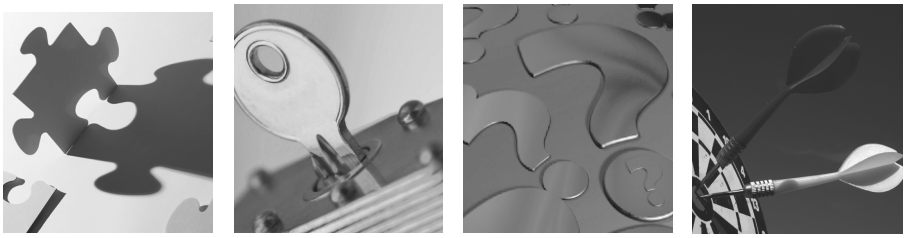
Clinician's Guide to Stages of Accomplishment Workbooks

For Sexually Abusive Young People in Treatment

Second Edition



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About the Author

Phil Rich has worked extensively with children, adolescents, and families for more than 40 years, and sees sexually troubled youths in just the same way as all the other children and adolescents with whom he has worked—as valuable, important, and capable young people on a path that can lead to success and satisfaction, even though there are pitfalls along the way. It is the support, encouragement, guidance, and belief in their capacities, and in them, that often makes the difference. Phil presents, trains, and consults nationally and internationally, and is the author of several books that address the assessment and treatment of young people who have engaged in sexually abusive behavior.

Contents

Introduction to the Second Edition

In the second edition of the workbooks, I have revised its language slightly, included more focus on adverse childhood experiences and language that is trauma-informed, and updated in other areas where needed. I've also added:

- Three new chapters that address sexual health and managing sexual thoughts, with a focus on social media, pornography, and atypical (deviant) sexual interests; the young person's history or experience of adverse childhood experiences; and planning for success, and the use of a forward looking success plan, recognizing that "success" is far more than simply not getting into trouble.
- New content to existing chapters
- New writing exercises, thinking points, and key concepts that expand slightly on those of the first edition
- Finally, and needless to say, my editor and I worked hard to ensure that all previous typos have been corrected.

The workbooks are otherwise very much the same as the first edition. I hope you will find them now more complete in their content, and updated to reflect current ideas, approaches, and language.

Development of the *Stages of Accomplishment* Workbooks

The first editions of the *Stages of Accomplishment* workbooks were developed for adolescents in treatment at Stetson School, a residential treatment program in Massachusetts that specializes in the treatment of sexually abusive and sexually inappropriate behavior in children and adolescent boys. Many pre-adolescent and adolescent boys have passed through Stetson School and done remarkably well in the program and in every aspect of their post-residency lives. Stetson School "graduates" come to realize that they are capable of a great deal of success, and the same is true for many, if not most, children, adolescents, and young adults with sexual behavior problems. We know—and our treatment is based on that knowledge—that the young people with whom we work are far, far more than simply their sexually abusive or sexually inappropriate behavior.

Developed to be used in conjunction with therapy and other forms of treatment, these workbooks may also be used with other treatment content and materials, including other workbooks. They are intended to supplement a treatment approach that recognizes young people as "whole" people, in which the *relationship* between young people and the treatment staff who work with them is the central and perhaps most important feature of treatment. Workbooks are important, as are the ideas they teach and the self-discovery and change they promote; however, it is the relationships that are essential.

Although designed and developed for residential treatment, the ideas and materials in these workbooks are well-informed and developed in concert with the thinking in our field. Any workbook, including the four in this series, represents simply one element of treatment, as described in this *Clinician's Guide*. The ideas are far-ranging and may be used in any treatment program, whether it is inpatient, residential, or community-based; they do not reflect methods, approaches, or philosophies unique to any single venue, program, or orientation to treatment.

Section I: Introduction

➲ Introduction to the Clinician's Guide

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

Once familiar with the *Stages* workbooks, you will need little guidance in their use and will be able to adapt them to fit your own approach to the treatment of young people who have engaged in sexually abusive or sexually problematic behavior. The 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. It will also assist you in understanding how to select, assign, and use the written exercises, how to best use the Thinking Points, Key Concepts, and the general text, as well as how to facilitate each young person's general use of and experience with the workbooks.

Written to provide a strong resource, the 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 *Guide*, or more simply review Section V of the guide, which provides a detailed overview of the each of the Stages workbooks and their contents on a chapter-by-chapter basis.

➲ *The Stages of Accomplishment* Workbooks

The four inter-related *Stages of Accomplishment* workbooks are written for adolescent boys of low, average, and above-average intelligence, whose primary language is English, and who have engaged in sexually abusive behavior or in sexually problematic or inappropriate behavior that may reach a level of sexual abuse. These young people are most likely to be in some form of residential care or in community-based treatment, such as outpatient therapy, although the most comprehensive utility of the workbooks is in conjunction with residential treatment or group care, as treatment is usually more comprehensive and wrapped around almost all aspects of client lives during the course of such treatment, and far more resources are available.

Although designed for adolescent boys of average intelligence, the workbooks can be used with or adapted for different populations, including younger children, cognitively lower

functioning individuals, and girls and young women. These treatment populations represent a different "audience" for whom, in some cases, workbook content, required reading and comprehension level, and treatment concepts may be too complex, do not apply, or are clearly aimed at a different target population. Adaptations and alternative materials for different populations are discussed and described below, with some considerations for such use.

➲ Why "Stages of Accomplishment"?

The "Stages of Accomplishment" model was developed as a means both to teach the treatment concepts and engagement we wanted to foster in our clients and to provide a means of recognition when our clients showed acquisition, retention, and application of those concepts.

The model was designed as a means for young people to demonstrate and be recognized for their accomplishments in learning, not as a measure of treatment "success" or treatment "progress," or as a "level-and-privilege" system. With the accomplishment of each stage, the young people with whom we work are thus able to show themselves, their families, and others that they are learning important ideas about treatment, and are able to use these ideas in their everyday life.

➲ Incorporating Workbooks as One Element of Treatment

As described in Section III of this guide under "Workbook Completion Time," "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.

It is particularly important that workbook use, assignment, and completion be treated as one element among others that contribute to reflect participation and growth when used within a larger treatment program. In such a model, it is not the completion of workbooks that represents positive changes in thinking and behavior. Instead, it is more important for the young person to demonstrate actual and consistent improvements in behaviors, social interactions, and psychosocial functioning. It is these changes that most provide evidence of treatment participation, the internalization of treatment ideas, and personal growth. Workbook use should not be rushed; but regardless of how quickly or slowly they are completed, alone they do not provide evidence of real change.

➲ Brief Outline of the *Stages of Accomplishment Workbooks* and Chapters

Each of the four workbooks in the Stages of Accomplishment series 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 and builds upon the foundation set by the prior workbook. Although each workbook can be used as a "stand alone" element of treatment, and can be used at any stage of treatment, the series was designed to be used together and in sequence.

A brief description of each workbook, by title and chapter, is provided below. A more detailed description can be found in Section V of this guide, more specifically familiarizing clinicians with the content and use of the workbooks on a chapter-by-chapter basis.

The Stage 1 Workbook. An Introduction to Treatment

Young people learn about treatment, and about themselves and why they are 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

The Stage 2 Workbook. 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

The Stage 3 Workbook. Understanding Dysfunctional Behavior

The *Stage 3 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

The Stage 4 Workbook. Hitting the Target: Making Permanent Change

The final workbook in the series 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, and think forward into their future.

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

➲ Sexual Abuse-Specific Treatment/Sexually Problematic Behavior

We've already referred to sexually inappropriate and sexually problematic behavior, in addition to sexually abusive behavior. However, it's clear from the titles of the workbooks that their primary target is young people who have previously engaged in sexually abusive behaviors, rather than a more general group of young people who demonstrate sexually problematic behavior.

Nevertheless, we recognize that adolescents whose sexual behaviors are of concern, but who have not reached a level where they have become (or are not known to have become)

sexually abusive also enter treatment, sometimes in the same treatment programs that treat sexually abusive behavior. Therefore, the workbooks are designed to also help in providing treatment for this sub-morbid (or sub-legal) threshold population of sexually *problematic*, but not sexually *abusive*, adolescents.

➲ Language and Labeling

We have addressed ideas and concerns about labeling children and adolescents in the Stages of Accomplishment workbooks directly. We hope that we have done so with sensitivity and objectivity, with the goal of helping young people in treatment to both understand the labels that are applied to their behaviors and to them, and to allow youths to move beyond such labels, no matter what form they may take. We wish to help these young people recognize and work through their problematic behaviors, but also experience and understand themselves as whole people with a range of strengths and skills, and not simply as sexually abusive adolescents.

You, as the clinician, must decide for yourself *your* choice of language, from "juvenile sexual offender" to "sexually abusive youth" to "adolescents with sexual behavior problems," and more. We recommend that you discuss these labels and terms with your clients, thus helping them recognize and deal with the range of labels, no matter what they may be, that are attached to them as a result of their behavior.

➲ Our Clients Are Whole People

Beyond labels, and far beyond the subject of sexually abusive behavior addressed in these workbooks, we recognize and respond to the children, adolescents, and young people with whom we work as whole people, in which sexually abusive behavior or other forms of sexually problematic behavior represent simply one element of their makeup and experience.

The *Stages* workbooks deal with many issues faced and experienced by young people who have engaged in sexually abusive behavior. It is a central tenet of the stages of accomplishment model that our clients are whole people, that sexually abusive and sexually inappropriate behavior must and can only be understood and treated in this context, and that this idea must be imparted to the young people with whom we work, their families, other providers who provide treatment and care, and the community-at-large.

➲ A Note on Pronouns

As noted, the *Stages of Accomplishment* workbooks are designed and intended for use with adolescent boys. However, male pronouns, such as “he” or “his,” are typically not used, in recognition of changing language and an increasing awareness of gender neutral language. Instead, we use the pronoun "they," highlighting that the workbooks, with caution and sensitivity, may also be used with females, and the same is true for transgender or gender neutral young people.

Nevertheless, a “she” or “her” is occasionally dropped into the text of this guide, not only reminding the clinician that the workbooks may be used with both males and females, but also that, although a predominately male crime, sexually abusive behavior is not necessarily limited to males.

The gender neutral “they” is used in each of the workbooks.

Section II: The Application and Approach of 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 use the workbooks as a therapeutic tool intended to 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.

Part of the art and skill of therapy lies in knowing when and how to help clients tackle the issues they are facing. Accordingly, clinicians using the Stages workbooks must be familiar enough with the outline of the workbooks, their approach, the information contained within each workbook, and the written exercises and Thinking Points in sufficient detail 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, and even when the completion of certain material is not likely to be productive at that point in treatment or may even be counter-productive. Once you are familiar with the Stages workbooks, you'll adapt them to your own preferred approach and style.

Your use of the *Stages* workbooks will be influenced by many factors: the treatment location (outpatient, residential care, inpatient, intensive outpatient treatment, correctional facility, etc.), the ability of each young people to work on specific and often increasingly difficult material, the client's progress and participation in therapy, and the stage in therapy, to name but a few variables. Under any treatment condition, however, workbooks serve as a valuable adjunct. The need to extend treatment outside of the boundaries of the therapist's office or the treatment program makes the use of the workbook still more important.

If the ultimate goal of all therapy is to help clients learn to do without the therapist, then your use of the Stages workbooks has still more value, as it makes it clear in your work with your clients that the journey is *theirs*. By making this case clear to clients from the outset, you increase the chances that your clients will eventually be able to continue on their journey under their own direction.

➲ The Approach of the Workbooks

As is true for many workbooks, the *Stages of Accomplishment* workbooks provide a primarily psychoeducational approach to treatment. In treatment, psychoeducation involves an instructional approach to teaching clients concepts, tools, methods, and/or skills considered important to their treatment and rehabilitation.

However, the workbooks also provide a means for both self-guided learning and self-discovery, and the integration of ideas and experience. As an adjunct to treatment, the workbooks also serve as a foundation for and extension of interactive, face-to-face counseling or psychotherapy through which their ideas can be brought to life and explored and developed in a manner that psychoeducation alone can never hope to accomplish.

➲ Using the Stages Workbooks: Standardized and Individualized Treatment

The principle upon which these 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.

Because sexual abuse-specific treatment is substantially different from other forms of treatment, aimed at substantially different treatment targets, it is reasonable to consider it essential to have a set of standardized ideas and tools that represent its core elements. The Stages workbooks help to fill that need, and 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.

The *Stages* workbooks can help ensure that clinicians, while individualizing treatment, are also tightly focused on the sexually abusive and sexually problematic 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 (which we strongly encourage and, frankly, would expect in a well-developed and comprehensive program of treatment).

Although standardized in content and design, the workbooks can be adapted in many ways to meet the needs and goals of individualized treatment, including the needs of different young people at particular points in their treatment. This customization largely involves how they are actually used by different clinicians, in the choice of reading and workbook exercises that

clinicians assign to individual clients, in the sequencing of workbook use, and in adding to and going beyond the material in the workbooks.

It is not a difficult task to have a standardized treatment model serve as the basis for a treatment program that is also individualized. A standard model builds upon a "core" program through which all clients pass, teaching general ideas about sexually abusive and sexually problematic behavior to all clients, and will perhaps assess treatment progress on the basis of standardized expectations. On the other hand, an individualized model of treatment is geared to the needs of individual clients and individual circumstances, addressing and treating not only matters related to sexually problematic behavior, but also treatment needs that go far beyond the sexually abusive or problematic behavior itself and are idiosyncratic to each individual client.

➲ "Manualization" and Workbooks

The four 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. 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 certainly the ability to individualize not just treatment itself, but the clinician's *approach* to treatment. A manualized approach to treatment implies, and usually requires, a single approach, a prescribed sequence, and a regimented application to treatment and defines the elements that comprise treatment. The *Stages* workbooks are not manuals. They are, instead, "workbooks," designed to assist and add to treatment rather than define, drive, or "methodologize" treatment and the treatment process.

➲ The Benefits of Workbooks

Workbooks can and, if used well, *will* extend treatment beyond the confines of a clinician's office, beyond group treatment, and beyond time-bound elements of treatment such as the therapy session or a time- and frequency-limited set of therapy sessions. Workbooks can be used to extend the ideas discussed and taught in individual, group, and family therapy sessions, and can be used to prepare clients for planned sessions that are yet to happen. They can be used to discuss ideas, provide information, explore situations, and teach skills, and can do so in ways that are frankly not otherwise possible, often due to time restraints, but for other reasons as well.

To this degree, workbooks are akin to academic homework, although they need not necessarily be assigned this way, in that they extend teaching (the teacher's task) and learning

(the student's task) outside of the classroom. Workbooks provide an alternate means for students to acquire and retain information, augment classroom education and provide more time for learning, and additionally place a level of responsibility on the student for engagement in the learning process. Homework also allows, to some degree, self-paced learning, questions-and-answers that cannot be addressed (or even necessarily thought of) in the classroom, and an objective means for recognizing not simply the comprehension and acquisition of information, but also the student's level of motivation and engagement in the learning process.

However, nobody would seriously consider replacing classroom and individualized teaching with homework. In fact, it is clear that homework extends and is based upon classroom instruction, and does not represent "stand alone" or "replacement" education. Even if people can learn from homework and independent study (which they clearly can), in this context homework extends, but does not replace, face-to-face education.

So it is with the *Stages* workbooks. They extend teaching and learning, exploration, experimentation, self-discovery, and the development of insight and awareness far beyond the therapist's office. They allow ideas that have been discussed and tools that have been taught to be further explored and developed after and between sessions, and they allow clients to explore and be prepared to discuss ideas and tools ahead of sessions planned to cover such material. In some cases, workbooks may cover material that will not be covered in individual sessions at all, other than through a brief review of the material and how well the client has completed workbook assignments. Workbooks can not only *extend* therapy beyond and between sessions, they can also be used to prepare clients *for* therapy, explaining the therapeutic process and how best to engage in and use the process.

Workbooks 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. Workbooks can be used to test for comprehension and for the depth of comprehension and acquisition. In addition, the use (and completion) of workbooks holds clients responsible, at least in part, for their participation in treatment, and allows clinicians to assess the motivation of clients to engage in treatment, and how far such motivation goes.

Workbooks also maintain a permanent record of information taught, the acquisition of such information, and the depth of learning. They can be revisited and serve to refresh memory over time, and workbooks tasks and exercises can be reassigned as deemed necessary or relevant to any given situation or client. Workbooks also allow others who have legitimate access to treatment records and materials, who are not otherwise directly related to individual treatment, to gain insight into material taught, client exploration and comprehension, and client motivation and participation.

➲ Workbook Limitations

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

Despite your best efforts, for instance, workbooks can homogenize and give treatment the appearance of being one-size-fits-all. Furthermore, many clients can "successfully" complete workbook materials without actually learning anything, or without incorporating any real change into their thinking or behavior. For example, there is a risk that rather than acquiring, understanding, and internalizing change, the completion of workbooks will actually help some clients to simply mimic true understanding, or "parrot" back information that makes it appear that they "get it," when in reality they don't get it at all. Additionally, workbooks can be completed casually and carelessly, and sometimes the "answer" to a particular question or exercise is obvious and can thus be completed easily without any real gain.

Furthermore, there is the risk, endemic to all workbooks, that clients 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. In still other cases, workbook material may go right over the heads of some young people for any number of reasons, including developmental level, cognitive ability, learning style, language skill, and cultural background. Many youths, for example, may require a different or more carefully explained approach than can be managed by the workbook.

Related to these concerns, the best and most effective use of the Stages workbooks requires time for clinicians to review and understand their content before use. And as all teachers know, any assigned homework requires time—which in many programs and outpatient practices may be in short supply—to review and evaluate the client's level of completion and understanding. Without reviewing and revisiting the material covered in workbooks and usually completed through homework assignments, workbook material may *never* be discussed during individual or group sessions or integrated into the larger treatment program. Worse, there may be an unwarranted assumption that the material has been learned, retained, and integrated when, in fact, it has not. This tendency is always a risk of which to be aware and guarded against in your use of workbooks.

Workbooks are also, of course, finite and limited in space. They always have a beginning and an end, and when they contain written exercises there is space to complete each exercise only once. This structure can create the illusion that once completed—that is, when all of the pages have been read and all of the exercises completed once—the work has been completed. This, however, is not true. The workbook is not *the* treatment, and 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, or at least that portion of the treatment.

➲ Fitting the Workbook to the Treatment Program

One additional, and potentially significant, problem is that some workbook material may not fit with the ideas, or even the sensibilities, of different clinicians or different treatment programs, or diverges from other materials and ideas used and taught by clinicians and treatment programs.

The risks are that the workbooks will be used in a disjointed manner, that some workbook material may be completely eliminated, that treatment will get wrapped around the workbooks in a way that may not fit with the clinician or treatment program's model, or that workbook material and ideas presented in treatment simply don't fit together or are different. Accordingly, it is important to ensure an integrated fit between workbooks and the larger treatment model into which workbook use is embedded. It is particularly 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.

➲ 10 Pointers for Best Use

These 10 pointers, presented in alphabetical order, will both help overcome the limitations of workbooks and maximize their value.

Be selective and judicious. Don't feel compelled to use all of the material or ideas in the Stages workbooks if they do not fit with other materials or ideas you use. However, if material is bypassed or eliminated, take into consideration how or whether this will affect the completion of other workbook material.

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.

Complete 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, help clients learn how to best use workbooks, work through difficult areas, and allow you to see the client's understanding and use of the workbooks in "action."

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.

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, for instance, 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.

Go beyond the boundaries of the workbooks. Don't stop at the boundaries of the workbooks. Expand upon them, build upon their ideas, and develop new ideas and materials.

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

Repeat and revisit. Whenever necessary or it seems appropriate, have clients go back to earlier workbook sections or material, either because they did not previously show a full understanding of or commitment to the ideas, or because those previous materials take on new meaning in your client's current point in treatment or under current circumstances in your client's life.

