

The Pathways Program Implementation Guide

How to Use Pathways to Healthy
Sexuality, The Good Life, and The
Chaperon Workbook

Matthew L. Ferrara Ph.D.

**The Pathways Program Implementation
Guide:
How to Use
Pathways to Healthy Sexuality,
The Good Life, and
The Chaperon Workbook**

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Workbooks by Matthew L. Ferrara, Ph.D., available on Amazon.com

Workbooks for Adults Who Use Harmful or Abusive Sexual Behavior

- Ferrara, M. L. (2024). *The Pathways Program Implementation Guide: How to Use the Pathways to Healthy Sexuality, The Good Life, and The Chaperon Workbook*. Ferrara Free Press.
- Ferrara, M. L. (2024). *Pathways to Healthy Sexuality: Treatment for Sexually Abusive Adults* (2nd edition). Kindle Direct Publishing.
- Ferrara, M. L. (2023). *THE Sex Addiction Workbook*, Kindle Direct Publishing.
- Ferrara, M. L. (2014). *The Chaperon Workbook*. Kindle Direct Publishing.
- Ferrara, M. L. (2012). *LEAD Workbook: Treatment for High-Risk Sexual Misconduct*. Kindle Direct Publishing.
- Ferrara, M. L., & McDonald, S. (1996). *Treatment of the Juvenile Sex Offender: Neurological and Psychiatric Impairments*. Jason Aronson.

Workbooks in Positive Psychology

- Ferrara, M. L. (2022). *The Good Life* (2nd ed.). Kindle Direct Publishing.
- Ferrara, M. L. (2022). *All About . . . Your Emotions!* Kindle Direct Publishing.
- Ferrara, M. L. (2022). *All About . . . Your Thinking!* Kindle Direct Publishing.
- Ferrara, M. L. (2022). *All About . . . Your Relationships!* Kindle Direct Publishing.

- Ferrara, M. L. (2022). *All About . . . Your Self-Management!* Kindle Direct Publishing.
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- Ferrara, M. L. (2016). *Limita & Dirige: Manualde Estudiante.* Kindle Direct Publishing.
- Ferrara, M. L. (2022). *Todos Sobre Tus . . . Emociones: Un libro de la series Good Life.* Kindle Direct Publishing.

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- Ferrara, M. L. (2014). *Limit and Lead Student Workbook.* Kindle Direct Publishing.
- Ferrara, M. L. (1992). *Group Counseling for Juvenile Delinquents: The Limit and Lead Approach.* Sage Publications.

Workbooks for Behavior Management Training for Staff Working in Juvenile Facilities

- Ferrara, M. L. (2014). *Training for Trainers Manual: Limit and Lead Behavior Management Program.* Kindle Direct Publishing
- Ferrara, M. L. (2014). *Direct Care and Security Staff Trainee Handout: Limit and Lead Behavior Management Training Program.* Kindle Direct Publishing.
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Workbook for Substance Abuse Treatment

- Ferrara, M. L. (1992). *Substance Abuse Treatment Program for Persons with Mental Retardation*. Texas Commission on Alcohol and Drug Abuse.

Sex Offender Treatment Programs Created or Co-Created by Matthew L. Ferrara, Ph.D.

Adults	Juveniles	Special Needs
Texas Department of Criminal Justice - Institutional Division	Texas Youth Commission	San Marcos Treatment Center Psychiatric and Neurologically Impaired Clients
Texas Sexually Violent Predator Program	Arizona Department of Juvenile Corrections Youth Development Institute, Phoenix Arizona	
Travis County Community Supervision and Corrections Dept		

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Watch your thoughts, they become your words;
watch your words, they become your actions;
watch your actions, they become your habits;
watch your habits, they become your character;
watch your character, for it becomes your destiny.

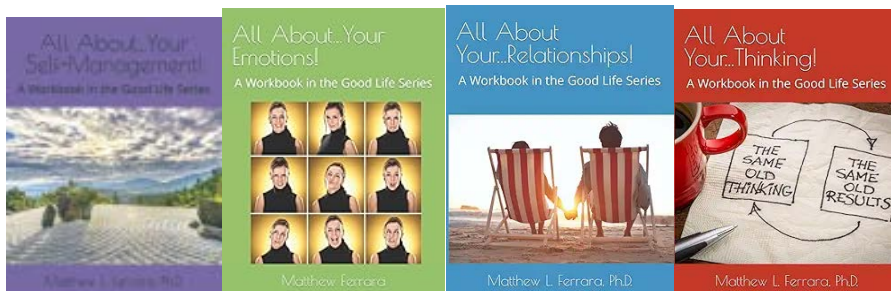
Lao Tzu,
Chinese philosopher and foreshadower of cognitive behavioral therapy
500 B.C.E.

