

WHY THE CHANGE?

https://www.youtube.com/watch?v=aAhA7KfbJgg

WHY THE CHANGE?

New standards were approved which required dramatic changes to how we do treatment.

The new standards required the use of the STABLE-2007 in conjunction with the SAPROF to identify treatment need, determine treatment progress and identify risk factors.

Risk factors addressed on the STABLE-2007 include:

- Positive Social Influences
- Capacity for Relationship Stability
- Emotional ID with children
- Hostility toward women
- General social rejection
- Lack of Concern for Others
- Impulsivity

- Poor Problem Solving skills
- Negative emotionality
- Sex drive/sexual preoccupation
- Sex as coping
- Deviant sexual preference
- Cooperation with supervision

WHY THE CHANGE? (CONT.)

Protective factors addressed on the SAPROF include:

- Intelligence,
- Secure Attachment in Childhood
- Coping
- Self-Control
- Empathy
- Work
- Leisure Activities,
- Medication
- Financial Management

- Motivation for Treatment
- Attitudes Towards Authority
- Life Goals
- Social Network
- Intimate Relationships
- Professional Care
- Living Circumstances
- External Control

(Our hope is that we will eventually be able to use the SAPROF-SO as part of our measure of treatment progress.)

WHY THE CHANGE? (CONT.)

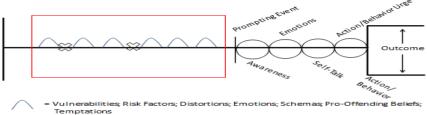
For the adaptive program, the ARMIDILO-S is used. It measures both risk and protective factors including:

- Supervision Compliance
- Treatment Compliance
- Sexual Deviance
- Sexual Preoccupation/Sex Drive
- Offense Management
- **Emotional Coping Ability**
- Relationships
- Impulsivity
- Substance Abuse
- Mental Health



PHILOSOPHIES

For SOT-4, we use the concept of Behavior Road.



= Skills; Protective Factors



"BUMPS" IN THE ROAD

Vulnerabilities

• What factors made it more likely you would respond to the prompting event?

• Not enough sleep, headache, unresolved problems from before, etc.

Risk Factor:

• What risk factors are present? How do you know they are present?

Distortions

What distortions are you experiencing?

Emotions

What emotions are you feeling?

Schemas

What lens are you looking through?

Pro-Offending Beliefs

What beliefs do you have that supported your offending behavior?

Temptations

What temptations do you have?



WHAT TO DO WITH THE BUMPS?

There are two options to every bump in

the road

Go over the bump

- Skills and Protective Factors
- Use skills to handle/flatten the bump
- Challenge negative thoughts, beliefs, schemas, distortions, etc.
- Utilize protective factors

Go around the bump /

- Ignore, emotions
- Do no challenge thoughts
- Don't use skills

How you decide to handle the bump will affect you and how you continue down the road

- Go around the bump
 - How will it affect you?
- Go over the bump
 - How will it affect you?



EVENT

You will experience multiple events throughout the day/your life

Think back to thinking cycle

How you choose to deal with every event will:

- 1) Depend on how you have dealt with all of the bumps up until the event
- 2) Will affect how you choose to deal with every event that occurs after



EVENT

Prompting event

- What happened?
 - Think of camera on the wall

Awareness

- How alert/attentive are you to the situation?
 - Any risk factors/schemas/beliefs triggered?
 - Any risk present?
 - Acknowledgement of bumps prior to promoting event?

Emotions

- What were you feeling when the prompting even occurred?
 - Think about surface AND underlying emotions

Self-Talk

- What did you tell yourself about:
 - The situation
 - Yourself
 - Others

Action/Behavior Urge

- What do you want to do?
- Acknowledge temptations, etc.
- TEMPTATIONS/URGES ARE **NOT** THE SAME AS BEHAVIOR

Action/Behavior

What behavior did you engage in?

Outcome/Results/Consequences

- What happened as a result of your behavior?
- Did you take the "high road" or the "low road?"

AFTER THE EVENT

A new path begins after each event

- New bumps can appear
 - New risk factors come about, new vulnerabilities, stronger emotions, more temptation
- New challenges to the bumps can appear
 - Skills and Protective Factors

All lead to the next prompting event

• Every previous bump, skill, event will continue to affect the rest of your behavior



"LOW" AND "HIGH" ROAD

Every unhealthy choice/action leads to the "low" road

Every healthy choice/action leads to the "high" road

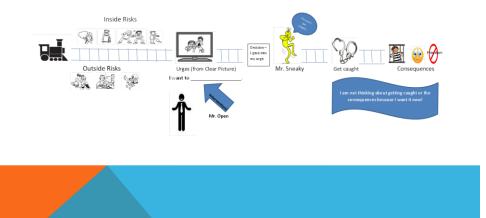
Just because one choice/action leads to a "low" road does NOT mean you have to stay on the "low" road

- And vice versa
- Can choose to make a healthy choice after an unhealthy choice
 - Move back up to a "higher" road
- Roads are not linear



PHILOSOPHIES

For SOT-4 Adaptive, we use the Risky Train.