Review, discuss, and test for retention and comprehension. Review the manner in which young people 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? (Brief tests for each workbook are provided in Appendix D.)

Show interest. Beyond reviewing and discussing the workbooks simply to ensure they are completed, show interest in the work your clients are completing, by reading their materials, listening to their ideas and their experiences with those ideas, asking additional questions, and answering any questions that your clients may have.

➲ Working at the Client's Level

Because the workbooks are standardized, they are necessarily written for a projected "standard" young person—a male adolescent ranging between low-average to above-average intelligence, whose primary language is English. However, even within this range there is great variation, in age, cognitive development, intelligence, emotional maturity, language skills, social skill development, learning style, and sometimes in the client's primary language, as well as ethnic, cultural, and sub-cultural membership.

Accordingly, the clinician must recognize and take into account these many potential differences and ensure that the assignment and discussion of workbook material is aimed at the cognitive, developmental, skill, and psychological level of each individual client, and that the clinician remain culturally-sensitive as appropriate. This not only helps increase the chances that young people can and will understand and internalize the material and experience success, but is also a facet of individualizing treatment, and gearing treatment to the needs and capacities of each client.

Section III: Considerations in the Use of the *Stages of Accomplishment* Workbooks

➲ Workbook Completion Time

We have stressed the relationship between the use and completion of workbooks and the larger treatment environment into which workbook use is incorporated, briefly discussed in Section I. From this perspective, 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 young people. And for some young people, 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.

In fact, for young people who have a range of cognitive skills, and particularly those that relate to written material and instruction, these workbooks may be relatively easy to complete. For these youths, if they can sustain their attention, each workbook can be completed in a week or less, if they really went at it. 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, limited cognitive skills, different learning styles or needs, or disinterest, lack of motivation, or plain boredom. The question, then, 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?

In practice, treatment gains are judged by changes in behavior, self-regulation, social interactions, and improved psychosocial functioning, and not solely the completion of the workbooks. Recognizing, then, that workbooks can be completed quickly by some adolescents and very slowly by others, your use and assignment of workbooks should be guided by your goals in using workbooks; the skills, needs, and motivations, of your client; the venue and amount of time available for treatment; and the nature of available or relevant after-care services in terms of post-discharge treatment follow up after you have discharged your client from treatment. It is entirely possible that your client will work on only one or two Stages workbooks while in treatment with you and may work on the remaining workbooks in treatment with their next provider if after-care treatment is provided.

Workbook completion is not to be rushed. Although a workbook *can* be completed in a few days, and certainly within a week, we suggest that at least two weeks be assigned for each workbook, with at least two weeks between workbooks, to be used for review, discussion, and revisiting of workbook material and to assess any gains that seem to flow from workbook use. This represents a minimum of four weeks per workbook, including even the first and simplest and shortest workbook, for a total of 16 weeks for all four workbooks, or a minimum of approximately four months.

However, it is more likely that these, and perhaps other workbooks as well, will be more effectively incorporated into treatment over a longer period of time, of perhaps at least six months duration. In fact, the more complex workbooks are likely to take three weeks or more to complete and perhaps more, if, for instance, one chapter a week is assigned. Additionally, in a structured and longer-term treatment program in which there are often many treatment elements, such as those found in residential programs, it may be more useful to slow down the assignment of workbooks and spread out their use, along with other elements of treatment, over a longer period of time.

So, when all is said and done, workbook assignment and completion should range between a minimum of 4 months and, more productively and in a well-paced treatment environment, over a longer period of time, perhaps extending six to nine months into treatment, or more. The final workbook, for instance, may be most profitably used, and with the greatest relevance, just prior to discharge from treatment.

➲ Using the Stages Workbooks with Different Client Populations

The *Stages* workbooks are designed and intended for use with adolescent boys of average (or low-average) and higher intelligence, but may be adapted for use with different juvenile populations, such as children with sexual behavior problems, sexually abusive girls and young adults, and cognitively lower functioning young people. And, just as each of these populations differ from average intelligence adolescent boys, they are also quite different from one another.

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 (teenage girls, for instance, versus pre-adolescent girls or cognitively impaired boys, and, importantly, to account for cultural differences, when appropriate). The same is true to a great degree for young people whose primary language is not English, not simply because they may have difficulty with comprehension, but because these youths 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.

Many of the ideas and materials found in the *Stages of Accomplishment* workbooks are appropriate and relevant to any teenager engaging in sexually abusive or problematic 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.

With lower functioning adolescents, both language and concepts typically *must* be simplified. For pre-adolescent children, ideas 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.

➲ An Alternative to the Dysfunctional Behavioral Cycle

In working with lower cognitively functioning adolescents and pre-adolescents, and even with some average intelligence adolescents, it is possible to use a simpler model of the dysfunctional behavioral cycle, or a model that turns that "cycle" into something more linear and thus easier to follow for children and adolescents with less developed cognitive skills. The "One Safe Step at a Time" ("Safe Steps") model is shown in Appendix B, and Appendix C provides a simplified version of the dysfunctional behavioral cycle used in the Stages workbooks, designed in this case to be used with the Safe Steps model.

The simplified Safe Steps model illustrates one variation of the ideas and models used in the Stages workbooks. Although not used in either the workbooks or in this guide to the workbooks, it is also possible to simplify and create variants of the thinking errors and other tools and concepts described in the workbooks, designed specifically for developmentally less-sophisticated children and lower cognitively functioning adolescents.

➲ On Behavioral Cycles and Relapse Prevention Plans

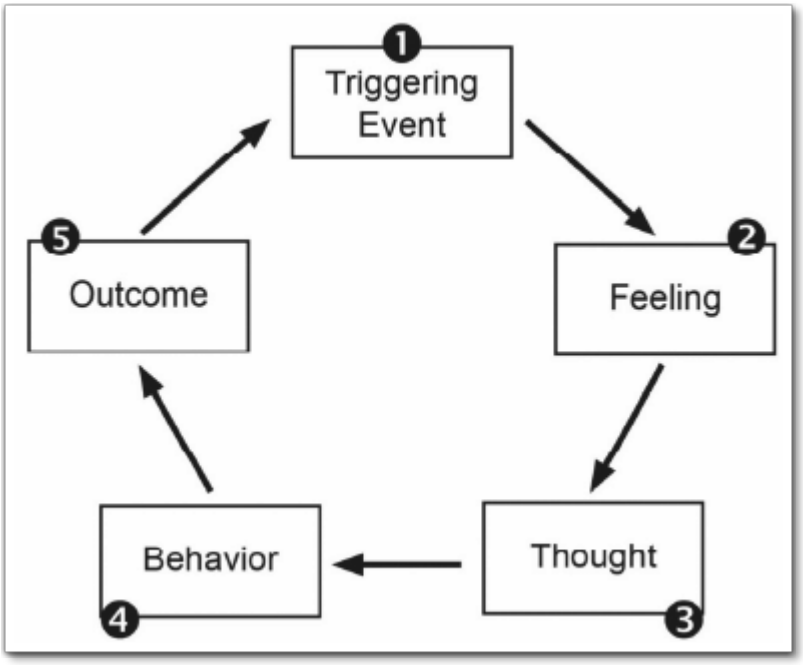
It is no surprise that behaviors are repetitive, including dysfunctional behaviors, as well as the thoughts and emotions that lie behind and drive behavior. Indeed, this is the basic premise of cognitive-behavioral therapies which aim to change behaviors and their

emotional underpinnings by restructuring the ideation that influences, and sometimes drives, them both.

A behavioral cycle model is basic to any form of cognitive-behavioral therapy, even if referred to as something else. Not described in workbook 3, where we discuss behavioral cycles, the basic A-B-C model of cognitive-behavioral therapy is a linear version of the behavioral cycle, and follows a simple pathway. Here, it's worth a brief overview.

Fundamental beliefs about self and others lead to automatic thoughts or cognitive responses, mediated by intermediate beliefs that involve attitudes and assumptions. Automatic thoughts, in turn, lead directly to emotional, physiological, and behavioral responses. That is, an Activating event leads to a rational or irrational Belief, that results in a Consequence or behavioral outcome. In terms of the typical sexual-abuse-specific version, the activating event serves as the trigger to a belief, or thinking error, which leads to a consequence or outcome in the form of undesirable behavior, typically referred to as a relapse. The effects that follow the behavior serve as feedback of some kind, as shown simply in Figure 1, turning the linear model into the cyclical model described in Stages workbook 3, which is often self-reinforcing, or, in terms of behavioral therapy, builds a conditioned response that maintains a predictable and repetitive set of behaviors.

Figure 1



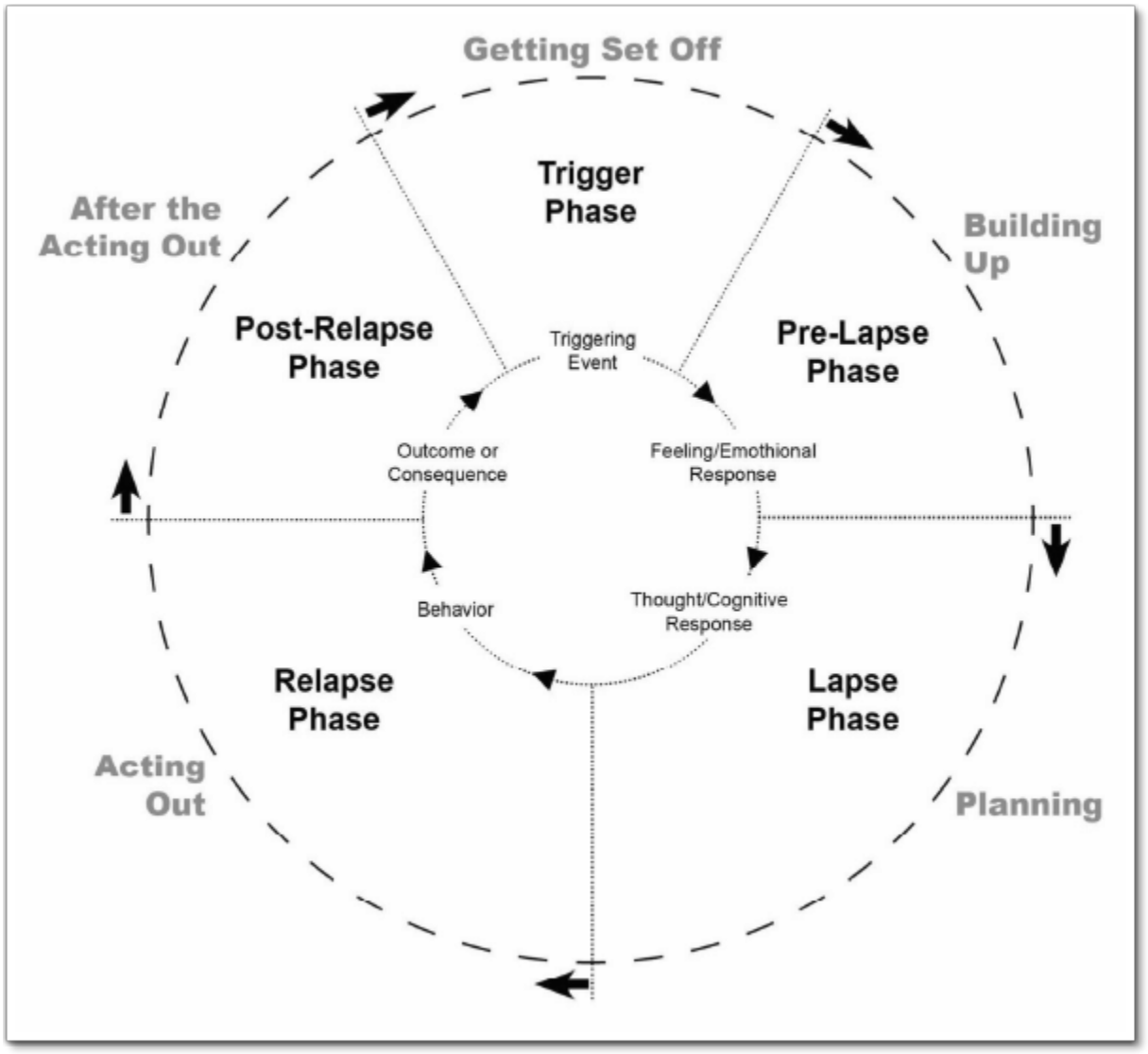
The behavioral cycle model has long been in use in the treatment of both adult and adolescent sexually abusive behavior, but has recently been examined with more care and

more critically, as it should be (for example, see Letourneau & Borduin, 2008). Despite our more sophisticated and better informed apprehension of these models, they nevertheless continue to have great utility, and especially when used to depict and map out any form of repetitive dysfunctional behavior. In effect, cycles are predictions of trajectory—that is, the obvious path of a set of thoughts, feelings, and eventually behaviors if things continue as they always have. When it comes to negative and destructive behaviors, it is the job of treatment to intervene and change the direction and course of the typical trajectory.

In the *Stages* workbooks, the cycle illustrated and taught is one of dysfunctional behaviors, shown in Figure 2. We do not use a model of the "sexual assault cycle," as it is sometimes called. The dysfunctional behavioral cycle may be used to describe and discuss repetitive sexually abusive behaviors or the possibility that sexually abusive behavior may recur, but this behavior is seen as one of many possible dysfunctional behaviors. A sexual assault cycle, on the other hand, assumes a more black-and-white model of behavior that is specific to sexually abusive behavior, and further that there has already been a *pattern* of such behavior (rather than simply one instance, for example).

A dysfunctional behavioral cycle is far broader and more generic and versatile with greater applicability. Further, the dysfunctional behavioral cycle model described in the *Stages* workbooks does not assume or assert that every individual who falls into dysfunctional behavior has the same experiences or experiences these behaviors in the same way. Instead, as described in the Stage 3 workbook, and briefly in Section V of this *Clinician's Guide*, the cycle is visualized as occurring in sequential and predictable phases, as shown in Figure 2. Although individuals predictably pass through each phase en route to the next phase in the sequence, how long they remain in each phase and their experiences in each phase will vary widely based on the individual characteristics of different people and the circumstances in which the dysfunctional behavioral cycle develops and unfolds.

Figure 2



The process of relapse-prevention planning, also long a standing practice in sexual offender treatment, has reasonably been increasingly scrutinized and subjected to much criticism, and rejected by some treatment researchers (for instance, Yates, 2007; Ward, Polaschek, & Beech, 2006). Nevertheless, the model is viable, and particularly when the relapse prevention plan is visualized as a safety plan and merely a means to apply ideas about how to recognize and escape from, or interrupt, dysfunctional behavioral cycles before they lead to dysfunctional behavior—or a "relapse."

In the workbooks, we refer to both relapse prevention and safe behavior plans, but predominately refer to safe behavior plans, and recommend the use of that term. We continue to use the term relapse, and note that safe behavior plans are very much the same

as relapse prevention plans, because the relapse model is a straightforward, relevant, and accurate description of what happens when individuals slip back into and engage in predictable, undesirable, and usually pathological behaviors.

➲ Using the Stages Workbooks in Different Treatment Venues

It is difficult to create a one-size-fits-all workbook for every potential treatment population. The same is true in terms of treatment venue—that is, the location in which treatment is provided, typically some variant of an inpatient or a community-based treatment environment. In turn, the treatment environment to a great degree also reflects some variant of the living environment—residential care, the family home, foster care, group home, etc.

The *Stages of Accomplishment* workbooks are designed to work with young people in any treatment environment, although, as noted, they are likely to have the greatest utility and reach in the residential treatment environment where it is possible to provide a wide, multifaceted, and often intense form of treatment. However, the workbooks are also designed for young people receiving treatment in the community-based treatment environment. Differences in the two treatment settings must be recognized and taken into account by the clinician in the use of the workbooks.

Accordingly, workbook use and assignments must be planned and implemented in a manner that best fits the treatment and living environments in which they are applied, and the treatment and management resources available.

➲ 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. Fostering motivation is a task for the clinician, unless the client is already motivated. But it is clear that unless the client is internally motivated (rather than by threat of some kind, such as incarceration) it is unlikely that any workbook, no matter how clever, relevant, or well designed, can provide on its own that level of motivation.

For many young people entering treatment for sexually abusive behavior, motivation is key to treatment gain and often needs to be developed through the relationship with the clinician. How to help induce motivation in clients is beyond the scope of this *Clinician's Guide*. However, the topic has been extensively described in the literature (see, for instance, Arkowitz, Westra, Miller, & Rollnick, 2008; Wilbourne & Levensky, 2006).

This concern reminds us again that workbook use is enveloped within the larger treatment environment, and represents an *element* of treatment and is, by itself, not treatment, per se. Like education in general, psychoeducation works best when openly and voluntarily received by an enthusiastic learner.

➲ The Therapeutic Relationship

As we discuss the effective use of workbooks in light of client motivation and, in turn, client motivation in light of the therapeutic relationship, it is worth reminding the reader about the therapeutic working alliance, as it is from within this alliance that client motivation is most likely to peak, and client participation is likely to be the greatest. In effective workbook use, and especially for self-learning outside treatment sessions, this alliance is essential, and has been described extensively in the literature (for instance, Bordin, 1976; Castonguay & Beutler, 2006; Hubble, Duncan, & Miller, 1999; Lambert, 1992; Lambert & Bergin, 1993; Norcross, 2002).

Hence, we refer to the idea that all forms of therapy take place within the context of the therapeutic relationship, and that this relationship and working alliance can be characterized in terms of the emotional bonds of the therapeutic relationship, treatment goals shared by both clinician and client, and the agreed upon tasks of treatment. This idea can easily be extended to the clinical assignment and client use of workbooks. Workbooks are most likely to be effective, and most effectively used, not only when embedded within a larger treatment model but within a supportive therapeutic relationship.

Without attempting to instruct clinicians on how to form a strong treatment relationship, some of the pertinent elements are reflected in the ten pointers for effective workbook use listed in Section II above. 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.

➲ Pacing Treatment: Twelve Steps

The need to sequence and pace treatment serves as an element in the design and order of the four *Stages of Accomplishment* workbooks.

The *Stage 1* workbook outlines a very simple 12-step model of treatment that describes to young people the pacing of treatment, or its sequence, timing, and elements. In part, pacing means that not everything can be worked on in treatment at the same moment, and also refers to the treatment tasks of the moment. Pacing also means that some things are built upon others, and many treatment issues and concepts can be addressed and learned only after earlier foundation issues and content has been addressed and mastered.

It's worth drawing attention to that simple 12-step model here, in order to highlight that the Stages workbooks are paced so that their use and their value in treatment moves from the elementary to the more specific and sophisticated over time, based on the acquisition and comprehension, and ideally the application, of earlier learning. Like all treatment, the use of the workbooks is based on the very first step of a 12-step model, before which treatment "proper" cannot effectively begin: the client recognizes that there is a problem that must be overcome, and that they are unable to deal effectively with their problem without help.

Briefly, these 12 steps, spelled out for young people in the Stage 1 Workbook, provide an excellent illustration of the pacing of treatment, and to a great degree the order and content of the four workbooks and the emotional and cognitive growth and awareness we hope to facilitate in the young people with whom we work. However, it's important to note that, although clearly based on the 12-step model developed and used by Alcoholics Anonymous, a "step" model is neither proposed for use with young people who have engaged in sexual abuse nor used; its only role here is to describe the tasks, steps, and pacing of treatment.

Step 1. Overcoming denial and recognizing and acknowledging a problem.

Step 2 Recognizing the need for help.

Step 3. Accepting help.

Step 4. Becoming honest with one's own self.

Step 5. Becoming honest with others.

Step 6. Willing to change.

Step 7. Ready to change.

Step 8. Ready to explore the damage caused to others.