OVERVIEW OF THE IMPLEMENTATION GUIDE

This implementation guide is designed to help you use three workbooks for the treatment of adult perpetrators of harmful or abusive sexual behavior: *Pathways to Healthy Sexuality*, *The Good Life*, and *The Chaperon Workbook*. When combined, the three workbooks provide comprehensive, holistic treatment. All books are available on Amazon.com.



The Good Life workbook is a 500-page workbook with four modules: “Self-Management,” “Emotions,” “Relationships,” and “Thought Patterns.” Each module is available as a standalone workbook. You can use these standalone workbooks in individual therapy or group settings. None of these workbooks or *The Good Life* uses terms such as “sex offender,” “sexual offense,” or “deviant sex.” As a result, *The Good Life* and the standalone workbooks shown below have been used in schools, mental health clinics, churches, and other non-correctional settings. All books are available on Amazon.com.



Pathways Program

The Pathways Program is a treatment program for adults whose harmful or abusive sexual behavior has caused them problems with their personal, social, familial, or occupational functioning. The Pathways Program uses three therapy-oriented workbooks: *Pathways to Healthy Sexuality*, *The Good Life*, and *The Chaperon Workbook*. Of them, *Pathways to Healthy Sexuality* is an original part of the Pathways Program; in fact, the program was named after the workbook. However, *Pathways to Healthy Sexuality* itself does not fully constitute the Pathways Program, because all three workbooks are needed to implement the program.

Program Description

If your goal is to conduct a holistic treatment program for clients who use harmful or abusive sexual behavior, you can't use one workbook but not use the others. To rehabilitate adults who engage in sexual abuse, then you need to provide offense-specific treatment, psychoeducational treatment that teaches prosocial skills, and treatment that helps the client develop a support group. The Pathways Program does all these things.

Pathways to Healthy Sexuality (Ferrara, 2024) is a cognitive behavioral, offense-specific treatment workbook for adults who sexually abuse others. The assignments in the workbook are designed to help clients who have been convicted of or adjudicated for sexual offenses to stop engaging in harmful or abusive sexual behavior. The assignments in *Pathways to Healthy Sexuality* should be viewed as “stop” assignments, so to speak. That is, the client should use the assignments to stop engaging in harmful or abusive sexual behavior.

By contrast, *The Good Life* (Ferrara, 2022) is a collection of positive psychology psychoeducational assignments designed to help clients build skills to become happy and successful in life. Assignments in *The Good Life* are based on positive psychology and focus on topics such as thought patterns, emotions, relationships, and self-management. The assignments can be viewed as “go” assignments. That is, the client can use the assignments to start meeting his or her needs in healthy ways.

Last, *The Chaperon Workbook* contains material that you can use to train chaperons to accompany clients into high-risk areas. To complete the chaperon training process, the client needs to be open and honest about his or her harmful or abusive sexual behavior. Such honesty unlocks the door and allows other people in the client's life. The chaperon training process also creates

a support network that the client can rely on now and when he or she is no longer in treatment.

The Chaperon Workbook can be used when there's a need to train chaperons. Clients should use *Pathways to Healthy Sexuality* and *The Good Life* for the entire time that they are in treatment. The best way to achieve that goal is for the client to participate in a program that uses 90-minute group therapy sessions. Different parts of each group therapy session could be dedicated to using both *Pathways to Healthy Sexuality* and *The Good Life*.

- ***The Good Life***. Begin each group therapy session by discussing one lesson from *The Good Life*. Clients, not the treatment provider, should teach the lessons in the workbook. To teach a lesson, a client should follow a simple three-step process. The client should read a paragraph from the lesson, explain the paragraph, and once finished, ask fellow group members for input about the paragraph. When there's no more input, then the client should use the same formula—read, explain, and ask for input—to teach the entire lesson. That part of the group session should take about 30 minutes.
- ***Pathways to Healthy Sexuality***. In the next part of the group therapy session, for about 45 to 50 minutes, one or two clients should present an assignment from *Pathways to Healthy Sexuality*. Each client should read his or her assignment and receive feedback from fellow group members and the treatment provider. The client must write down the feedback. Once the group session is over, the client should revise his or her responses to the questions on the worksheet. The client should continue to present and revise the same assignment until the treatment provider approves the completion of the assignment.
- **Self-Management**. In the next portion of the group therapy session, clients should report any problems or successes that they experienced in the past week. Clients should also report and discuss any violations of their treatment or supervision rules. This part of the group therapy session is the shortest portion of the session and typically lasts about 10 minutes.

