn’t tell for two weeks. Victims often postpone reporting because of embarrassment, shame, and the fear of being revictimized by the court process.

Question 9. Sam’s behavior is illegal. He could be charged with sexual assault. In Washington State, Sam could be charged with a crime called indecent liberties, which involves unwanted sexual touching.

Question 10. Charles’s behavior is probably illegal, even though Susan appeared to give her consent and was a willing participant in the sexual encounter. Since Susan was under the age of consent (16), and Charles was more than three years older, in many areas he could be charged with statutory rape, rape of a child, sexual assault, child molestation, and/or communicating with a minor for immoral purposes.

Question 11. Jamie’s and Marcus’s behavior is most likely illegal because they disseminated pornography involving sexual images of children to younger children without their knowledge.

They could be charged with communicating with a minor for immoral purposes, possession of CSAM (child pornography), or distributing CSAM.

Question 12: Cameron's behavior would likely be considered rape, since the girl is clearly impaired and seems unable to give informed consent. In Washington state, that crime would be charged as Rape in the Second Degree.

Adolescent Sexual Information Scale (Assignment 13 D, in Chapter 13)

This test is not scored by looking at a total score. Each question may indicate a thinking error or lack of knowledge contributing to the adolescent offender's inappropriate or aggressive sexual behavior. Score each question individually.

To score the test, use the following key: questions 1, 4, 6, 9, 12, 17, 18, and 23 are scored in reverse (1 = 5, 2 = 4, 3 = 3, 4 = 2, 5 = 1). All other questions are scored normally (1 = 1, 5 = 5). After converting the scores, look for low numbers (1, 2, or 3), indicating potential thinking errors or lack of knowledge about sexual victimization or offending behavior.

About the Author

Timothy J. Kahn is a nationally recognized clinician and trainer in the field of sexual offender and sexual behavior problem treatment. His well-known workbooks, *Pathways* and *Roadmaps to Recovery* serve as models for the treatment process in programs across the country. He and his son Krishan Hansen, MSW, have coauthored *Footprints* (2005), a guided workbook for developmentally delayed adolescents and adults. Mr. Kahn has been a clinical assistant professor with the University of Washington School of Social Work. From 1990 to 1998 he served as a member and as the chairman of the Washington State Department of Health Sex Offender Treatment Provider Advisory Committee, which developed evaluation and treatment standards and licensing requirements for sex offender treatment providers in the state of Washington. He has also written a book called *Healthy Families* that is designed to help parents of children and adolescents with sexual behavior problems. He has been instrumental in the development of training and treatment programs in Washington and British Columbia, and he regularly consults with a number of residential treatment programs and foster-care agencies in the Pacific Northwest. He has served as an expert witness in numerous cases involving children with sexual behavior problems, sexual offenders, sexual misconduct, and sexual offender treatment. Tim currently maintains a private clinical and consultation practice in Bellevue, Washington, where he evaluates and treats children, adolescents, and adults with sexual behavior problems. He is a Certified Sex Offender Treatment Provider, a Licensed Clinical Independent Social Worker, and a Licensed Mental Health Counselor. He is also a clinical member and fellow of the Association for the Treatment of Sexual Abusers (ATSA).