Step 9. Willing to make restitution in the spirit of healing others and self.

Step 10. Able to accept personal flaws and fully accept responsibility.

Step 11. Building a life based on meaningful relationships, awareness of others, and self-awareness.

Step 12. Living a changed life.

Of course, this is a hopeful sequence, and many young people do not accomplish all of these noble tasks, at least while they are with us in treatment. Nevertheless, many young people do move through these steps, although sometimes in a rag-tag way, even if they do not accomplish them all. In recognizing the need to pace, we have not only designed workbooks that pace and sequence tasks from the simpler to the more complex, but we must often also

customize and individualize workbooks and treatment in general, to match, follow, and guide the learning curve of each individual client.

Section IV: The *Stages of Accomplishment* Workbooks

➲ Description and Overview

Each of the four inter-related *Stages* workbooks builds upon the previous one; that is, 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 young people of average intelligence, they are written to be easily understood and in plain language that speaks directly to young people. In addition, and of importance, the workbooks are enlivened with clip artwork and illustrations that make for a friendly visual environment, set a lighter emotional tone, and in a very simple manner bring ideas to life.

Each workbook follows a similar format, and each begins with the same introductory section. Obviously, for clinicians and young people 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.

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: An Introduction to Treatment,* is thus easier to handle, easier to understand and complete, and potentially far less overwhelming and imposing than the *Stage 4 Workbook: Hitting the Target: Making Permanent Change*, which, aside from anything else, has both more pages and more chapters. This arrangement 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.

In addition, as the workbooks increase in size, they also increase in their depth of content. They thus allow for a level of gradated success as clients move from one workbook to the 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.

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, each of which are briefly described below.

➲ Teaching and Learning Elements in the *Stages* Workbooks

Key Concepts are included throughout each chapter, summarizing and briefly describing terms and ideas discussed in their relevant sections. Key Concepts thus both teach and remind clients of what they're learning with respect to the definition of important ideas. There are 199 Key Concepts throughout the Stages workbooks, which in a few cases are repeated in different workbooks if relevant. See the Glossary of Key Concepts for an alphabetized list of all of the Key Concepts, their definitions, and the workbook(s) and chapter(s) in which they appear.

Thinking Points, like Key Concepts, are also scattered throughout each chapter, providing opportunities for young people 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 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.

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 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, to ensure that clients understand them and have tried their best to answer them appropriately in terms of both the depth and significance of answers, and in order to answer any questions the young person may have and/or pick up on, and further discuss the answers and concepts in terms of clinical interaction.

These written exercises offer great insight into how well young people 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 thus provide the basis for clinical interaction, and even intervention, at several different levels. They can be used by the clinician to explain, to redirect, and to process and deepen understanding.

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, with material based entirely on the content of the chapter to which the review section is attached. 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 and there are no "correct" answers, per se.

Accordingly, no "key" is provided by which clinicians may "score" answers, thus it is equally important that clinicians themselves understand the content of the workbooks so that they may judge, or evaluate, how well young people have completed the review questions. It is up to each individual clinician, or treatment program, to decide whether a young person has "passed" the review testing at the end of each chapter, or whether the young person should repeat the review, or whether you even score a review section as passed or not passed.

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, and in this case young people are not "cheating" by referring back to the relevant chapter. However, it is again up to the individual clinician or treatment program to decide how to incorporate chapter review testing into their use of the *Stages* workbooks.

Staff Review. The final section to 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.

➲ The Use of Written Exercises

Written exercises in the Stages workbooks are not intended to provide answers for young people. 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. Clearly, exercises push clients in particular directions regarding the content and goals of the workbooks, and the treatment of sexually abusive behavior in general, but the goal is nonetheless self-discovery, reflection, and expression.

Even though each workbook follows a similar design, some workbooks, and some chapters, include far more written exercises than others. The *Stage 1* workbook, for instance, is "light" on exercises and focuses more on providing information and orienting youths to treatment than having young people complete written exercises (nevertheless, like all of the

workbooks, each chapter in this first workbook concludes with a series of questions to be answered, that both tests for retention and provides opportunities for learning).

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, as well as test for comprehension of the model and the phases of a dysfunctional cycle.

➲ Becoming Familiar with the Workbook Exercises

Written exercises in the *Stages* workbooks are embedded and incorporated into the text and are spread throughout the four workbooks. The exercises are self-explanatory and require little description in terms of either their purpose or use as 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, Assigning, and Applying Exercises

In many ways, 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 taken care of. However, there are different types of exercises, which we will describe in just a moment, and some clinicians may select certain exercises independently of the chapter or text within which they are found. 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.

We encourage clinicians 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 revisiting and completing again, perhaps from a more sophisticated and mature perspective.

Revisiting 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, and it ensures the workbooks are not simply static things that disappear into the past as the journey proceeds, like a small town vanishing into history as you speed ahead on your way across country.

➲ Types of Exercises

As described, all of the workbook exercises are embedded within the text, but they 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 young person must complete, such as "When I think of the person I victimized, I ..." In some cases, the exercise is composed of a series of related, but different, sentence stems, and sometimes the young person is asked to complete the same sentence stem several times, hopefully with different answers each time.

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

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 young person's understanding of the story and its point. In some cases the questions are also aimed at building perspective or self-exploration (or both), depending on the story itself. Some of these stories are very brief (a sentence or two), and some a little longer. Sometimes one question follows the story, and sometimes several. In some cases, the workbook revisits the same story later in the chapter, asking additional questions.

In one form or another, written exercises always pose some sort of question to be answered by the young person, becoming part of the young person's work and journey as the answers are documented directly in the workbook. However, the point of the exercises and their format and placement, how and where in the text they are placed, vary from exercise to exercise. Further, different types of questions aim at different responses, use different types of learning, and have different types of objectives. Some aim at testing knowledge, some at building understanding and retention by repetition, some at comprehension and fostering a deeper comprehension, some at self-reflection, and some at perspective-taking and metacognition.

➲ Using the 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 young person to consider, and potentially for the clinician to explore further with the young person. 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.

Thinking Points are dotted throughout most chapters (but not all), boxed off from the text, and designed to, among other things, challenge and provoke thinking, stimulate self-reflection and self-appraisal, and help young people "locate" themselves in their response to the treatment process at any given time. Of importance, they also serve as jumping off points for clinical discussion.

Just as clinicians must be familiar with the entire workbook, clinicians should also be aware of the various Thinking Points, using and building on them in therapy sessions, and even spinning off additional "homework" assignments as appropriate.

➲ Becoming Familiar with and Using the Review Section

Each chapter concludes with a review section that amounts to a test of knowledge, "What Have You Learned?" These sections are based entirely on material and content relevant to that particular chapter, and vary in the number of questions asked of the young person and the type and format of the questions; they often also include brief vignettes as the basis for one or more questions.

Although the review sections always fit with the content of the associated chapter, they may not "fit" with the young person's developmental or cognitive level, psychological functioning, learning style, or special needs. Some young people will lack the cognitive capacity to fully comprehend questions, the executive capacity to pay attention and complete the work, or the learning skills required to complete written questions. In addition, the young person may feel overwhelmed or intimidated by the review section, and simply give up. Unless you are sure that there is a fit between the work and the client, using any part of the workbooks, and perhaps the review sections in particular, may be counter-productive.

Accordingly, clinicians must be familiar with both the review sections and the young people to whom the workbooks are assigned. Further, true for the workbooks overall, the clinician may customize and individualize the workbooks whenever necessary or appropriate, and

find ways to help young people experience success in workbook completion, including the completion of the review sections.

➲ The Accomplishments of the Young Person: Workbook Completion and Treatment Success

With the completion of each 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. 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.

However, the accomplishment of workbook completion, and especially the completion of increasing stages of accomplishment as each workbook is, in turn, completed, must be balanced against larger treatment gains. Without wanting to dampen enthusiasm or minimize accomplishment, we also must bear in mind that workbook completion by itself does not equal "success" in treatment, although it may be a central element.

Section V: Detailed Overview of the Stages of Accomplishment Workbooks

This section of the *Clinician's Guide* provides a more detailed overview of the Stages workbooks. Although providing a glimpse into content, structure, sequence, and inter-connectivity, an overview can never substitute for a detailed familiarity with the actual workbooks themselves.

Accordingly, although this overview will provide you with a detailed look at the workbooks, book by book and chapter by chapter, your best and most effective means for becoming familiar with the *Stages of Accomplishment* series is through your careful review of the actual workbooks.

To provide the most thorough overview, 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.

➲ The Young Person's Introduction to the Workbooks

Each of the workbooks has essentially the same introductory section. This content highlights and 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 young people may be assigned throughout the course of their treatment, and that together these workbooks will help young people learn important ideas, taught and discussed in treatment. These ideas can help them learn about themselves, their behaviors and attitudes, how their behavior has affected other people, and how to change.

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

Young people learn that much of the work involves developing a clearer understanding of themselves and their behavior, as well as the behavior and needs of other people. However, the Introduction also reminds young people that much of the work *is* directly about sexually abusive or sexually inappropriate behavior, and that is why they are in treatment at this time. Although honesty and participation often comes only with time in treatment, the development of personal motivation, and the development of a solid therapy relationship,

young people are reminded here 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.

➲ Stage 1 Workbook: Introduction to Treatment

This first workbook aims to help young people understand and engage in the treatment process, while recognizing that for some young people this is a very new experience. It covers ideas basic to both the treatment of sexually abusive and sexually inappropriate behavior and ideas about treatment itself, at the individual, group, and family level.

The *Stage 1* workbook has no written exercises. It more heavily focuses on providing information and orienting young people to treatment than having them complete exercises as they learn. Like all of the workbooks, the *Stage 1* workbook has Thinking Points and Key Concepts spread throughout its chapters. Although the focus is on information-giving in this first and shortest workbook, there are as many as 35 questions in the review sections that follow each chapter, and some of these queries have sub-questions within them, all of which test for retention and provide opportunities for learning.

Stage 1, Chapter 1. Introduction to Treatment.

Major Topics/Section Headings:

- Why Are You in Treatment?
- You're Not Alone
- Goals of Treatment
- Rehabilitation
- Juvenile Sexual Offending
- The Legal System and Treatment
- Sexual Offender Registries
- Honesty, Responsibility, and Denial
- Getting Help

The focus of this chapter addresses the primary reason that young people are in treatment—their engagement in some form of sexually abusive or sexually inappropriate behavior—as well as goals of treatment. The entire workbook, and particularly this chapter, provides more discussion than exercises, and aims at orientation and an early level of engagement in and responsiveness to the treatment process. It discusses labeling issues

related to juvenile sexual offending, including the label of "juvenile sexual offender," as well as a brief overview of the legal process and sexual offender registries.

Issues and matters related to the legal process vary broadly by state, province, county, locality, or other jurisdiction that governs or defines them, as well as by the legal charges facing the young person currently or in the near future. Even then, legal processes evolve and change over time, such as with changes in state and federal level sexual offender registry laws and compliance regulations. In many cases, young people in treatment for sexual behaviors have not been legally charged and have thus been diverted from the juvenile and adult justice system. Accordingly, this situation offers a perfect example of how information provided and discussed in a workbook must be individualized to best fit the individual client and their circumstances.

The chapter also approaches the idea of partnership in treatment, and the roles of honesty, responsibility, and denial in treatment. The Key Concepts section sets the pace for and describes important ideas and terms related to sexually abusive behavior and the work of treatment, and the Thinking Points in the chapter set the tone for the young person to consider what their investment and engagement in treatment might be, as well as their level of honesty and responsibility. Overall, the chapter is both brief and moves slowly. It is aiming at putting a toe in the water to test out its temperature and then come on in, rather than the instant immersion of jumping in at the deep end of the pool.

Aimed at orientation and information *giving* more than information *getting*, still the 16 questions in the review section require the young person's engagement and test for acquired information and comprehension; a brief story is the basis for several review questions.

Stage 1, Chapter 2. Participating in Your Treatment

Major Topics/Section Headings:

- Participating in Treatment and Personal Change
- The Treatment Team
- Confidentiality
- Legal Consequences
- Being Honest
- Working with Your Therapist
- The Therapeutic Relationship
- Individual Therapy
- How to Use Individual Therapy
- Group Therapy
- How to Use Group Treatment
- Family Therapy
- Treatment Goals

- The Primary Goals of Your Treatment
- Assessment of Risk
- Changing, and Twelve Steps in Treatment
- Simple Treatment Rules to Live By
- Five Behaviors to Avoid
- Five Rules to Live By

This chapter focuses directly on treatment and how to engage more effectively in treatment. Continuing to provide an orientation, it describes aspects of treatment, including personal participation, the nature and role of the treatment team, and confidentiality and its limitations. The chapter also addresses particular elements of treatment, including the therapeutic relationship; individual, group, and family therapy; goals and aspirations of each form of treatment; and simple guidelines for effective participation in these modes of treatment. In addition to treatment, the chapter also introduces young people to the risk assessment processes, which for many young people, treatment referral sources, and jurisdictional agencies is a significant element in both treatment and life *after* treatment.

Key Concepts in this chapter provide definitions of terms and ideas related to sexually abusive behavior and its treatment, and continue to build an understanding in the young person of treatment-related ideas and constructs. Thinking Points help the young person understand the treatment process and its elements, as well as their location in the treatment process at that point.

As with chapter 1, and the entire workbook series, you may need to customize the information or its application because many of these elements vary from one young person to another, and depend on the type, intensity, and location of treatment. For instance, there may not be a "treatment team," other than the clinician, or the team may be diffuse rather than highly integrated. Similarly, despite a description of group therapy and its role and process, in the outpatient setting group therapy may look very different from its counterpart in residential treatment, if group therapy is provided at all (we certainly hope it is, as it is a central and important element in any form of adolescent treatment). The same is true for family therapy which should be a central feature of all treatment with sexually abusive behavior when a family is available for therapy, but nevertheless may not always be an aspect of treatment. Further, matters pertaining to confidentiality may vary widely among different clinicians, programs, treatment environments, and related

circumstances. For these reasons, the clinician must be familiar with workbook material and make adjustments or provide clarifying explanations whenever needed.

This chapter provides information and an overview, using the questions in the review section, rather than the chapter itself, to test for engagement, comprehension, and

retention. Review section questions focus more on developing an understanding of treatment, and again use brief stories, or vignettes, as both illustrations and launching points for questions.

As described, the chapter discusses forms of treatment, and describes how young people may effectively participate in different treatment modes, what these treatment modes can offer, and what the young person may gain. As shown in the "Major Topics/Section Headings," chapter 2 also spells out a number of "rules" and guidelines for youths to learn and absorb. Each of these sets of thumbnail rules, sometimes known as "heuristics," can aid a young person's understanding and of how to best engage in treatment, and may be of use to the clinician, as well, in helping the young person to effectively engage in treatment.

The 12 basic goals of treatment are listed below, and the clinician is advised to review the other sets of heuristics in this chapter (12 Steps in Treatment, 10 Guidelines for Individual Therapy, 12 Rules for Group Therapy, Five Behaviors to Avoid, and Five Rules to Live By). For some young people this may be a lot to absorb, but as the broader content of the *Stage 1* workbook is limited, these heuristics represent a central element in learning, and may serve as a focal point in clinical work if necessary.

For the 12 steps of treatment, listed in abbreviated form in Section III of this guide, we have previously noted that the only purpose of this heuristic is to describe the tasks, steps, and pacing of treatment. We reiterate: a 12-step model for the treatment of sexually abusive and sexually inappropriate behavior is not used at any other point in the workbooks, nor proposed as a treatment model.

Twelve Basic Treatment Goals

1. Accept responsibility for all of your choices and your behavior, without minimizing or justifying those behaviors, or blaming someone else for your behavior.
2. Be honest about the things you've done, including your sexually abusive or inappropriate behavior.
3. Identify your feelings, thoughts, and behaviors that contribute to sexual abuse and sexually inappropriate behavior, and interrupt (or prevent) them in yourself before they cause harm.
4. Understand the impact of your own history on the way you feel, think, and behave.
5. Understand and choose healthy sexual behavior and relationships instead of sexual behaviors that make victims out of other people or yourself.
6. Identify, control, and prevent deviant (unhealthy and inappropriate) sexual arousal and sexual fantasy.

7. Learn to use safe, healthy, and effective coping skills and social skills to deal with issues, concerns, and the challenges of daily life.
8. Develop and show awareness, sensitivity, and concern for others.
9. Build healthy relationships.
10. Keep an awareness of sexually abusive and sexually inappropriate behaviors in your daily life.
11. Develop an awareness of risky situations that might cause you to engage in future sexual abusive or sexually inappropriate behavior.
12. Develop and use a safe behavior plan or relapse prevention plan (a plan that helps you to never engage in sexually abusive or sexually inappropriate behavior again).

Stage 1, Chapter 3. Understanding Sexually Abusive Behavior

Major Topics/Section Headings:

- What is a Sexual Offense?
- Hands-On/Contact Offenses
- Hands-Off/No-Contact Offenses
- What Is Sexually Inappropriate Behavior?
- The Elements of Sexual Abuse
- The Three Main Elements of Sexually Abusive Behavior

This chapter is relatively brief and wraps up the *Stage 1* workbook. It focuses entirely on further developing an understanding of sexually abusive and sexually inappropriate behaviors; provides definitions, descriptions and discussions of types of sexually abusive behavior, including "hands off" and "hands on" (contact and no-contact) sexually abusive behaviors; and outlines the dynamics of sexually abusive behavior. In particular, sexually abusive behavior is discussed in terms of three classic elements of such behavior: lack of consent, lack of equality, and presence of coercion.

The Key Concepts of this chapter build an understanding and provide further definition of these behaviors, and the review section questions (there are no Thinking Points in this chapter, although the clinician can easily add Thinking Points of their own) directly

address the young person's understanding of sexually abusive and sexually inappropriate behavior, including asking about the young person's own sexually problematic behaviors.

➲ *Stage 2 Workbook:* Understanding Yourself

The *Stage 2* workbook is aimed squarely at introducing young people to themselves and to the world of interrelated thoughts, emotions, and behaviors. Young people can discover and identify their own internal world and its effects on their external behaviors. There is little focus on sexual behaviors in this workbook, until they are addressed in chapter 3 as values and beliefs rather than actual behavior. This workbook emphasizes the relationship between the internal processes of thoughts and feelings and the enactment and externalization of these as attitudes, social interactions, and behaviors.

Stage 2, Chapter 1. Learning About Yourself

Major Topics/Section Headings:

- Being in Treatment
- Strengths and Limitations
- Fear and Worry Can Hold You Back
- Getting Help and Support

This short chapter begins with the message that "being in treatment isn't just about the things you've done. It's about who you are and who you want to become." The chapter focuses on helping young person to think about who they are, including their strengths and their goals, and what prevents them from setting and meeting their own goals.

Building on the *Stage 1* workbook, this chapter first asks young people to reflect upon why they're in treatment and, further, why they're completing the *Stage 2* workbook, and whether or not they even believe they need help and support. Young people are guided to think about and clarify their goals in and expectations of treatment, and what they hope to accomplish. Several exercises help young people think about treatment and subsequently describe both their strengths and their weaknesses, including any limitations on their capacity to succeed.

The *Stages* workbooks are neither intended nor designed to address the impact and effect of earlier adverse experiences, which are common among sexually abusive and other problematic young people. In several places, however, and especially chapter 6 in workbook 2, the workbooks touch on the outcomes of childhood experiences or trauma. The workbooks may thus serve as important links for clinicians as they recognize the presence and effect of these prior experiences and, at the right juncture in treatment, work on these very important issues with the young person they affect. The current chapter briefly touches on processes related to earlier negative experiences, specifically those that create fear and anxiety and/or serve as obstacles to the formation of healthy relationships and trust in others, including those who wish to offer and provide help.