Good offense-specific treatment helps clients stop engaging in behavior that's sexually abusive. Once a client has stopped engaging in sexually abusive behavior, there's always a void. There's a hole in the client's life where the maladaptive behavior used to be. Offense-specific treatment can't fill that void, but psychoeducational training can.

Psychoeducational training is the process of teaching clients healthy, prosocial skills. Psychoeducational training teaches clients what to do instead of engaging in sexually abusive behavior. The client can use the positive life skills

learned in psychoeducational training to fill the void where sexually abusive behaviors used to be.

Perhaps now it's clearer why you can't use just one workbook without the others. You have to provide offense-specific treatment at the same time as psychoeducational training. On top of that, you have to create a lifelong support group that will be there once the client is no longer in treatment.

There's only one goal for the Pathways Program: **No More Victims**. The best way to achieve that goal is to help the client create a good life. You're not only helping the client to stop engaging in harmful or abusive sexual behavior. You're also helping the client experience happiness and success.

Why Provide Treatment for Perpetrators of Sexual Abuse?

The reason that we provide treatment to perpetrators of sexual abuse is that it works. If by work you mean it helps most clients reach the goal of **No More Victims**.

When you review research on the effectiveness of treatment for perpetrators of sexual abuse, the first thing that you'll probably notice is that studies on the topic have been conducted for nearly a century. To understand how effective treatment can be, you need to consider the era in which each treatment was or has been provided.

Some research on treatment effectiveness was conducted before the 1980s, before cognitive behavioral therapy was popularized as the treatment of choice for perpetrators of sexual abuse. Cognitive behavioral therapy has indeed proven to be effective in reducing most maladaptive behaviors, including harmful or abusive sexual behavior.

If you review studies conducted since 1980 and certainly studies conducted in the 21st century, you'll notice a trend in the findings. Modern research on treating perpetrators of sexual abuse shows that treatment can significantly reduce the number of new sex crimes committed. To illustrate that point, let's look at a few meta-analytic studies on treatment efficacy.

As a reminder, a *meta-analytic study* is a study of studies. When conducting a meta-analytic study, researchers will examine all research performed during a specific period and take all their findings into consideration. Using special statistical techniques, they will determine the overall effectiveness of a treatment. Below are the results of four meta-analytic studies, all of which show positive results for the effectiveness of treatment for sexual abusers.

- In an early meta-analytic study, Hanson et al. (2002) combined the results of 43 outcome studies, i.e., studies on the outcomes of a treatment or intervention—with a total of 9,454 participants. They concluded that cognitive behavioral therapy reduced recidivism by 43.1%.
- In another meta-analytic study, Hanson et al. (2009) compiled 23 outcome studies on the effectiveness of rehabilitation services for sexual abusers, for an overall sample of 6,746 participants. All treatment took place between 1980 and 2008. The results showed that the treatment lowered recidivism by 42.10%. Some participants in the studies completed treatment programs that did not use relapse prevention or cognitive behavioral treatment and still, the overall results were positive, nevertheless.
- In a large meta-analytic study, Lösel and Schmucker (2005) reviewed 69 studies with a total of 22,181 participants and found that treatment reduced sexual re-offense recidivism by 36.57%.
- In a more recent meta-analytic study, Gannon et al. (2019) examined the results of 44 studies on the effectiveness of treatment for sexual abusers that had an average follow-up period of 76.2 months. They found that rehabilitation services in particular decreased recidivism among sexual abusers by 32.6%.

During election years, media organizations often conduct polls to determine the popularity of candidates. Based on those polls, pundits predict the results of elections. Do you know how many people are usually included in those polls? About 1,000.

Review the number of participants in the meta-analytic studies listed above. There are often thousands, if not tens of thousands, of individuals studied. Such large sample sizes increase the reliability of the findings of meta-analytic studies. That's why meta-analytic studies are conducted: They are exceptionally accurate and reliable.

Considering the four studies listed above, treatment for sex abusers reduce sexual re-offense by 42.3% on average. But how does that reduction compare with what other treatments accomplish?