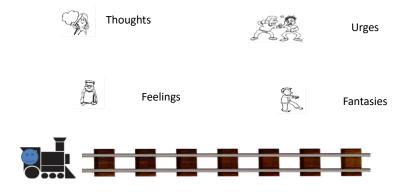
Boarding the train

This is you riding the risky train. You are travelling along the tracks and find yourself in a situation.



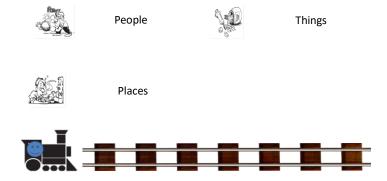
Inside Urges

As you ride the train, notice your thoughts, feelings, urges and fantasies. These are called inside urges because they come from you.



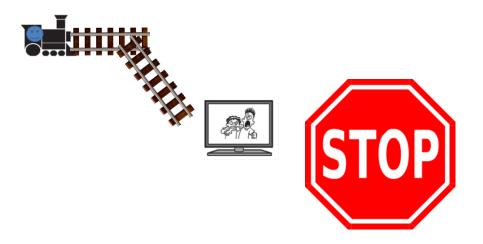
Outside Urges

As you ride the train, you might also notice some people, places and things. These are called outside urges because they are outside of you.



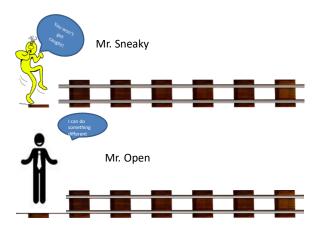
Identify Urges (from Clear Picture)

I want to



Interventions

This is where you decide if you want to stay on the same track or switch tracks to a different one. In treatment, we will call these interventions.



Sneaky Track

Mr. Sneaky only shows up once you make the decision to give in to your urge.

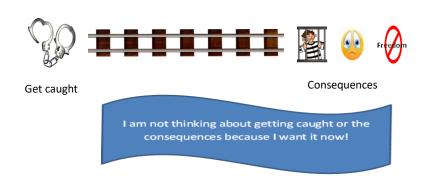


I won't get caught.
No one will know.
I will only do this one time.
Screw the program.
No one can tell me what to do.
It's not my fault!



Sneaky Track

In order to think about consequences, you need to engage in a negative behavior and get caught. Since this does not always happen, consequences are not strong enough to challenge Mr. Sneaky.



Open Track

Mr. Open shows up when you make the decision not to give into your urge and chose the healthier track.



I have other choices.

Maybe I am not seeing things correctly.

Maybe there is another explanation.

I can use some of my treatment skills.

I don't have to behave the same the way I did before.

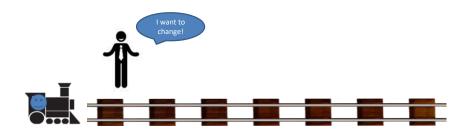
Stop!

Switch tracks!



Open Track

In order to switch to the open track, it requires awareness of your thoughts, feelings and urges. It also requires you want to switch to the open track.



MEET MR. J



- Contact offenses with children
- Lengthy history of viewing child sexually explicit material
- · Very motivated for treatment
- Completed old S0-2 treatment in the institution
- No community treatment due to completion in the institution, but recognized he still needed help and asked for it
- · Had a job, apartment and car shortly after release



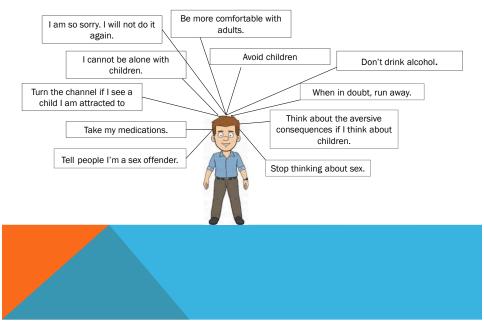


- Avoidance
- · Covert conditioning to address deviant sexual interest
- · Shut television off when found child attractive
- · Passed a polygraph
- · Took responsibility for his behavior
- Recognized child sexually explicit material was tempting for him, but did not know how to manage the temptation
- · Acknowledged his attraction to children
- His offense disclosure was consistent with available field information