The chapter moves on to address the value of help and support and how to seek such assistance and build a support network. The chapter's short review section focuses on strengths, vulnerabilities, goals, support, and network building.

Stage 2, Chapter 2. Feelings, Thoughts, and Behaviors

Major Topics/Section Headings:

- Understanding Feelings, Emotions, and Moods
- Understanding Thoughts
- Thoughts and Ideas
- "Rational" Thinking and Thinking Errors
- Understanding Behavior
- Destructive Behaviors: Physical, Emotional, and Mental Harm to Others
- Self-Destructive and Self-Defeating Behaviors
- Dysfunctional Behaviors
- Managing Feelings, Thoughts, and Behavior

As the chapter title makes clear, this chapter explains and explores feelings, emotions, moods, and rational and irrational thinking processes, and introduces the concept of thinking errors (addressed in more detail in chapter 5). The present chapter also focuses heavily on behaviors, and particularly those that are self-defeating, self-destructive, and/or harmful to others.

Harmful behaviors are also described both in terms of their physical and emotional consequences to others, and in terms of dysfunctional behaviors in general, laying the groundwork for the content of the *Stage 3* workbook, which specifically addresses both dysfunctional behavioral cycles and the development of safe behavior and relapse prevention plans.

Chapter 2 concludes by discussing and exploring how young people may recognize and manage their thoughts, feelings, and behaviors, specifically addressing the need to tolerate and contain difficult emotional feelings, so that they don't get "acted out" in antisocial externalized ways or self-harming internalizing behaviors. Introducing the concepts of impulses and urges, the chapter concludes by identifying the need to develop coping skills, further addressed in chapter 3 of the workbook.

The review section begins by having the young people define a series of concepts related to the chapter contents, with the focus on ensuring the development of a vocabulary that can aid the young person to recognize and conceptualize important ideas. The review questions also include questions based on stories described in the review section, and test for the

young person's understanding of concepts related to thoughts, feelings, and behaviors and their inter-relationship.

Stage 2, Chapter 3. Understanding and Managing Feelings

Major Topics/Section Headings:

- Using Our Feelings
- Recognizing and Identifying Feelings
- Tolerating Feelings and Managing Feelings and Behavior
- Dealing with Difficult Feelings
- The Importance of Understanding Feelings
- A List of Feelings: Descriptions
- Your Most Common Feelings
- Learning About Your Feelings
- Ranking Your Feelings
- Coping
- Healthy and Unhealthy Coping

This chapter builds entirely upon the ideas and work of chapters 1 and 2, helping young people to recognize the value and positive use of their feelings, but also the need to first recognize, identify, tolerate and cope with difficult emotions. This chapter introduces an extensive list of feelings, and asks the young person to first attempt to understand and explain each feeling and then to explore their own feelings, especially those that they most commonly experience.

Coping or dealing with feelings is addressed in some detail, including ideas about "healthy" and "unhealthy coping" (stressing that only *healthy* coping is effective).

Stage 2, Chapter 4. Attitudes, Beliefs, and Values

Major Topics/Section Headings:

- Attitudes
- Beliefs
- Values
- What Type of Person Are You?
- Keeping Us Safe: Beliefs and Behaviors
- Sexual Attitudes and Beliefs

Shifting attention from emotions and their management, this chapter builds upon thought processes and, in particular, attitudes, belief systems, and value clarification. The focus is on how the young person thinks, experiences and expresses attitudes about self and others,

his (or her) systems of belief and specific beliefs, what he (or she) values, and whether his (or her) behaviors honor or damage those values and beliefs. The chapter asks the young person to think about how he sees himself.

The review section incorporates several different question formats, including a series of short stories that serve as the basis for many of the questions. This review section contains over 30 questions, many of which have several parts to them. As the young person gets further into the workbooks, review sections deepen and amplify the learning process in general, in some cases become increasingly complex as they progress from earlier chapters and workbooks.

Stage 2, Chapter 5. Thinking Errors

Major Topics/Section Headings:

- Errors in Thinking
- The Way You Think: Your Thinking Errors
- Type 1 Thinking Errors: Unwilling to Accept Responsibility
- Type 2 Thinking Errors: Self-Defeating
- Type 3 Thinking Errors: Narcissistic
- Your Most Common Thinking Errors
- Internalizing Thinking Errors and "Scripts"
- Thinking Errors Lead to Thinking Errors
- Three Stages of Thinking Errors

This chapter fully introduces and explains the concept of thinking errors (or cognitive distortions). It builds on the linked ideas that thinking errors: (i) allow people to not take responsibility for their behaviors, (ii) are self-defeating, and (iii) focus people's attention onto themselves, without thinking about other people.

The chapter presents a specific thinking errors model that breaks thinking errors into three types that have wide-ranging effects, allowing both behaviors that are harmful to others and behaviors that are harmful to self, as well as significantly damaging the client's capacity to socially interact with others in an effective manner. Each category, or class, of thinking errors contains a series of commonly used thinking errors or cognitive distortions, and are specifically with respect to this particular model. The three types of thinking errors are listed immediately below, and the model is detailed in Appendix A, including the thinking errors included in each "type."

Type 1 Thinking Errors: Unwilling to Accept Responsibility.

Type 2 Thinking Errors: Self-defeating.

Type 3 Thinking Errors: Narcissistic.

The chapter contains a number of specific exercises that help the young person focus on understanding and describing thinking errors, including their own commonly experienced thinking errors, and the idea that thinking errors result in internalized "scripts" that people automatically follow, without conscious thought. The goal here is to bring these automatic thoughts and unconscious scripts into conscious awareness, so that change can be considered and made—the process often known as cognitive restructuring. These sections of the chapter use simple stories to illustrate the ideas and offer a way for the young person to both consider their own patterns of thinking and develop the capacity for perspective taking, an important precursor to the development and experience of empathy.

The chapter concludes by going beyond thinking errors to the three stages of thinking errors, and specifically relating these to engagement in sexually abusive behavior:

Stage I. Pre-Abuse Cognitive Distortions: "Contributing and Leading"

Stage II. In-Abuse Cognitive Distortions: "Allowing and Supporting"

Stage III. Post-Abuse Cognitive Distortions: "Justifying and Strengthening"

Stage 2, Chapter 6. Past and Present

Major Topics/Section Headings:

- Getting Support
- Trauma and Adverse Childhood Experiences
- Your Experiences
- Working Through and Understanding Trauma and Adverse Developmental Experiences
- Moving Ahead
- Closing Thoughts

Although questions about trauma are asked in other workbook chapters, this chapter, new to the second edition, provides room to more fully explore any history of adverse childhood experiences and their effect on the young person's development over time and in the present. The chapter is a combination of instructional content and questions posed to the client for multiple writing exercises that help young people explore and better understand their pasts, themselves, and whether and how their current behaviors and relationships are shaped by earlier developmental experiences.

This is the one chapter that does not have an expectation that the young person will share it with their clinician, although the chapter itself emphasizes the hope that they will. For the same reason, this is the one chapter that does not have a What have Your 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. 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 we expect that treatment staff will observe and honor that boundary. It will the young person's choice to share or not share the content of this chapter.

➲ *Stage 3 Workbook:* Understanding Dysfunctional Behavior

This workbook returns the young person to work directly related to sexually abusive behavior. The Stage 3 workbook is used to work entirely on developing and applying an understanding of behavioral cycles, and help young people recognize and understand their own dysfunctional and problem behaviors. The last chapter in the workbook points young people toward the development and creation of safe behavior/relapse prevention plans which are closely related to behavioral patterns that, like all patterns, are both repetitive and predictable.

Keep in mind that, although workbooks can be used in stand-alone fashion, they are designed with a clear sequence in mind and intended to be used in this sequence. In this case, the Stage 3 workbook continues to build upon the ideas about behaviors and thinking errors that were described and worked on in the Stage 2 workbook.

Stage 3, Chapter 1. Dysfunctional Behavioral Cycles

Major Topics/Section Headings:

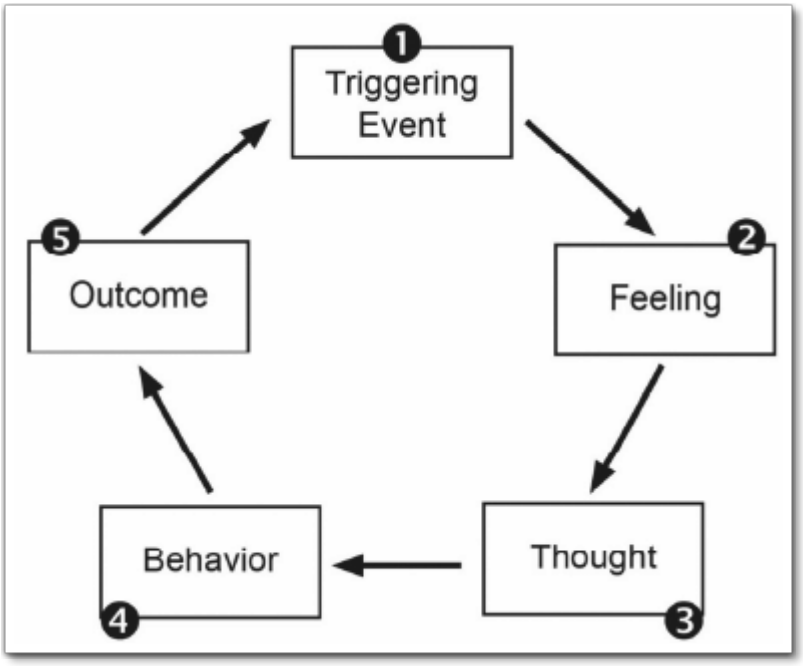
- Managing Behavior
- What Affects Behavior?
- The Behavioral Cycle
- The Sequence of the Dysfunctional Behavioral Cycle
- The Parts of the Dysfunctional Behavioral Cycle
- Dysfunctional Behavioral Cycles as High Risk
- Interrupting the Dysfunctional Cycle

This chapter lays the foundation for the workbook by first describing behavior management and the influences on behavior that surround young people and are also often internally present in their thinking and emotions. Concepts and ideas about dysfunctional behavior, in particular, are also discussed.

Patterns of behavioral are explained in the form of five basic and inter-related elements, each one of which leads to the next: (i) event/trigger, (ii) feeling, (iii) thought, (iv) behavior, and (v) outcome, leading back into the next event, contributing to or potentially starting another

behavioral cycle. This simple model is transformed into a behavioral cycle that can easily be illustrated, as shown in Figure 3.

Figure 3



Triggering Event. The behavioral cycle starts with a *situation* or an *event* that serves as a *trigger* to a feeling-thought-behavior sequence.

Feeling/Emotional Response. The event triggers an *emotional response*.

Thoughts and Ideas/Cognitive Response. The feelings/emotions trigger a *cognitive response*, or thoughts, ideas, beliefs, or attitudes.

Behavior. Thoughts and ideas lead to a *behavior* or *action* of some kind.

Outcomes. All behaviors have *outcomes, results,* and *consequences.*

New Event. Behavioral outcomes feed back into and help shape the next situation or event.

Following the discussion, a written exercise of multiple questions asks the young person to apply the ideas of dysfunctional behavior and the dysfunctional behavioral cycle to one recent instance of their own behavior. The chapter moves on to further discuss and simply

illustrate each elements, or "leg," of the dysfunctional cycle, demonstrating how these individual elements incrementally add up to the entire cycle.

This chapter uses several more exercises, combined with Thinking Points and Key Concepts to further develop ideas about dysfunctional behavior and behavioral cycles. The cycle is additionally identified as "high risk," introducing the concept of high-risk factors and situations that are further discussed in chapter 3 of this workbook. Also introduced is the idea of "interrupting," or "escaping," the behavioral cycle. The review section for this chapter is relatively short.

Stage 3, Chapter 2. Phases of the Dysfunctional Behavioral Cycle

Major Topics/Section Headings:

- Phases of the High-Risk Cycle and "Relapse"
- Understanding Each Phase
- Phase 1: The Trigger Phase –Getting Set Off
- Phase 2: The Pre-Lapse Phase–Building Up
- Phase 3: The Lapse Phase–Planning
- Phase 4: The Relapse Phase–Acting Out
- Phase 5: The Post-Relapse Phase–After the Acting Out
- Putting the Phases Together

This lengthy chapter teaches a particular model, and all of its exercises are aimed at drilling home and applying these ideas. The model itself is not complex, but, as shown in Section III of this guide, has several linked elements that add up to the whole. This chapter takes this model, breaks it into its component parts and explores each part, and then assembles the parts into the whole model. Because of the chapter's length, the detail of its content, and the amount of writing required by the exercises and the review section, this chapter is not only exhaustive but may potentially exhaust the young person as well. So... take the demands of the chapter into account when assigning it.

The chapter first introduces and describes the concepts of relapse and phases, and subsequently reviews and explains each of the five phases built into the model, first by separating and "exploring" each phase, as shown in Figure 4.

Phase 1: The Trigger Phase– Getting Set Off.

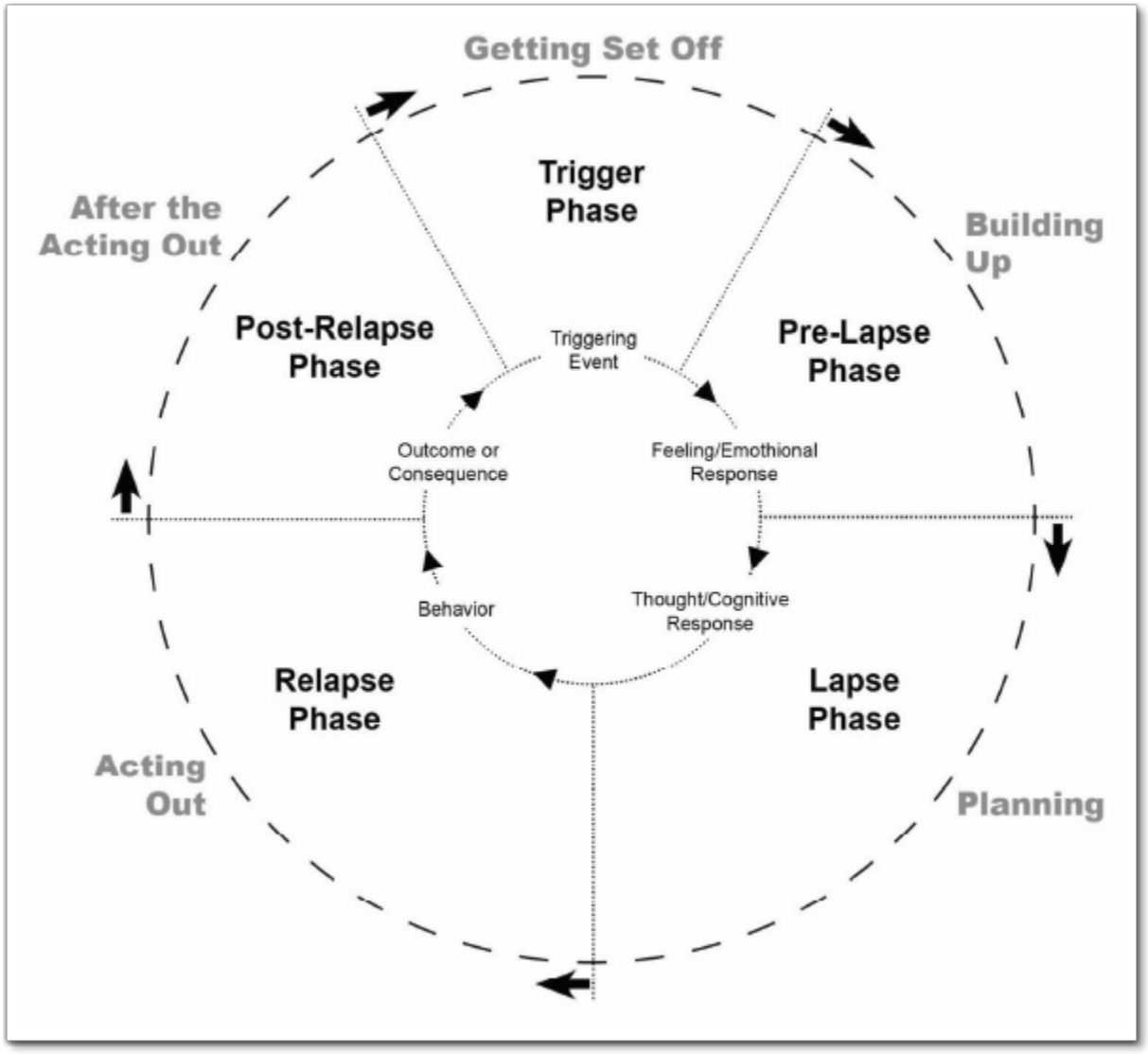
Phase 2: The Pre-Lapse Phase–Building Up.

Phase 3: The Lapse Phase– Planning.

Phase 4: The Relapse Phase–Acting Out.

Phase 5: The Post-Relapse Phase–After the Acting Out.

Figure 4



After exploring and working through the individual phases, the chapter re-assembles the phases into the complete phased cycle.

The chapter's extensive What Haye You Learned? review section includes illustrative vignettes designed to help the client apply the ideas. It is extensive, so it may take some time to complete, and it may be a good idea for the young person to complete it in more than one sitting.

Stage 3, Chapter 3. High-Risk Situations and Behaviors

Major Topics/Section Headings:

- Urges and Cravings
- Triggers, Dangerous Situations, High-Risk Situations, and High-Risk Factors
- The Elements of Risk
- Internal and External Risk Factors
- Seemingly Unimportant Decisions
- Denial and Minimization
- High Risk and Decision-Making Skills
- Keeping Secrets
- Protective Factors

Beginning almost immediately with a brief illustrative story to explain, explore, and develop perspective taking, chapter 3 describes and provides examples of high-risk situations and factors. Moving on to describe urges and cravings (introduced in the Stage 2 Workbook), chapter 3 flags these experiences as high-risk warnings, and again uses a vignette to illustrate and further explore the concepts.

Building further, the chapter returns to triggering events, and ties them to dangerous situations, high-risk situations, and high-risk factors. These elements are related to repetitive patterns of dysfunctional behaviors, and because they are commonly taught in sex-abuse-specific treatment, it is important for young people in treatment to learn and explore these ideas as they may be exposed to them in other treatment programs and venues. In discussing the elements of risk, thinking errors and attitudes and beliefs that support antisocial behavior are flagged as high-risk factors in the perpetration of sexually abusive and sexually inappropriate behavior. Likewise, urges and cravings that cannot be tolerated and managed are shown to play a role in risk factors, aggravated by the Problem of Immediate Gratification (PIG, as it is sometimes called).

The chapter thus addresses internal risk factors, such as antisocial attitudes and beliefs, and external risk factors, such as entering or remaining in situations or being with people that engender or encourage (even unintentionally) either self-destructive behavior or behavior that is harmful to others. The chapter also identities the major concept of seemingly unimportant decisions (SUDs), as links in a chain that can lead to both antisocial behavior in general and sexual recidivism in particular.

Both through discussion and a writing exercise, denial and minimization are addressed in the chapter, including the many variants and subtleties of denial. This concept is followed by the role and nature of decision-making skills in recognizing and dealing with elements of risk. The chapter provides a simple model for decision-making, focusing on the elements of:

(i) responsibility in decision-making, (ii) thoughtfulness versus impulsiveness, and (iii) the long-term effects and outcomes of the decision-making process.

Chapter 3 not only covers risk factors and elements of risk, but also introduces and addresses protective factors: "It's not all about risk. It's also about protection from risk. You not only face risk in your life, and high-risk situations, but you also have strengths that can help protect you from making mistakes and getting into high-risk situations."

The chapter explains and describes these protective factors, and helps the young person to explore the protective factors, people, organizations, and other resources in their life.

The review section is relatively short for this chapter, but the chapter itself involves a number of exercises, making this another writing heavy chapter. By the end of chapter 3, as young people approach the final chapter and the completion of the *Stage 3* workbook, they have a come a long way from the *Stage 1* workbook.

Stage 3, Chapter 4. Sexual Health: Managing Sexual Thoughts and Interests

Major Topics/Section Headings:

- Social Media and The Internet
- Pornography
- Child Pornography
- Atypical Sexual Interests: Deviant Sexual Thoughts and Interests
- Self-Regulation: Managing Our Behavior
- What is "Normal" Sexual Thinking for Adolescents?
- Thinking About All This
- Violent Sexual Thinking and Behavior
- Your Experience of Atypical Sexual Interests
- Sexual Self-Regulation

This chapter, also new to the second edition, addresses sexual self-regulation in three specific areas. The first addresses sexual content in the social media and use of the social media by young people for sexual purposes, and aims at education as much as it does self-exploration. As with the chapter as a whole, there are many questions and written responses in this section. This is true of the entire chapter, as the goal is to guide and help the young person explore and discover their views rather than lecture.

The second area covered is pornography, again with many written exercises, exploring and discussing, but not demonizing the nature, role, and content of pornography. The goal is helping young people think about their use, if any, of pornography, and its effect, if any, on their sexual behavior and beliefs. One goal is to help young people realistically understand

and manage their pornography use, if this is a concern in treatment. The three primary sections overlap. Just as social media and pornography closely overlap, so too does pornography, with its subset of child pornography and violence, overlap with the third area of deviant sexual interests.

Atypical sexual interest, more commonly and broadly known as deviant sexual interest and arousal, is discussed, including what makes it deviant, and sometimes illegal, and explores how to manage deviant thoughts, beliefs, or urges, if experienced. This is a brief section, with few written exercises. In each case (social media, pornography, atypical sexual interests), the goal is not to fully, or to even partially, address the related issues and behaviors or provide significant education. Instead, in a single chapter, the goal is to scratch the surface, and begin to raise self-awareness, as well as flag the clinician if there is important material to further explore and work on together in therapy.

The final section on sexual self-regulation encapsulates the idea behind the chapter, that the goal is primarily one of containment and self-regulation, and sexual self-containment in particular (for instance, Miner, et al. (2016).

The use of Thinking Points is especially important in this chapter, as, despite many written responses prompted by the chapter, we don't ask the young person to acknowledge or describe in writing any sexually atypical interests or deviant fantasies they may have. The obvious reason is privacy, with a prime goal of the chapter being to prompt young people's thoughts about their sexual thoughts, ideas, and interests, and how well they manage them.

Stage 3, Chapter 5. Behavior Management, Staying Safe, and Preventing Relapse

Major Topics/Section Headings:

- Planning for Safety and Success
- What is a Behavior Management Plan?
- Q and A on Elements of a Behavior Management Plan
- Behavior Management Planning
- Q and A on Relapse Prevention Planning
- Steps in Relapse Prevention
- Consequences
- Coping with Feelings and Thoughts
- The Benefits of Escaping Dysfunctional Behavior and Avoiding Relapse
- Getting Help

- Strengths and Goals
- Developing and Using Your Safe Behavior Plan

The final chapter in the *Stage 3* workbook helps young people understand and develop means and plans for preventing future behavioral problems—especially behaviors that are destructive to themselves and others, including a recurrence of sexually abusive behavior (i.e., relapse).

The chapter describes the similarities and differences between behavior management plans and safe behavior, or relapse prevention, plans: the behavior plan is more general, and the safe behavior plan, as it is nowadays commonly called (rather than a relapse prevention plan), aims at preventing a recurrence of harmful behaviors. The chapter explores the ideas and elements of such plans, the rationale for safety planning, and the difference between making safety plans and actually using them. As experienced treatment professionals know, some variant of safety or relapse prevention planning is basic to the treatment of young people who have engaged in sexually abusive behavior, yet many safe behavior and relapse prevention plans are either poorly developed or simply go unused, for any number of reasons. The chapter also introduces the idea of Success Plans, which aim at prosocial development and the attainment of future goals, although success plans are not more fully addressed until chapter 6 *(Looking Ahead: Planning for Success)* of the *Stage 4* workbook.

Much of the chapter revisits and builds upon the ideas of chapters 1, 2, and 3, and tests for retention and comprehension of these ideas through written exercises, as well as self-evaluation. Exercises urge the young person, at this point in their treatment, to honestly appraise their prior sexually abusive or sexually inappropriate behavior, although like many of the exercises found throughout the workbooks, allow for an "I'm not ready to discuss this" answer.

Asking young people questions can create genuine discomfort or anxiety for them. Asking them to acknowledge and describe in writing their sexually abusive behaviors may understandably cause the young person concern. The decision made by the young person about how to answer a question like this should not be taken as a profound reflection on their engagement in treatment, as there may be many surrounding contextual complications and factors that affect their decision-making process. Nevertheless, the young person's choice to answer or not answer a question like this may certainly offer some insight into how far they have come in treatment to this point.

The remainder of the chapter provides for the actual development of a safe behavior plan, and includes many of the elements previously addressed in the *Stages* workbooks. The relapse prevention process thus incorporates an awareness and the identification of troublesome elements: triggers, seemingly important decisions, cravings, and other warning signs such as deviant, or *atypical,* sexual fantasies, emotional dysregulation, and thinking

errors. If used as a meaningful and useful learning experience, the plan also recognizes and identifies coping strategies that will be used to help avoid relapse, identifies supportive people and other helping resources, and highlights personal strengths and goals.

The review section is relatively brief, since so much written work has been completed as part of the chapter itself. The workbook, however, concludes with some "parting words" that extend past the review section and treatment staff review of the material, acknowledging how far the young person has come at this point in treatment, and especially if all three workbooks have been completed thus far.

➲ *Stage 4 Workbook:* Hitting the Target. Making Permanent Change

Phew! Imagine how your client must be feeling about the work that he or she has completed so far. There is a genuine reason to offer congratulations to young people who have completed all three prior workbooks and have arrived at the final workbook in the series, and to recognize their accomplishment.

This fourth and final workbook aims at building relationships, establishing social connection, and taking responsibility through making social reparation. It also aims at the recognition and development of relationships that are healthy and satisfy the young person, adding meaning to their life and allowing the young person to add meaning to the lives of others and the community-at-large.

In a chapter new to the second edition, the workbook also outlines the development of a Success Plan, which builds on approach goals, rather than avoidance, goals. Approach goals are things that the young person seeks or wants, whereas relapse prevention plans are built on avoidance goals: things not to do, places not to go, thoughts not to have. These are important goals, for sure, but in a contemporary, strengths-based, and rehabilitative model of treatment, we recognize that success is more than not re-offending or getting into trouble again. We recognize the importance of life plans that build on the capacity of the young person to achieve a successful and satisfying life (success plans), and not only on plans that primarily seek to prevent the recurrence of problem behaviors (safe behavior plans). When used alone, relapse prevention, and often safe behavior, plans aim at prevention alone, rather than the success of the young person as well.

These issues and topics lie at the heart of sexual-abuse-specific treatment; more so than psychoeducational concepts, models, and tools, it is the nature and quality of social relationships, social membership, and the social relatedness through which our behavior is anchored, has meaning, and links us to others that can support or restore prosocial behavior.

Addressing these issues is complicated for anyone, and certainly for still-developing adolescents. For young people who have engaged in serious antisocial behavior and are already disconnected in

some or many ways, these issues are perhaps even harder to recognize and work through. The topics of this final workbook represent the "top of the hill" climbed by young people in treatment. The material, learning processes, tasks, and content of the first three workbooks have set the pace, built the endurance, and taught the young person how to approach the work and accomplish its goals, and thus develop the level of sophistication and "workbook maturity" that will be of great help in completing this final workbook in the series.

For these reasons, this workbook is designed to be completed only after much groundwork has been laid upon which the *Stage 4* work is built and accomplished. The *Stage 4* workbook is "high end" in content, with topics that are best tackled by young people "trained" and matured in workbook use and conceptually prepared to recognize its ideas and their importance and thus most meaningfully engage in the work

This workbook uses a considerable number of illustrative vignettes as the basis for many of its writing exercises, which are found in all chapters.

Stage 4, Chapter 1. Thinking About Others: Empathy and Caring

Major Topics/Section Headings

- Empathy
- Empathy in Action
- Taking Perspective
- Empathy Blocked
- Letting Empathy Guide Your Decisions
- Remorse
- Morality

The chapter addresses relationships from the perspective of the connections allowed by empathic and caring relationships. It begins by describing empathy as "understanding and caring about others," and "feeling connected to others," recognizing that "one key step in the development of empathy is feeling that people understand and care about you!" This maxim sets the tone for the chapter, and indeed the whole workbook, which is about two-way relationships, connections, and communication, and not only what the young person has to do for others. This is an important element in any empathy, relationship, or community building work.

Following several exercises that address caring relationships in the young person's current life, and the young person's level of caring and concern for others, the chapter introduces perspective-taking, an element that has figured in the design of many exercises in the earlier workbooks. The text describes perspective-taking as a *cognitive* process (that is, recognizing someone else's perspective doesn't necessarily require emotional insight).

Several stories are provided, each followed by exercises that aim at addressing and building perspective, and thus support the young person's recognizing and taking another person's point of view. Perspective-taking can also be considered a crucial element in the capacity to experience empathy, in which the empathic experience goes beyond cognitive perspective-taking and is experienced on an emotional level.

Building on the vignette exercises, the chapter returns to empathy by having the young person consider what blocks or interrupts, or allows us to "switch off" empathy, and the importance of allowing empathy to guide their decisions and relationships with others, allowing healthy and prosocial choices and helping connecting the young person to other people.

This content easily leads to a description and discussion of remorse and subsequently moral reasoning, providing exercises in both cases that further these ideas, deepen understanding, and provide opportunities for self-evaluation and self-reflection. The chapter concludes with Thinking Points, Key Concepts, related exercises, and a relatively short review section that continue to build on and reinforce the ideas of the chapter and provide the basis for the following chapter, which addresses victim awareness.

Stage 4, Chapter 2. Victim Awareness and Clarification

Major Topics/Section Headings

- Physical Harm
- Emotional Harm
- Harm to Families
- Harm to the Community
- Harm to Yourself
- The Harm Caused
- Victim Awareness: Healing the Harm
- Victim Clarification
- Preparing for Victim Clarification: Increasing Victim Awareness
- Victim Awareness: Victim Empathy Essay
- Your Victim Empathy Essay
- Victim Awareness: Victim Letters
- Your Victim Letter
- Victim Awareness: Apology Letter
- Make Sure You're Apologizing
- You Apology Letter

- Victim Questions
- Your Own Past

Victims and victimization have been addressed in prior workbooks, but this chapter concentrates on sharpening the young person's understanding of victimization and the damage their sexually abusive or sexually inappropriate behavior has caused. It takes an emotional tone, and thus goes beyond cognitive perspective-taking and applies an approach that attempts to have the young person "feel" the effects of their behavior on others.

The goal here is to not to induce shame or highlight irreparable damage, but instead to allow the young person to move toward developing remorse for their behaviors and to recognize that they are able to engage in a reparative and healing process that can help themselves and their victims to move forward.

The chapter describes physical and emotional harm and the victims of such harm. This includes the family and community, in addition to the direct victim(s) of sexual abuse, as well as the young person engaging in sexually abusive behavior, with respect to social, legal, developmental, and other negative consequences.

A detailed exercise follows that pulls the young person into the discussion. There is a special edge to looking squarely at who the victims are, as in many cases, the victim's family and the family of the offender are one and the same, and the victims of sexually-abusive young people are often their younger siblings or other younger family members.

The chapter moves to the related subjects of victim awareness and reparation, or healing the harm caused, and this theme predominates in the remainder of the chapter. Discussion and an exercise built around victim awareness is followed by a description of the meaning, purpose, and process of victim clarification. This is the process by which offenders face (or clarify) the full consequences of their sexually abusive behavior and begin the process of making amends of some sort, directly or indirectly, to the victims of their behavior. Amends may include apology letters and eventually—if allowed by the victim and their family on the advice of a therapist and with appropriate follow-up—face-to-face therapeutic sessions with their victim(s). Such a meeting is especially pertinent when the victims are family members (usually younger), and thus it becomes a part of family treatment and reunification.

Preparations for victim clarification are discussed and worked on through written exercises. The focus is on increasing victim awareness and helping the young person become more attuned and sensitive to the victim's experience through the use of victim empathy essays, victim letters, and apology letters, examples of which are provided.

A *victim essay* exercise asks the young person to write about their victim's experience, imagining what the victim may have experienced and may now be feeling. A *victim letter*

takes a slightly different approach by having the young person create a fictional letter written to them by the victim, in which the abuser writes from the point of view of the victim. The *apology letter* offers the most direct way for the young person to take responsibility for their sexually abusive or inappropriate behavior. The text stresses that the apology letter is an exercise only at this point, and may or may not eventually be sent. Under any circumstances, apology letters should never be sent without the permission of the victim and the victim's family if he or she is a child.

Many young people who engage in sexually abusive behavior have themselves experienced adverse or traumatic childhood experiences, and many have themselves been sexually or physically abused. The chapter concludes with the possibility of the young person's own experience of being victimized at some earlier point. As noted previously in this guide, the *Stages* workbooks are not designed to address the young person's own experiences of abuse, neglect, or other forms of maltreatment, but the clinician must remain aware of this possibility, and chapter 6 of the *Stage 2* workbook addresses adverse childhood experiences. The final element in the chapter aims at encouraging the young person to recognize and deal with these issues if they are present and at work in their life, and in that case to understand how their own victimization may have contributed to their victimization of others.

The chapter concludes with a brief review section.

Stage 4, Chapter 3. Community Service

Major Topics/Section Headings

- Communities are Shared Spaces
- Community Learning and Community Service
- Community Membership
- Your Environment
- Building Community
- Understanding Community Building
- Community Service
- Learning Through Community Service

As the chapter explains, the word "community" comes from a Latin word that means "common, public, shared by all or many." This is the theme for the chapter, building on and moving the workbook from empathy, responsibility, and reparation to a larger sense of social relatedness and attachment. The chapter emphasizes the value and meaning of being connected to and being part of a community, and describes the nature and benefits of community learning, community service, and community membership, and the

responsibility that belongs to all of us in helping to create and nurture the community environment in which we live.

The overall theme is the reciprocal and two-way relationship between the young person and their environment, the role of the community in providing support and nurturance, and the young person's role in helping to either build communities or damage them. The exercises focus on understanding the community process and community membership, and the young person's understanding of their community and their role in that community, as well as their desired goals. Community service and community learning and their relationship to one another are described, with relevant exercises designed to spark exploration of what community service opportunities may be present for the young person, and examine the nature of community service as both reparative and restorative, in addition to building a sense of connection.

As in previous chapters, the review section here is brief, in consideration of the amount of written exercises within the body of the chapter.

Stage 4, Chapter 4. Learning to Communicate

Major Topics/Section Headings

- Understanding and Communicating Your Ideas, Feelings, Needs, and Experiences
- Obstacles to Communication
- Saying What You Mean to Say
- Listening to Yourself
- Nonverbal Communication: Speaking Without Words
- Nonverbal Communication: "Body Language"
- Hearing Others: "Active" Listening
- Direct Communication: Assertiveness versus Aggression
- "I" Statements: Speaking for Yourself
- Being Heard and Hearing Others: 15 Rules for Effective and Honest Communication
- Giving and Getting Feedback
- Giving Feedback
- Getting Feedback
- Problems with Communication

Communication as a key skill is emphasized in this chapter, with a focus on building an awareness of communication and the essential skills upon which effective communication is built. Again, illustrative stories are used to bring ideas to life, increase comprehension and meaning, and provide a basis for written exercises. As with relationships in general, communication is also described as a reciprocal and mutual, two-way, process.

This detailed chapter addresses many aspects of communication, including giving and receiving feedback. Early in the chapter, description and exercises are provided that focus on personal communication and obstacles to such communication, as well as basic skills of effective communication:

- The ability to recognize our own feelings, and put those feelings into words.
- The ability to understand someone else's point of view, and recognize their feelings.
- The ability to say the things we want to say in a way so that they get heard.
- How to listen to other people so that we hear the things they're *really* trying to say, and not just what we think they're saying ("activelistening").

Two exercises in this chapter include interaction with staff and peers. For young people in a residential or group treatment environment, this exercise is easier to complete than for those in community-based treatment, but the tasks associated with the exercise can still be accomplished through interactions with adult care givers such as case workers, probation officers, or teachers, and using school mates, friends, or same-aged family members as peers. The questions in this case are related to communication and not sexually abusive or antisocial behavior, and are thus "safe" and neutral questions, and involve the primary question, "how well do you think I communicate my thoughts and feelings, and how well do you think I listen to others and understand what they mean?"

In addition to communication *style,* the chapter also focuses on the *content* of communication and learning to say what is intended, and how to say it. These topics are again illustrated by vignettes that allow an objective view of effective and ineffective communication, as well as related exercises that prompt the young person to think about obstacles to effective communication.

Non-verbal communication, including "body language," is discussed, with accompanying vignettes and exercises, as well as a description and the principles of "active" listening—paying close attention to both the words and the non-verbal communication of the other person. Going back to communication style, the difference between "assertiveness" and "aggression" is discussed, as well as the value and use of "I" statements in direct andeffective communication.

Before moving to a discussion of feedback, a heuristic of 15 "rules" is provided as an aid to effective communication. These guidelines are useful for anyone, and provide the sorts of pragmatic "rules" for communication and social interaction valuable to young people with autistic-spectrum diagnoses:

1. Establish common ground.
2. Be non-judgmental.

3. Communication is interactive.
4. Be flexible.
5. Face the person you're talking to.
6. Pay attention to what the other person is saying.
7. Don't fidget or be distracted.
8. Pay attention to your non-verbal communication.
9. Pay attention to the other person's non-verbal communication.
10. Remain calm and respectful.
11. Respond, don't "react."
12. Don't interrupt.
13. Finish listening before you begin to speak.
14. Listen carefully for the main idea.
15. Ask questions.

As feedback is an important communication skill in treatment and in daily life, the chapter provides a strong focus on definition, description, guidance, and rules of thumb, in both giving and receiving feedback; as usual, the section is followed by exercises that address the young person's understanding of the feedback process. This section offers an excellent example of the difference between workbook knowledge and real-life application. That is, a young person may demonstrate a clear grasp of the ideas and practices of feedback, but in actual application may show little understanding or skill in actually giving or receiving feedback. Hence, workbook learning should never be mistaken for the acquisition of applied learning or skills, and must thus be tested for and practiced in real life.

The related guidelines are described here in name only, and the clinician should refer to the chapter itself for a detailed description and explanation.

- Six "Golden" Rules of Feedback
- Eight Guidelines for Positive Feedback
- Six Things to Remember in Receiving Feedback
- Receiving Feedback in a Positive and Open Style
- Avoiding a Negative and Closed Style in Receiving Feedback

The chapter concludes with some consideration given to communication problems, followed by a detailed review section that addresses and revisits many of the ideas described and discussed in the chapter.

Stage 4, Chapter 5. Healthy Relationships

Major Topics/Section Headings

- Types of Relationships
- The Reality and Difficulty of Friendships
- Understanding Healthy Relationships
- Relationship Problems and Sexually Inappropriate Behavior
- Intimate, Romantic, and Sexual Relationships
- Healthy Relationships
- Healthy and Unhealthy Relationships
- Growing Healthy Relationships
- Recognizing Healthy and Unhealthy Relationships
- Recognizing Boundaries
- Recognizing Healthy and Unhealthy Sexual Relationships
- Power and Control in Relationships
- Assessing Your Relationships: Healthy or Unhealthy?
- Healthy Relationships as Barriers to Sexually Inappropriate Behavior
- Five Behaviors That Define Sexually Abusive Relationships
- Five Simple Rules for Healthy Relationships

Chapter 5 amounts to the final working chapter in this and the *Stages* workbooks, as the chapter 6 content, described below, primarily provides a wrap-up and reflective overview for the young person. Chapter 5 focuses entirely on relationships, relationship-building, and establishing healthy relationships, as well as understanding healthy sexual relationships and, hence, healthy sexuality.