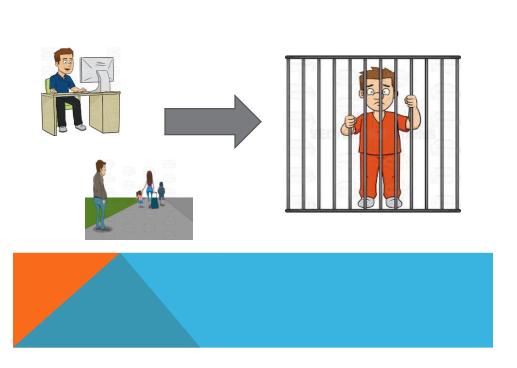
LESSONS LEARNED FROM OLD PROGRAM



MR. J'S RISK FACTORS

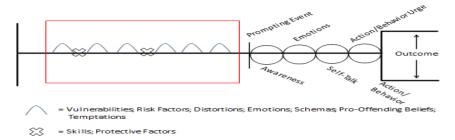


- Felt lonely and rejected due to loss of support system Could not pursue his dream of being an educator
- Can come across as critical
- Does not connect well with group members
- Helping others is important to him, but his delivery is poor so people just think he is telling them what to do. $\,$
- Wants interventions that do not require him to interact with others



NEW PROGRAM

Mr. J's Behavior Road

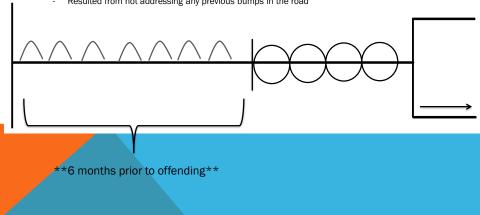




MR. J'S BEHAVIOR ROAD

Key Information:

- 7 bumps in the road
 - Did not address any of them (in a healthy manner)
- The prompting event lead to the action of viewing CSEM
- Took the Low Road
 - Responded to the prompting event in an unhealthy way
 - Resulted from not addressing any previous bumps in the road



BUMPS IN THE ROAD



VULNERABILITIES:

- Lack of emotional support
 Distant from family, close friends, moved away Inability to appropriately express emotions
- Excessive use of pornography
- Lead to fantasizing about children Mental health issues



RISK FACTORS:

- Poor Problem Solving Deviant Sexual Attraction
- General Social Rejection/Loneliness
- Negative Emotionality
- Sex as Coping

EMOTIONS:

- Lonely Paranoid
- Lost
- Hopeless Worthless
- Depressed Angry
- Rejected Alienated
- Powerless
- Misunderstood
- Resentful Discarded
- Hated

DISTORTIONS:

- The agent doesn't understand me. The agent doesn't care about me.
- I am asking for help. I'm entitled to get
- what I am asking for. It's their fault if I reoffend. I am worthless/useless.



BUMPS IN THE ROAD (CONT.)



- Abandonment/Instability Mistrust/Abuse Grandiosity



TEMPTATIONS: - Wanting to view CSEM



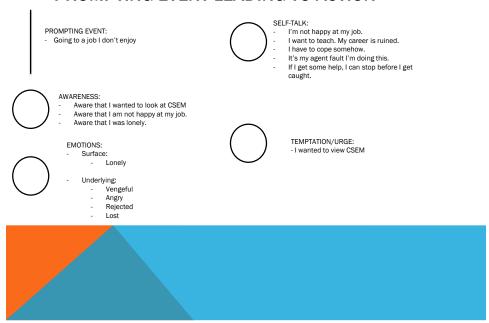
PRO-OFFENDING BELIEFS:

- I'm not victimizing anybody.

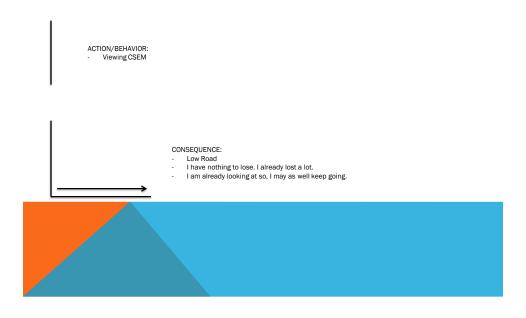
 Me touching the victim didn't hurt them
- I'm teaching them about sex. They wanted it.
- It's about relationship, not about sex.
- I'm the rescuer. I'm the hero. I'm rescuing these kids.



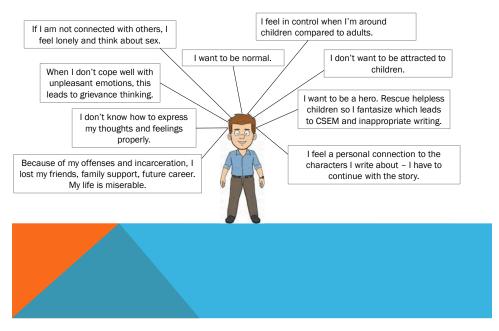
PROMPTING EVENT LEADING TO ACTION



ACTION TO CONSEQUENCE



LESSONS LEARNED FROM THE NEW PROGRAM



IDENTIFYING RISK FACTORS IN THE PRESENT

When things are not going the way I want, I get frustrated

I expect people to think like

I don't like when people disagree with me.

I have the urge to correct people when they disagree with me.

Children understand me better than adults.

I don't feel connected. I'm better than them.

People are suspicious of me because I don't share information.

People don't understand me.

I don't belong here.

Treatment is not going to teach me anything I do not already know.

If the agent gave me treatment, I wouldn't be here.



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