The chapter begins by discussing and distinguishing between types of relationship, ranging from close to more distant, noting clearly that many young people who experience difficulties in building relationships feel lonely and disconnected from others, including same age peers. These young people want relationships, but often don't know how to build or keep them, and feel awkward and unsure of themselves. This issue is a central one for many of the young people you treat. Understanding relationships and the quality and meaning of these relationships is often key in helping to understand driving forces behind juvenile sexually abusive behavior. In part, the goal here is to help recognize these difficulties, since at least some of the young people who will be using these workbooks struggle with relationships or have given up on them. The acknowledgment provided here will also help these young people recognize that they are not alone in experiencing difficulties in establishing healthy and satisfying relationships.

The chapter helps young people to understand the characteristics of healthy non-sexual and sexual relationships, types of sexual relationships, and links between relationship difficulties and sexually problematic behaviors, and uses vignettes and exercises to develop the ideas

further and involve the young person in thinking and exploring more deeply theseideas. Intimacy in healthy relationships is explored, in terms of closeness and connection more than in terms of sexual intimacy, and healthy relationships are described by several basic elements:

- They must be consensual
- They must be appropriate
- They must be free of harm to the people in the relationship
- They must be free of harm to the people outside of the relationship

Healthy and unhealthy relationships are additionally described in terms of 12 characteristics that distinguish healthy from unhealthy relationships.

1. Respect
2. Caring
3. Boundaries
4. Honesty
5. Trust
6. Dependability
7. Consistency
8. Openness and Sharing
9. Investment
10. Connection
11. Mutuality
12. Consent

Healthy Relationships	Unhealthy Relationships
Respectful. Healthy relationships involve each person respecting the other, and wanting the best for each other.	**Disrespectful.** There is a lack of respect in unhealthy relationships, in which people may say unkind things to each other, put one another down, or hurt each other's feelings.
Caring. In healthy relationships, both people care for and about each other.	**Uncaring.** In unhealthy relationships, there is a lack of concern or caring for the other person.
Good Boundaries. People in healthy relationships know how far they can go with the other person and how close to get, and respect what the other person wants and doesn't want in the relationship.	**Poor Boundaries.** People in unhealthy relationships don't recognize, think of, or care about the boundaries of the other, and may take what they want or step where they're not really welcome.
Honesty. In healthy relationships, people are honest and truthful with each other.	**Dishonesty.** In unhealthy relationships, there is a lack of honesty and truth.
Trust. People in healthy relationships know that they can trust the other person, and that the other person will not take advantage of them.	**Mistrust.** There is a lack of trust and openness in unhealthy relationships, and a sense of certainty about the other person.
Dependable. In healthy relationships, people can count on the other person to be there for them and follow through on promises and commitments. People in healthy relationships can rely on one another.	**Undependable.** One or both people in unhealthy relationships are not dependable. People in unhealthy relationships can't be counted on, and can't rely on one another.
Consistent. Healthy relationships don't change from day-to-day, and neither do the people in them. People in healthy relationships know what to expect from each other.	**Inconsistent.** Things in unhealthy relationships change and shift quickly, and people in unhealthy relationships don't necessarily know what they can expect from the relationship or each other.
Open and Sharing. People in healthy relationships share their ideas, their thoughts, and their feelings. They not only share their secrets and their experiences, but they also share with one another their skills, their support, and the things they each own.	**Closed and Secretive.** People in unhealthy relationships aren't open and keep secrets from one another. They hold their thoughts and feelings inside and don't share them with each other.
Invested. People in healthy relationships are invested and interested in one another, and want to hear about the things that others in the relationship think and feel.	**Uninvested.** In unhealthy relationships, people are not really interested in the thoughts, feelings, and experiences of the other person.
Connected. In healthy relationships, people are connected to one another, and come to learn about and understand each other.	**Disconnected.** People in unhealthy relationships are not well connected, don't understand each other very well, and often misunderstand one another.
Mutual. In healthy relationships, people share things in common. Things that are good for one person are good for the other.	**Selfish.** People in unhealthy relationships are less interested in the needs of the other person, and more interested in their own needs.
Consensual. People in healthy relationships both want the relationship.	**Non-consensual.** Unhealthy relationships often involve one person forcing the relationship onto the other.

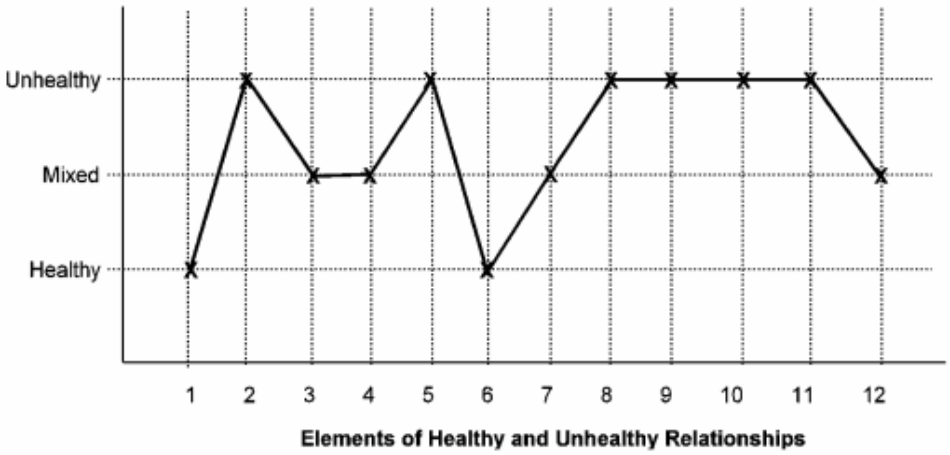
The text describes boundaries in relationships as invisible "fences" that allow people to know where they can and cannot go. This discussion is followed by a description of the role of power and control in relationships, particularly sexually abusive relationships, leading into several exercises that focus on the quality of the young person's own relationships in terms of the characteristics that mark relationships as healthy or unhealthy. These

exercises are built around the use of a relationship "graph," two examples of which are shown in Figure 5.

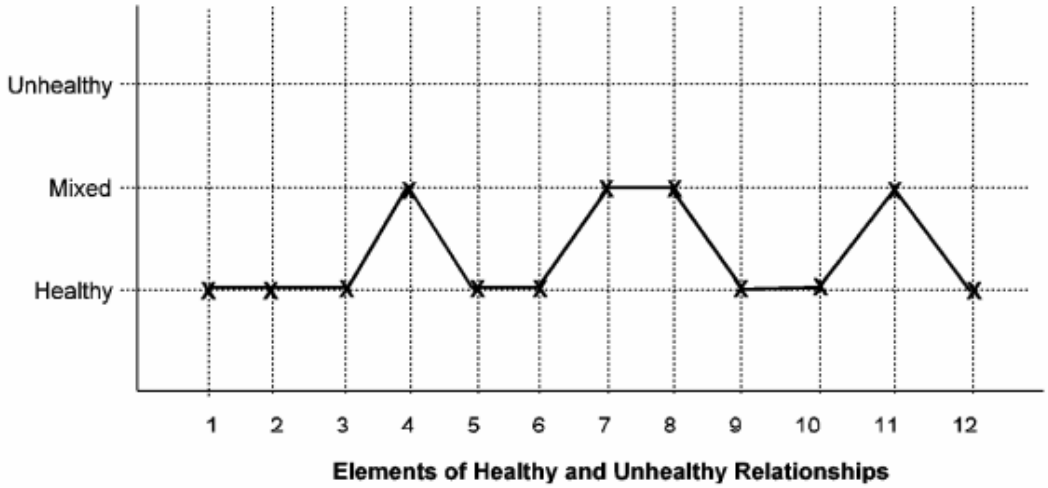
Figure 5

Example Graphs

You can see in this first example that this is not a particularly healthy relationship. In fact, there are only two elements marked as healthy; the rest are marked as either mixed or unhealthy. On the whole, this first example shows a basically unhealthy relationship.



This second example shows a pretty healthy relationship. Almost all of the elements are marked as healthy, with four that are mixed. These two people, whether friends, romantic partners, or family members, have the basis of a healthy relationship, and on that basis can almost certainly figure out how to improve on the four elements that show as mixed. This second example shows a substantially healthy relationship



The chapter concludes with the five simple behaviors to avoid and five simple rules to follow that were introduced in chapter 2 of the Stage 1 workbook. The two lists are used to characterize and depict five behaviors that mark unhealthy sexual relationships and five behaviors that help maintain healthy relationships. These two related sets of guidelines are, in effect, the converse of one another, although they do involve some changes in wording:

Five Behaviors that Define Sexually Abusive Relationships

1. **Taking something that's not yours. People who engage in sexually abusive behavior** use the bodies of other people, and take from them their freedom, privacy, safety, and often their innocence.
2. **Not asking permission. People who engage in sexually abusive behavior** don't ask permission for what they take.
3. **Invading space. People who engage in sexually abusive behavior** invade the physical, emotional, and sexual space of others.
4. **Keeping secrets. People who engage in sexually abusive behavior** keep secrets, and force or require others to keep their secrets as well.
5. **Taking it out on someone else. People who engage in sexually abusive behavior** take out their frustrations and get their needs met literally by taking advantage of another person.

Five Simple Rules for Healthy Relationships

1. Don't take things that don't belong to you.
2. Always ask permission.
3. Respect boundaries.
4. Don't keep secrets.
5. Don't take things out on other people.

Chapter 6. Looking Ahead: Planning for Success

Major Topics/Section Headings

- The Importance of Success to Treatment and Rehabilitation
- What is Success?
- Life Goals: The Things You Want
- Yes, But How Do You Get There?
- Barriers You Put Up

- Needs and Wants
- Success and Personal Values
- Your Strengths and Your Assets
- Life Domains
- Different Goals Meet Different Needs and Wants
- A Template for a Success Plan
- Building a Success Plan
- Build Your Planning and Preparation Skills

This is another new chapter written for the second edition. As the title describes, it is aimed at helping young people think about and plan for their futures, ranging from the immediate and pressing future (starting today, and including the next few weeks and couple of months), the near future (perhaps 4 to 9 months into the future), and the longer-term and long-term future (from one to several years into the future). Although encouraging young people to think further out than this, it is the immediate to longer-term future in which we're most interested, and especially the needs, demands, challenges, and goals of the immediate and near future.

The chapter introduces young people to a number of ideas that are relevant to building meaningful life plans, and helps to build reflection, forethought, and insight. It discusses "planning for success" rather than importantly, but only, planning to prevent sexual recidivism and the prevention of other recurring problems (the aim of safe behavior and relapse prevention plans). The focus of the chapter is that that success in treatment is not simply preventing further behavioral difficulty, but also, importantly, helping the young person to define, recognize, move toward, and achieve important and desired life goals. This 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. Success in treatment also means that young people in treatment achieve success in other ways. 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, they 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. That is, success includes both an end to sexually and non-sexually problematic

behaviors and the accomplishment of personal goals that lead to a sense of sense of success and satisfaction as the young person moves ahead into his or her future."

The chapter includes a focus on short- and long-term life goals, "needs" and "wants," values and value clarification, barriers and challenges to goal accomplishment, and the strengths and assets of the young person. The chapter also discusses separate areas of psychosocial life as distinct life domains, and related ideas about *psychosocial functioning*, and provides opportunities for exploration and response through the writing exercise throughout the chapter.

The emphasis is on the building of a plan that will help the young person define, move toward, and achieve success. The *Success Plan*, as it is called here, has many variants, often with different titles, but each with the same goal: that of helping young people seek and achieve prosocial goals, as well as helping prevent a recurrence of sexually harmful behavior. The chapter describes the elements of a success plan, and gives two brief examples, and also provides a "template" format for a success plan.

This chapter also includes a blank "Success Plan" page that can be used to build a success plan, one goal at a time, one goal per page. If you or the young person choose to use this (instead of creating your own), the blank page must be photocopied (before it is completed, so it is still blank), with each blank page used for a separate goal. *Please note that you are permitted to photocopy this exercise only for the use of the young person to whom this workbook is issued, so you can repeat the exercises—but you may not use photocopied pages for work with other clients, as it's a violation of copyright laws. Thanks for respecting that.*

➲ Chapter 7. Epilogue: Your Final Words

This final brief chapter offers the young person the opportunity to summarize and reflect upon of the work they have accomplished.

It begins with well-deserved congratulations, recognizing that young people who have completed all four workbooks have worked hard, learned a lot, and are able to understand and think about things in new and different ways.

From these few words on, there are just nine exercises, all in the form of sentence stems or simple statements that are both summative and reflective in design and nature.

About myself, I've learned...

About others, I've learned...

About my role in the world around me, I've learned... About my behaviors, I've learned...

About my coping skills, I've learned... Other lessons I've learned...

As I go back out into the world around me, I plan to... My goals...

My final words in this workbook...

The final chapter of the final workbook ends with the words we hope have been instilled as goals for the young person's future: "Be Safe! Help Others Be Safe!"

Section VI. In Conclusion

➲ Workbook Accomplishment and Treatment Success

Without in any way minimizing the work accomplished by young people in completing these workbooks, we must reiterate that the completion of workbooks alone does not equal "success" in treatment. Neither does it mean that in their real lives and daily behaviors and interactions, young people will be able to live by the skills they've learned though using the workbooks, no matter how great or genuinely meaningful the achievement.

All workbooks, including the Stages of Accomplishment, must be used, tied into, and understood as part of the broader treatment environment's ideas, and learning, which is value-tested in that larger environment for acquisition understanding, retention, and application.

Glossary of Key Concepts

Accomplishment. The achievement of something a person has worked hard for. Having earned something, or having succeeded in some way—including the completion of an important project or task (such as the Stages of Accomplishment workbooks)—is an accomplishment. [Stage 4, Chapter 6]

Acting Out. Turning feelings and thoughts into negative behaviors. [Stage 2, Chapter 2]

Action Steps. The things that must be done along the way in order to accomplish goals. The completion of each step is itself a goal. [Stage 4, Chapter 6]

Active Listening. Giving undivided and direct attention to someone else when they're talking in a genuine effort to listen to and understand their point of view. Active listening means showing someone that you are listening to them, and interested in what they have to say. [Stage 4, Chapter 4]

Address. To face something or to take something on, or deal with something in a direct fashion, with the goal of dealing with and fixing problems. [Stage 2, Chapter 6]

Adverse Childhood Experiences. This is another way of describing developmental trauma. Things that children are exposed to during their developmental years that affect their further development, or have the potential to. [Stage 2, Chapter 6]

Adverse. A word that describes events, circumstances, and situations that prevent, hold back, or interfere with success or healthy development, and which are harmful and unfavorable. [Stage 2, Chapter 6]

Aggression. Acting in a hostile or destructive way, using force or hostility to communicate with others as a way to get them to do what you want. Aggression is a threatening, angry, or demanding type of behavior used to control others. Aggression quite often violates the rights of others. [Stage 4, Chapter 4]

Alliance. The relationship built between two or more people working on the same goals. In treatment, the alliance is built to try to help you make those personal changes described in this workbook. [Stage 1, Chapter 2]

Anticipate. Expect or recognize the possibility of something happening that hasn't yet happened, and being prepared if it does. [Stage 4, Chapter 6]

Antisocial. A word describing attitudes, values, behaviors, and interactions with people that are negative, do not help others or yourself, and quite often are destructive and harm others and yourself. [Stage 2, Chapter 4]

Appropriate. Socially acceptable and proper, does not cause harm or lead to problems. [Stage 4, Chapter 5]

Arousal. To have a strong response to something, or to become excited. [Stage 3, Chapter 4]

Assertiveness. Being confident and self-assured, and speaking your mind clearly. Being assertive means standing up for yourself and your needs, or speaking out for the things you think are important. [Stage 4, Chapter 4]

Asset. A support, something you can count on and can help you in some way. Assets include important people, agencies, and organizations in your life, who are there to help, support, and guide you. [Stage 4, Chapter 6]

Assumption. A pre-set point of view taken without knowing the point of view to be correct. When we think we know something to be true without checking the facts, we are making an assumption. [Stage 4, Chapter 4]

Attitude. The way you feel or think about something, your mental outlook, or the position you take and often make clear to others on whether you like or dislike something or somebody. [Stage 2, Chapter 4]

Atypical Sexual Interests. Sexual interests that are outside of the expected and socially accepted range of sexual interests, such as adolescent or adult sexual attraction for children, sexual attraction to sexually-related violence, sexual attraction to animals, and so on. Atypical sexual interests are also referred to as deviant sexual interests. Most sexually abusive youth do not experience atypical sexual interests. [Stage 3, Chapter 4]

Barrier. An obstacle that prevents us crossing from one point to another, or slows us down. A barrier is something that gets in the way, an obstacle that must be overcome to move on. [Stage 4, Chapter 5]

Behavior Management. The things we do to control our behavior so that it doesn't become destructive to us or to others. [Stage 3, Chapter 5]

Behavior. The things we do that can be seen by other people, including our actions, our words, and the way we treat other people. [Stage 2, Chapter 2]

Belief System. A collection of beliefs that affect your attitude and values, and help shape the way you treat other people and live your life. [Stage 2, Chapter 4]

Belief. Something that you think is true or something in which you place your trust. [Stage 2, Chapter 4]

Body Language. A type of nonverbal communication in which physical gestures, postures,

and movements convey meaning without the use of words, including facial expressions. [Stage 4, Chapter 4]

Boundaries. Imaginary lines that mark the personal territory, or "space," with which people surround themselves in order to keep themselves private or safe. It's different in different cultures and relationships, but in the U.S., it's usually no closer than about 18 inches, or the distance from your elbow to your fingertips. Boundaries are not limited to physical space, though. They also apply to people's emotional "comfort" level, involving privacy, how much people want to share about themselves or what they want to know about someone else, or how friendly one person wants to be with another. Boundaries refer to both physical space and emotional space. [Stage 1, Chapter 2]

Boundary Violation. Moving into someone else's personal boundaries/space without being invited or welcome. [Stage 1, Chapter 2]

Boundary. A limit to where we can go physically and/or emotionally. Boundaries between people involve how close a person wants other people to get, and serve to keep distance between people. [Stage 4, Chapter 5]

Child Neglect. No actual physical harm is done to a child, but the child's needs are not met by a parent or another person responsible for the child's care. Neglect can include not providing necessary meals, housing, clothing, or medical care, and can also include simply not taking care of children, allowing them to be placed in dangerous situations, or allowing them to see things they shouldn't see, such as family violence, sexual acts, pornography, or drug use. [Stage 1, Chapter 1]

Child Pornography. Sexual images, such as photographs and videos, of young people age 17 or younger. Sexual images of children age 13 or younger is sometimes called "kiddie porn," but sexual images of all children below age 18 are considered to be child pornography, and are illegal to make, distribute, possess, or view. [Stage 3, Chapter 4]

Choices. Decisions to behave in a certain way when faced with different possibilities of what to do. [Stage 1, Chapter 1]

Clarify. To explain or make clear, and to remove uncertainty. [Stage 4, Chapter 4]

Closure. A result of putting an end to things, finalizing things, taking care of unfinished business or old baggage. These are the sorts of things we put away, never deal with, ignore, or think are finished and taken care of, but actually aren't. [Stage 2, Chapter 6]

Coercion. Getting people to do something you want them to do, even though it may not best for them. Coercion usually involves threats, tricks, bribes, gently forcing others, or in some way getting others to give in to your needs. [Stage 1, Chapter 3]

Cognition. A thought or idea, and the ability to think. [Stage 2, Chapter 2]

Cognitive Distortions. Another way to describe thinking errors—twisted and harmful ideas that do not reflect reality. [Stage 2, Chapter 2].

Communicate. To tell or "express" to others how we feel, what we are thinking, what we need, or the experiences we've had, and letting people know about us. Communicating is a two-way process. It also means joining or connecting with others, by learning about them, and their needs, experiences, feelings, and thoughts. [Stage 4, Chapter 4]

Community Learning. Gaining knowledge about ourselves and others and developing more skills through our involvement and interaction with our community. [Stage 4, Chapter 3]

Community Service. Activities that individuals or groups of people do for their community in order to benefit their community in some way; contributing to the community. [Stage 4, Chapter 3]

Community. A group of individuals who share something in common and feel connected through the things they share; people who share a common living space, such as a home, a neighborhood, or a town, or people who share ideas, beliefs, and values. [Stage 4, Chapter 3]

Confidentiality. Keeping sensitive treatment information private, sometimes between just two people, unless the person in treatment gives permission. Confidentiality can apply to many situations outside of treatment, such as in friendships or business relationships. In treatment, however, confidentiality includes maintaining the privacy of information shared between you and your therapist, as well as information that you or others share in group therapy. [Stage 1, Chapter 2]

Consensual. Voluntary, involving the agreement of all parties without being coerced, manipulated, or forced. [Stage 4, Chapter 5]

Consent. Permission that is freely given to someone to do something, without being coerced or forced to give it. [Stage 1, Chapter 3]

Consequences. The outcomes, or the products, of the choices and decisions we make and the things we do. Consequences can be good or bad. We want to help you make choices that have positive consequences and not negative ones for you or for other people. [Stage 1, Chapter 2; Stage 3 Chapter 5]

Consequences. The results of behaviors. Consequences are the outcomes of the choices we make and the things we do. Consequences can be good or bad. [Stage 3, Chapter 5]

Cope. To deal successfully with a problem, without resorting to negative or antisocial behaviors. Someone who is coping can successfully and positively face and deal with responsibilities, problems, or difficulties in a calm manner. [Stage 2, Chapter 2]

Coping. Dealing with and managing different situations, difficult feelings, or negative thoughts so that situations, feelings, and thoughts don't overwhelm you. [Stage 3, Chapter 5]

Craving. The feeling that people get when they feel they really want or need something. [Stage 3, Chapter 3]

Debriefing. After a difficult or confusing, or just emotional, experience, debriefing is the process of working with at least one other person to talk about and work through the stressful experience, helping to unwind and release stress. It develops and increases a better understanding of the experience, and sometimes allows venting, or "letting off steam." Debriefing involves unwinding after a difficult emotional journey, with the support of others who can help guide the way. [Stage 2, Chapter 6]

Degrading. A word that describes behavior that is humiliating and puts someone down, causing a loss of self-respect. [Stage 3, Chapter 4]

Demeaning. Like degrading, demeaning means putting others down and causing them to lose their sense of self-respect and the respect of others. [Stage 3, Chapter 4]

Denial. Pretending that something didn't happen when it did, or making it sound much less important or severe than it really is. [Stage 1, Chapter 1; Stage 3 Chapter 3]

Destructive. A word describing a behavior or an action that damages and causes harm to things or people, and sometimes destroys things. [Stage 2, Chapter 2]

Developmental Trauma. Situations or incidents occurring in childhood or adolescence that are shocking in some way to the child's growth, are anxiety- or fear-provoking for the child, and have the potential to shape the child's reactions, emotions, behaviors, and even personality in the present and future. [Stage 2, Chapter 6]

Developmental. A word that describes things, events of life, experiences, physical and psychological growth that occurs from birth on and throughout infancy, childhood, and adolescence. [Stage 2, Chapter 6]

Deviant Fantasy. A fantasy, daydream, or idea that involves harm to someone else, or that is very different from the way most other people do things. [Stage 1, Chapter 2]

Deviant Sexual Fantasy. A fantasy, daydream, or idea of having a sexual relationship in which someone is harmed or humiliated, or involves sex with younger children or people who aren't as powerful as you, who are unable to make decisions for themselves, or who don't know better. [Stage 1, Chapter 2; Stage 3 Chapter 4]

Deviant Sexuality. An unhealthy and inappropriate sexual arousal and sexual fantasy that may involve adult or adolescent sexual arousal of a child or sexual behaviors that are physically or emotionally harmful. [Stage 1, Chapter 2; Stage 3, Chapter 4]

Deviant. A word describing an idea, thought, or behavior that is very different from the things most other people believe or the ways most other people act. Deviant ideas or behaviors can refer to many things, including just doing things differently than others. For this reason, although "deviant" is often considered in a negative light, being "deviant" may also mean simply being "different," or being "yourself." However, "sexual deviancy" involves sexual ideas and behaviors that are outside of the mainstream and are often considered unacceptable, illegal, or harmful to others, such as adult sexual interest in or adult sexual behavior with a child. [Stage 1, Chapter 2]

Digital Sex. Inserting your fingers into someone's vagina or anus for sexual reasons. [Stage 1, Chapter 3]

Distress. Mental or physical suffering or pain; feeling emotionally troubled. [Stage 4, Chapter 1]

Dysfunctional Behavioral Cycle. A series of events, feelings, thoughts, and behaviors that lead from one problem to another, and lead to the same problems and behaviors being repeated over and over and over again. [Stage 3, Chapter 1]

Dysfunctional Behaviors. Actions that don't accomplish anything positive, prevent people from improving their lives, contribute towards difficulties and problems, and are often self-defeating or harmful to other people. [Stage 3, Chapter 1]

Dysfunctional. A word describing our thoughts, beliefs, behaviors, or patterns of doing things when they don't work well, don't lead to effective solutions, are self-defeating, or are destructive to ourselves and/or to others. [Stage 2, Chapter 2]

Elements of Sexually Abusive Behavior. A sexual offense is usually considered to have occurred when one or more of these three elements are present: (1) lack of consent, (2) lack of equality, and (3) presence of coercion. [Stage 1, Chapter 3]

Emotions. Another word to describe certain types of feelings. [Stage 2, Chapter 2]

Empathy. The ability to identify with, understand, and care about another person's situation, feelings, or motives. [Stage 2, Chapter 5; Stage 4, Chapter 1]

Environment. The physical, emotional, and social space we live in and that surrounds us. We not only live in our environment, but are also part of our environment. [Stage 4, Chapter 3]

Equality. When two people are pretty much evenly matched, in terms of age, intelligence, size, and authority. [Stage 1, Chapter 3]

Essential. Absolutely necessary; required and important; something very basic upon which other things are built. [Stage 4, Chapter 4]

Exhibitionism. When someone exposes his or her sexual parts to someone else. This behavior is also sometimes known as "exposure" or "flashing." [Stage 1, Chapter 3]

Experiences. The things that we've been through, done and that have happened to us, and the way that we've been affected by these things in our lives. [Stage 4, Chapter 4]

Exploit. Take advantage of or selfishly use someone else for our own personal gain and without regard for their feelings. [Stage 4, Chapter 1]

Exploiting. Taking advantage of or selfishly using someone else for your own personal gain. [Stage 1, Chapter 3]

Feedback. Communication from others that reflects how we are communicating to others. It involves one person letting another person know how they are coming across to others in the way they talk, what they're saying, and the ideas they're presenting. Because communication is two-way, feedback not only means giving this information to others about their communication style, but also getting information from others about our own communication style. [Stage 4, Chapter 4]

Feelings. Our basic responses to our experiences that show how those experiences are affecting us. [Stage 2, Chapter 2; Stage 4, Chapter 4]

Fondling. (Sometimes called "molesting.") Touching someone's sexual parts or touching a person in a sexual way, without the person's permission (consent) or against the person's wishes. [Stage 1, Chapter 3]

Frottage. Purposely rubbing up against someone for your own sexual pleasure, usually when fully clothed, and sometimes when the other person doesn't even know that you're purposely rubbing against them. [Stage 1, Chapter 3]

Genuine. Related to honesty, not pretending to be something you're not, and that you really are the person you present yourself to be. It means being sincere, and not trying to trick or manipulate other people. [Stage 1, Chapter 2]

Goals. The targets we set for ourselves, and the sorts of things we want to achieve in our lives. [Stage 2, Chapter 1; Stage 6, Chapter 6]

Healthy Sexuality / Sexual Health. Physical, mental, and social well-being in relation to sexual feelings, sexual identity, and sexual behaviors and relationships. Healthy sexuality, also known as sexual health, involves sexual beliefs that are not harmful to self or others, and the belief that pleasurable sexual experiences are be free of coercion, discrimination, and violence, are always consensual. [Stage 3, Chapter 4]

Healthy. Well and free of physical, emotional, or mental illness; contributing to good condition and well-being; leading to good outcomes. [Stage 4, Chapter 5]

Help. Assistance that people give, or offer to give, that can make things better for others. [Stage 1, Chapter 1; Stage 2, Chapter 1]

Honesty. Telling the truth, being trusted by others, keeping your word, and being genuine. [Stage 1, Chapter 2]

Hostile Masculinity. The belief some males have about females that it is their right to treat females as less important, and that the primary role of females is to serve males, including sexually. It is an anti-female state of mind, sometimes with a dislike of, contempt for, or prejudice against women. [Stage 3, Chapter 4]

Ideas. Beliefs and opinions about things, or plans to turn thoughts into actions (or behaviors). [Stage 2, Chapter 2; Stage 4, Chapter 4]

Identity. The view or image that people have about themselves and who they are and what they can do; the things and ideas with which people associate or the people to whom they feel connected. [Stage 4, Chapter 3]

Impulse Control. Sometimes also known as "urge control," this involves the ability to not give in to an urge, an impulse, or a craving. [Stage 3, Chapter 3]

Impulse. Similar to an "urge," in which you act without thinking or act on an urge. [Stage 3, Chapter 3]

Impulsive. A word that describes acting without thinking, to act on an urge. [Stage 2, Chapter 2]

Influences. Things, experiences, events, situations, relationships, and people that in some way shape or affect the way we think, behave, and feel, or what we believe. Things that influence us can directly or indirectly affect the way we think and behave, our relationships, and the person we become over time. [Stage 2, Chapter 6]

Interaction. The connection (or engagement) between two (or more) people and the effects that each has upon the other in relationships and communication. [Stage 4, Chapter 4]

Internalization. The process of becoming so used to thinking or acting in a particular way that it becomes part of the way you automatically think and do things, and becomes part of your set of beliefs about the way things are or should be. [Stage 2, Chapter 5]

Internalize. The process of accepting an idea, attitude, or belief into the way you think, or learning ideas, beliefs, values, and attitudes that are incorporated within yourself and become part of the way the way you think. [Stage 2, Chapter 5]

Interrupting the Cycle. The ability to recognize a dysfunctional behavioral cycle, and stop the cycle from developing further or getting worse. [Stage 3, Chapter 1]

Intimate. Feeling very close and connected to one another, sharing a special relationship that is usually quite private. [Stage 4, Chapter 5]

Irrational Thinking. Thinking that is not clear, that is not based on accurate information or ideas, and that leads to poorly thought-through decisions and behaviors. Irrational thinking does not lead to sensible behavior. [Stage 2, Chapter 2]

Judgmental. Forming opinions about other people, and judging them as good or bad in some way. [Stage 4, Chapter 4]

Justify. To explain why something happened or why something was the right thing to do, also often to excuse behavior and make it seem right, when it actually wasn't. [Stage 4, Chapter 4]

Lapse. An error in judgment, a slip in thinking during which thinking returns to former ideas that may be inappropriate or negative, or may lead to harm. [Stage 3, Chapter 2]

Life Domain. An area in our life that is separate from others. We have needs and wants in many different areas, or domains, of our life. Each domain has its own set of demands/tasks (things we must do) and needs (things we must receive) for successful functioning, some of which overlap with other domains. Individual domains include family life and relationships, non-family social relationships, school and/or work, community life, physical health, emotional health, spiritual health, daily living skills, and the general ability to function well in everyday life. [Stage 4, Chapter 6]

Limitations. Similar to vulnerabilities, the qualities that weaken our abilities to accomplish our goals and to make things better. [Stage 2, Chapter 1]

Manage. To stay on top of and appropriately control something, or to be in charge of something. [Stage 2, Chapter 2]

Manipulate. Attempt to control other people and trick them in some way into doing something that you want them to do, usually for your own advantage or for personal gain. [Stage 1, Chapter 2]

Mindset. A collection or set of attitudes, beliefs, and values that together define the way people feel and think about the world, affects their behavior, and shapes their expectations and relationships with others. [Stage 2, Chapter 4]

Minimization. Making something seem much smaller or less significant than it really is; pretending that something is no big deal, when it actually is a big deal. [Stage 3, Chapter 3]

Mood. Usually a collection or "color" of a set of emotions. Moods affect the way we feel about ourselves, others, and the world around us. They sometimes affect the ways we interact with others. [Stage 2, Chapter 2]

Morality. Understanding the difference between right and wrong, and thinking and behaving in a way that supports and helps other people. [Stage 4, Chapter 1]

Myth. A belief shared by a number of people that something is true when it really isn't true. [Stage 2, Chapter 4]

Narcissism. An attitude and sense of self that is marked by self-preoccupation, a sense of being more important than others, and a lack of empathy. [Stage 2, Chapter 5]

Needs. Thing we are lacking, or those things that help us to feel better, deal better with the world, or allow us to better take care of ourselves and face our responsibilities. [Stage 4, Chapter 4]

Non-consensual. A word that describes doing things without the clear permission of the other person. Even if the other person gives consent, the sexual act is considered non-consensual if the other person is not old enough or not capable of giving real consent (or permission). [Stage 1, Chapter 3]

Nonverbal Communication. The use of facial expressions, tone or volume of voice, physical posture (the way you hold your body), and interactions with others to convey meaning, without the use of spoken language. Nonverbal communication includes smiling and frowning, head nodding and head shaking, and paying attention to or ignoring someone while talking or listening to them. [Stage 4, Chapter 4]

Obligation. Something that is required or expected of us, such as following through on promises, taking care of people who depend on us, and being honest and trustworthy. [Stage 3, Chapter 3]

Obstacle. A barrier that gets in our way and prevents us from meeting our goals. Obstacles are things we have to remove or overcome for us to proceed further. [Stage 3, Chapter 1; Stage 4, Chapter 4]

Oral Sex. Sex acts involving the mouth or tongue, such as licking the penis, vagina, or anus. [Stage 1, Chapter 3]

Overcome. To struggle successfully against a difficulty or disadvantage. We overcome things when we work through situations that hold us back. We overcome disadvantages by challenging our own limitations, defeating the things that stand in our way, and then meeting our goals. [Stage 2, Chapter 1]

Overwhelmed. A word that describes feeling overcome, overpowered, or crushed by something such as a feeling, thought, or stressful situation. [Stage 2, Chapter 2]

Paraphilia. Atypical sexual interests are also sometimes known as paraphilias. These are the sorts of sexual interests that fall outside of expected and socially accepted sexual interests and behaviors. Pedophilia is one example of a paraphilia, in which an adult or

young adult is sexually attracted to children. The paraphilias we are most concerned with are those that may bring harm to the young person or another person. [Stage 3, Chapter 4]

Penetration. A sexual act that involves pushing the penis, fingers, or an object into the vagina or anus. Oral sex may also be considered penetration if it involves putting your tongue into someone's vagina or anus, and similarly putting your penis into someone's mouth may be considered to be penetration. However, acts of penetration usually refer to placing the penis, fingers, or other objects into someone's vagina or anus. [Stage 1, Chapter 3]

Perpetrator. A person who commits a crime, such as robbery, physical assault, or sexual abuse. [Stage 1, Chapter 3]

Personal Changes. Alterations that take place within you, and especially in the ways that you feel and think about yourself and other people, your beliefs and attitudes, and the things that are important to you. Positive personal change means that you are better able to feel happy with yourself, form good relationships with other people, and live a productive, satisfying, and safe life. [Stage 1, Chapter 2]

Personal Strengths. Positive qualities that help us to achieve goals and get things done. Strengths help us to improve on a current situation, and they help us to keep our lives in good shape. [Stage 2, Chapter 1]

Perspective. A way of seeing things and making sense of a situation, an attitude that shapes the way we see the world, our point of view; seeing the world through someone else's eyes. [Stage 4, Chapter 1]

Phase. A temporary period of time during which feelings, thoughts, and behaviors develop, progress, and change. [Stage 3, Chapter 2]

Plan. A method for getting something done. We use a plan to accomplish a goal. [Stage 2, Chapter 1]

Platonic. Relationships that involve friendship and not romantic or sexual behavior. [Stage 4, Chapter 5]

Pretend Normal. Acting as though everything is okay, even though things aren't okay at all. [Stage 3, Chapter 3]

Problem of Immediate Gratification. Gratification means getting your needs met. The Problem of Immediate Gratification—or PIG—means that some people feel they have to get their needs met right away, regardless of who might be hurt in the process, and this leads to many problems for them and for other people. [Stage 3, Chapter 3]

Processing. Thinking about and understanding our feelings and our experiences. [Stage 2, Chapter 2]

Prosocial. A word describing attitudes, values, behaviors, and interactions with people that are positive and support people and social expectations and rules. [Stage 2, Chapter 4; Satge 4, Chapter 3]

are positive and support people and social expectations and rules. [Stage 4, Chapter 3]

Protective Factor. Something that decreases the possibly harmful effects of a risk factor. Something that helps to keep someone safe from risk. [Stage 3, Chapter 3]

Psychosocial Functioning. Our ability to manage the psychological, emotional, and social tasks, demands, and expectations in our lives, and our ability to be functionally effective, appropriate, and successful in social settings or the community. The combination of psychological and social needs, leads to the term psychosocial. [Stage 4, Chapter 6]

Rape. The act of forcing someone to have sexual intercourse, involving penetration of the vagina or anus. [Stage 1, Chapter 3]

Rational Thinking. Thinking that makes sense. It is based on reasoning, or taking care to think through a situation sensibly before making a decision about how to behave. Rational thinking is based on accurate information and ideas, and leads to planned and positive decisions. Rational thinking leads to sensible behavior. [Stage 2, Chapter 2]

Rationalize. To make excuses for or explain away behavior, making it appear the behavior was okay or justifiable. [Stage 4, Chapter 4]

Rehabilitation. The process of restoring someone to health and an improved life, and helping to shift attitudes, beliefs, ideas, and behaviors away from those that are generally ineffective or antisocial, self-destructive, or harmful to others. Rehabilitation is strength-based, and does not focus only on the things that are wrong. [Stage 1, Chapter 2]

Relapse Prevention / Safe Behavior Plan. An organized way to avoid relapse and stay safe. A Relapse Prevention Plan includes steps that help us to understand when things are going wrong before they go wrong, and steps through which we can help ourselves and get help from others so that we don't relapse and stay safe. [Stage 3, Chapter 5]

Relapse Prevention. The things we do to avoid falling back into old and destructive behavior that is experienced as harmful to us, and sometimes to others. In the case of sexually abusive behavior, relapse is always harmful to others. [Stage 3, Chapter 5]

Relapse Prevention Plan. (Sometimes called a "safe behavior plan.") A carefully developed and written plan that helps you to avoid engaging in sexually abusive or sexually inappropriate behavior in the future. [Stage 1, Chapter 2]

Relapse. A return to negative behaviors a person is trying to avoid. For a drug addict, it means returning to drug use. For a sexually abusive youth or adult, a relapse means returning to sexually abusive behaviors. [Stage 3, Chapter 2]

Remorse. Feeling regretful, sorry, or guilty about harmful or careless things we've done, or about positive things we haven't done. [Stage 4, Chapter 1]

Resolution. A solution to a problem or difficulty, or a decision to take a particular action or direction. It's a choice to take care of and repair problems and make a clear decision. [Stage 2, Chapter 6]

Resolve. Making the decision to work toward a resolution, or a solution or decision. Making a commitment. Being determined. [Stage 2, Chapter 6]

Resources. Things, information, or people that can be used to support or help people, and that can be called on when needed. [Stage 4, Chapter 3]

Responsibility. A person's willingness to tell the truth, accept that behaviors are made by choice, and accept the consequences of choices. [Stage 1, Chapter 1]

Restitution. Making amends, making up or paying for some harm or damage you have caused, usually to the victims of your behaviors. [Stage 1, Chapter 2]

Risk Assessment. A way to measure your level of risk, estimating your at-risk level when it comes to the possibility of a sexual re-offense or sexually inappropriate behavior in the future. [Stage 1, Chapter 2]

Risk Factor. Something that increases the chances that someone will be put into a bad situation, or something that increases the chances that someone will cause or experience some sort of harm. [Stage 3, Chapter 3]

Romantic. Involving feelings of closeness and connection, combined with physical attraction and sexual interest. [Stage 4, Chapter 5]

Safe Behavior Plan. (Sometimes called a "relapse prevention plan.") A plan to help you to never again engage in sexually abusive or sexually inappropriate behavior. [Stage 1, Chapter 2]

Scripts. These are internalized and nearly automatic ways of thinking that often guide our behavior. Scripts allow us to act without thinking too hard, and can contain both positive and negative ideas about people and the world. [Stage 2, Chapter 5]

Seemingly Unimportant Decisions *(SUDs).* Choices and actions that seem trivial and unimportant, but are actually small steps that lead and return you to a problem situation or behavior. [Stage 3, Chapter 2]

Self-awareness. A sense of your own self, including your feelings, your thoughts, and your behaviors, as well as your personality and your sense of identity. [Stage 4, Chapter 4]

Self-defeating. A word describing personal behaviors that hurt, instead of help, our chances of success. [Stage 2, Chapter 2]

Self-destructive Behavior. Behavior that is harmful to you, physically or mentally, and that also hurts your goals and interests. [Stage 1, Chapter 2]

Self-destructive. A word describing the harm or injury caused by our behaviors to ourselves. [Stage 2, Chapter 2]

Self-Esteem. The way you feel or your beliefs about yourself. High self-esteem usually means that you feel pretty good about yourself and who you are, whereas low self-esteem usually means you don't feel good about yourself, or perhaps feel unimportant, or even worthless. People with low self-esteem often don't like themselves very much, or think little of themselves, or feel as though they are less valuable than other people. People with high, or good, or positive, self-esteem generally like themselves, even though they realize they're not perfect and need to make changes. [Stage 2, Chapter 6]

Self-Regulation. Our ability to manage our behaviors and keep ourselves under control, even when under emotional or social stress. We are able to not blow up when someone disagrees with us, not turn antisocial thoughts into antisocial behavior, not break something when we're angry, or not continue being silly and funny in class after we've been asked to stop. Self-regulation is the opposite of loss of control. When you lose control, you also lose all self-regulation. [Stage 3, Chapter 4]

Sequence. One thing follows another in a predictable order. [Stage 3, Chapter 1]

Sex Offender Registry. The state government list on which sexual offenders must be listed, although the requirements vary from state to state. Information about registered sexual offenders is available to the public. [Stage 1, Chapter 1]

Sexting. The practice of sending and receiving cell phone text messages that include sexual photographs or videos, or strongly suggestive sexual messages or images. [Stage 3, Chapter 4]

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. [Stage 1, Chapter 1]

Sexual Arousal. A sexual response that involves sexual desire and excitement, most clearly seen in males by erection of the penis. [Stage 3, Chapter 4]

Sexual Assault. The legal term that can apply to a number of unwanted sexual or sexually abusive behaviors, including rape. [Stage 1, Chapter 3]

Sexual Harassment. Unwanted and sometimes hostile sexual comments, jokes, requests, or behaviors, usually over a period of time, which usually continue even after it is made clear the behavior is unwanted. [Stage 3, Chapter 4]

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). [Stage 1, Chapter 1]

Sexual Preoccupation. The tendency to become obsessed with thoughts about sexual behaviors. People are sexually preoccupied when they spend too much time thinking about sex or seeking out opportunities for sexual behavior, and they may spend a lot of time in sexual activities, such as masturbation, pornography use, thinking about ways to engage in or watch others engaging in sexual behavior, or other sexualized activities, behaviors, or thoughts. [Stage 3, Chapter 4]

Sexual Self-Regulation. Also called sexual containment, in which people are both able to contain (hold in) and not act out their inappropriate, dangerous, or harmful sexual interests, and are willing to do so. [Stage 3, Chapter 4]

Sexualized Coping. This is an attempt to feel better and deal with things by using sexual behavior as a way to cope with problems, frustrations, disappointments, and difficulties. [Stage 3, Chapter 5]

Sexually Abusive Behavior. Any sexual behavior with another person that is abusive because: (a) the other person does not want to engage in sexual behaviors with you or be exposed to your sexual behaviors; (b) the other person is too young to engage in sexual behavior, or is at least three or more years younger than you; or (c), the other person is not able to give permission (consent) for sexual behavior because of their age, mental abilities that don't allow them to make clear decisions about what is right or wrong, or because they are drunk, drugged, unconscious, or asleep. [Stage 1, Chapter 1]

Sexually Inappropriate Behavior. Behavior of a sexual nature that does not rise to the level of sexual abuse but is still unwanted by the other person, or sexual behavior that occurs in the wrong place or at the wrong time. [Stage 1, Chapter 1]

Social Media. Social media includes the electronic apps, websites, software, and hardware that allow people to communicate directly with one other wirelessly or on-line, through a computer, tablet, video console, or cell phone, including posting, sharing, exchanging, and receiving photographs and videos, among other things. [Stage 3, Chapter 4]

Social Skills. Abilities you use in your daily life that range from your personal hygiene to coping with difficult situations, knowing how to deal with other people, and conducting yourself in public. [Stage 1, Chapter 2]

Stimulation. The action of arousing interest, enthusiasm, or excitement. Certain things stimulate sexual arousal, for instance. [Stage 3, Chapter 4]

Strategy. A plan developed to accomplish a goal, which includes steps that must be completed along the way to the final goal, the sequence (or order) of the action steps, and the timeline of when each step should be taken. [Stage 4, Chapter 6]

Strength. Something within you, such as your humor, your intelligence, your ability to solve problems that helps you deal with life's challenges. [Stage 4, Chapter 6]

Success. The accomplishment of important goals and values, which will be different for each person. For some people this means financial success, for others having a home and family; for others still, it's being recognized and appreciated by other people. For some people, success is about position and power, being famous, or accomplishments in sports. Success is different for everyone, but for everyone it involves a sense of well-being and accomplishment. [Stage 4, Chapter 6]

Support Network. A connected group of people who are there to help, lend assistance, and support you when things are difficult or when you need an extra push. A strong support network is an asset. [Stage 4, Chapter 6]

Support Network/Group. A "network" or a connected group of people who are there to help, lend assistance, and support us when things are difficult or when we need an extra push. [Stage 2, Chapter 1]

Support. To give assistance and comfort to someone in difficulty or distress. Support and help are almost the same thing. People support you when they offer help, but people also support you when they help keep you standing up during difficult times. Support can hold us together when things are difficult for us. Support often makes all the difference between success and failure. Support helps us overcome our weaknesses, build our strengths, and meet our goals. [Stage 2, Chapter 1]

Sympathy. Feeling sorry for another person, feeling support for another person. [Stage 4, Chapter 1]

Therapeutic Relationship. The important, strong, and trusting relationship built between you and your therapist as you work together, to help bring about important changes in your life. [Stage 1, Chapter 2]

Thinking Errors. Ways of thinking that are based on inaccurate or mistaken ideas (sometimes called "cognitive distortions"). [Stage 2, Chapter 2]

Thought. The ideas in our heads and the words we put onto our feelings, experiences, and ideas. [Stage 2, Chapter 2]

Tolerate. To put up with something difficult or negative, such as an unpleasant feeling or thought, or something you don't like. [Stage 2, Chapter 2]

Tone of Voice. Nonverbal communication that is conveyed through the way that someone speaks to others, including the sound or the volume of their voice, the use of sarcasm, or an attitude in their voice. [Stage 4, Chapter 4]

Treatment Goals. The things that you and your treatment team are working toward accomplishing, so that you can move toward being a person who is safe (to yourself and others), satisfied, and successful. [Stage 1, Chapter 2]

Treatment. The discussions, activities, and programs that help you change in ways that will help make you more successful and safer for others. [Stage 1, Chapter 2]

Triggering Event. A situation that sets a dysfunctional behavioral cycle into motion. [Stage 3, Chapter 1]

Urge Control. Also known as "impulse control," this involves the ability to not give in to an urge, an impulse, or a craving. [Stage 3, Chapter 3]

Urge. A feeling that people have to do something right now, usually without further thought or consideration. An urge is similar to an "impulse" in which you act without thinking, or act on an urge. [Stage 2, Chapter 2; Stage 3, Chapter 3]

Value System. A set or collection of values that help shape the things you do or think, or the way you live your life. [Stage 2, Chapter 4; Stage 4, Chapter 6]

Value. Something meaningful and important to you. Something that helps guide your decisions and the way you live your life. [Stage 2, Chapter 4; Stage 4, Chapter 6]

Victim. A person who has been harmed by another person or a situation. In sexual abuse, victims are people who are forced to have sex, tricked into a sexual interaction, or too young or otherwise unable to give permission for sex. [Stage 1, Chapter 1]

Victimization. The act of harming another person (making someone a victim) by taking advantage of them, taking control over the other person, or exploiting that person in some other way in order to meet your own needs and without any concern for the other person. [Stage 1, Chapter 3]

Voyeurism. (Also known as "peeping".) Sneaking a look at people when they're getting undressed or are naked, or watching people having sex, usually without their knowledge and without their consent. [Stage 1, Chapter 3]

Vulnerabilities. The qualities, tendencies, and reactions that can limit us by interfering with goal achievement, weaken us, or make us open to failure. It is important to recognize and face our vulnerabilities, not allow them to lead us to poor choices, and, as important, not allow them to stop us from making good decisions. [Stage 2, Chapter 1]

Warning Sign. A feeling, thought, or urge leading to a possibly problematic or unsafe behavior. Feeling an urge, an impulse, or a craving are all examples of warning signs that tell you to think hard about whether the behavior you're considering is wise or safe for you and for others. Warning signs are like red flags that pop up to warn or remind us about safety. [Stage 3, Chapter 3]

Appendixes

Appendix A
Thinking Errors

Thinking errors can fuel both aftercare and self-defeating behaviors, and can be grouped into three types of thinking error, or "cognitive distortions."

Combined, these thinking errors result in a series of interactive cognitions that include self-defeating, self-destructive, relationally disconnected, and antisocial thoughts, beliefs, and attitudes that reinforce and generate still more thinking errors.

Type I Thinking Errors: Unwilling to Accept Responsibility – "It's Not My Fault"

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

- **Denial**. The young person simply pretends it didn't happen, and might even try to fool themself into believing it didn't happen. If they deny it ever happened, maybe it will go away.
- **Shifting the Focus.** The young person tries to get people's minds and attention on to something else, and distract them from the real issue.
- **Blaming Others.** The young person blames the problem, and their own behavior, onto someone or something else.
- **Blaming the Victim.** The young person blames the victim, as though they weren't at fault, and somehow the victim brought it on themself.
- **Intellectualization**. The young person tries to uses their ideas and intellect to sidetrack the issue and to out-think other people, relying on excuses and explanations.
- **Innocence/Playing Dumb.** The young person simply acts as though they didn't know it was wrong or against the rules, or pretends they didn't know better.
- **Rationalization.** The young person finds reasons, explanations, and excuses for what they did.
- **Justification.** The young person finds reasons to explain the "correctness" of what they did, as though it was really okay
- **Minimization.** The young person downplays the importance of what happened, or its meaning.
- **Dismissal.** The young person simply disregards, ignores, or brushes aside what happened or other people's feelings as though they don't matter

- **Angelic Thinking.** This is a victim stance, in which you portray yourself as a wonderful person, incapable of breaking the rules or harming someone.

Type 2 Thinking Error: Self-Defeating – "I Can't"

These thinking errors are self-defeating and interfere with prosocial growth and self-esteem

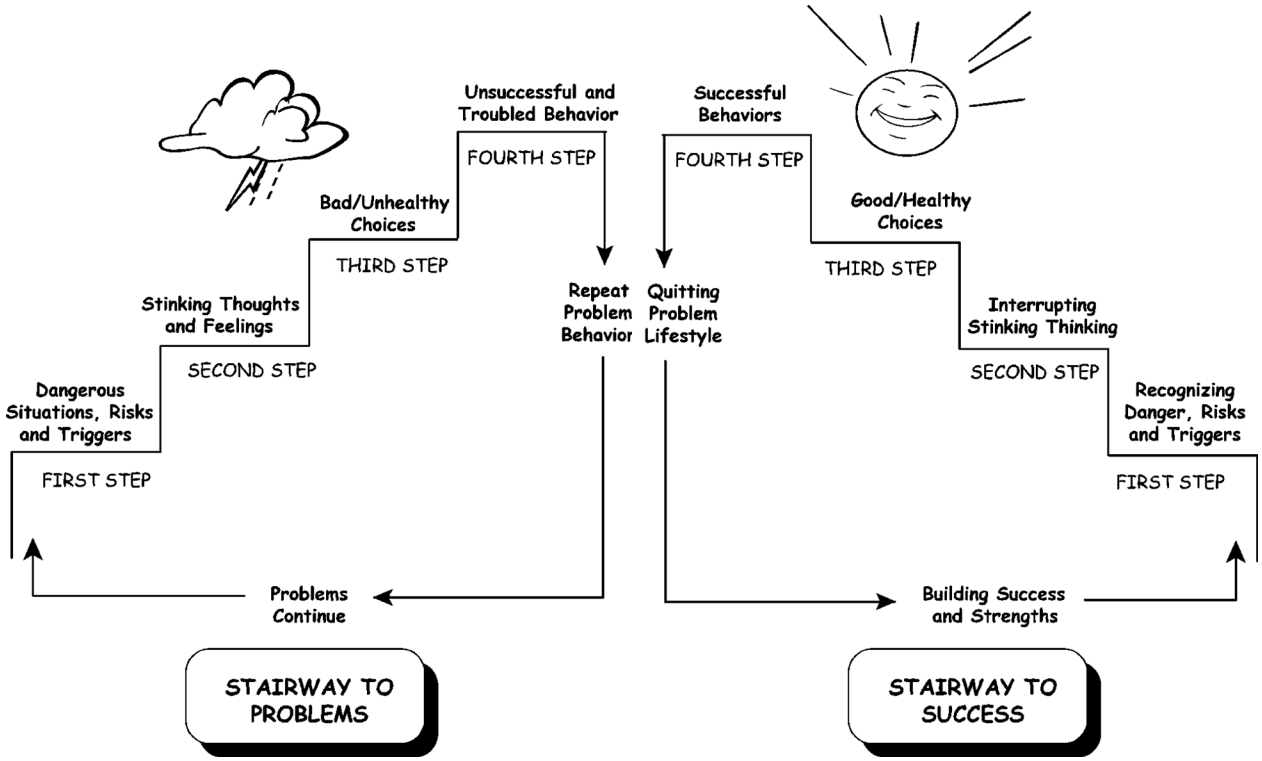
- **Catastrophic Thinking.** The young person magnifies the impact of negative experiences to extreme proportions.
- **Hopelessness.** The young person assumes that nothing will ever work out, and that things will always go wrong.
- **Over-Generalization.** Something goes wrong in one situation, and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

Type 3 Thinking Errors: Narcissistic – "Me, Me, Me"

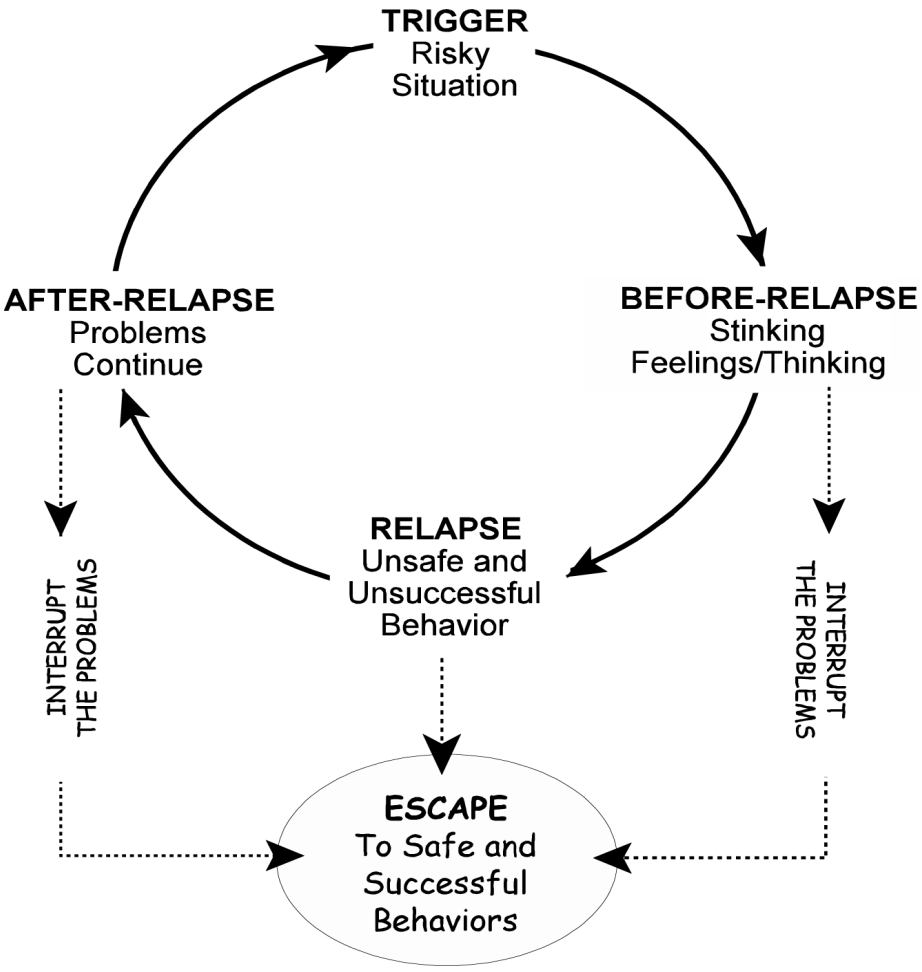
These cognitive distortions focus the attention of the young person onto themselves alone, without thinking about others

- **Life Is Too Hard.** The young person feels that life is just too unfair, and that it somehow owes them more.
- **Entitled.** The young person feels as though they deserve good things, even if they don't have to work for them.
- **Grandiose.** The young person feels as though they're better or more important than other people, or they think others should (and do) look up to them.
- **Revenge.** The young person feels as though they've been wronged and they're allowed (or entitled) to get their revenge.
- **Taking It Personally.** The young person feels as though the rules apply only to them, instead of to everyone, and that people and things are against them personally.
- **One Upsmanship.** The young person feels they have to do better than everyone else, and show everyone that they're the best.

Appendix B
One Safe Step at a Time: Alternative to the Dysfunctional Cycle



Appendix C
Simplified Dysfunctional Cycle



Appendix D
Workbook Tests

Please visit the Safer Society Press website to download a PDF copy of the tests for the four Stages of Accomplishment workbooks.

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