Marshall and McGuire (2003) studied that very issue by comparing treatment for sex abusers with other forms of medical and mental health treatments. In the process, they used what's called the "*d* statistic" to measure a treatment's effect. A *d* statistic in the .20 to .40 range is considered to indicate a small treatment effect, a *d* statistic in the .41 to .70 range indicates a medium effect, and a *d* statistic exceeding .70 indicates a large effect.

- Aspirin treatment for myocardial infarction = .03

- Chemotherapy for breast cancer = .08
- Overall effects of psychotherapy = .32
- Overall effects of client-centered therapy = .36
- Overall effects of family therapy = .44
- **Cognitive behavioral & relapse prevention for sexual abuse = .47**
- Cognitive behavioral therapy for anxiety with public speaking = .51
- Cognitive behavioral therapy for depression = .65

The above data show that the effectiveness of treatments for sexual abusers compares favorably with the effectiveness of other types of mental health and medical treatments. Those outcomes should reassure people who provide treatment to sexual abusers as well as encourage the abusers receiving such treatments.

Workbooks vs. Manuals

People who treat clients who have engaged in sexual abuse often use the terms “workbook” and “manual” interchangeably. However, those two things aren’t the same. As you read this section, keep in mind the *Pathways to Healthy Sexuality*, *The Good Life*, and *The Chaperon Workbook* are workbooks, not manuals.

On the one hand, a *workbook* is a collection of therapy assignments organized into book format and given to clients. Clients keep the workbook in their possession and are responsible for completing assignments in the workbook on their own time. They bring their workbooks and completed assignments to therapy sessions, where they receive feedback on their work. Clients typically need to revise assignments, sometimes repeatedly, until their work is approved by their treatment providers.

On the other hand, a *manual*, specifically a treatment manual, isn’t something that’s given to clients. On the contrary, a treatment manual is a procedural book that remains in the hands of the treatment provider. A manual typically contains a literature review covering a variety of areas, including the prevalence of sexual abuse, the etiology of such behavior, a review of available treatment approaches, directions for some treatment interventions, and best practices for treatment providers to interact with clients (Mann, 2009). In a vast oversimplification, workbooks contain worksheets that clients need to complete, while treatment manuals don’t contain worksheets at all.

Is this discussion about the differences between treatment workbooks and manuals splitting hairs? Not in the least. After all, a great deal has been written and debated regarding the use of treatment manuals for sexually abusive

individuals. However, much of what has been written doesn't apply whatsoever to using treatment manuals. Let's take a closer look at treatment manuals and workbooks, and you'll see the differences and begin to appreciate them as two distinct types of books.

According to Marshall (2009), treatment manuals aim to guide treatment providers through conducting treatments, usually by specifying eight things: (1) a clear theoretical basis for the treatment; (2) the number and sequence of treatment sessions; (3) each session's content and objectives; (4) the procedures required to achieve each session's objective; (5) the overall treatment approach (e.g. cognitive behavioral, relapse prevention, humanistic, or psychoanalytical) and its theoretical basis; (6) the treatment targets (e.g. reducing deviant interests, enhancing relationship skills, improving self-regulation, or changing inappropriate attitudes); (7) the procedures for realizing the targets; and (8) some way of determining when each client has achieved the goals of treatment (e.g., the number of treatment sessions to be completed).

For a real-world example, Marshall et al. (2006) have published a treatment manual, *Treating Sexual Offenders: An Integrated Approach*, that's available for purchase on Amazon.com. The manual has six chapters and an appendix. Chapter 1, "Description of the Disorder," discusses the frequency of sexual abuse, its effects on victims, and various clinical issues. Chapter 2, "Overall Description of Treatment Strategy," addresses the frequency of sessions, the selection of participants, the description of the treatment, treatment targets, treatment methods, pathways to offending, mood management, and medications, among other things. Chapter 3, "Research Basis," discusses issues such as denial, minimization, low self-esteem, empathy, sexual interests, and treatment goals. Chapter 4, "Clinical Case Illustrations," does what the title says: provides case studies, including a dialogue between a client and treatment provider. Chapter 5, "Complicating Factors," addresses such issues as problematic characteristics of offenders, legal factors, and institutional factors. Last, Chapter 6, "Maintenance and Follow-Up Strategies," describes the public registry, release and discharge procedures, and risk management by community supervision officers. Beyond that, the appendix contains a rating scale for treatment providers.

Contrast Marshall et al.'s (2006) treatment manual with *Pathways to Healthy Sexuality*, which is an organized collection of therapeutic worksheets divided into 10 modules and three appendices. Modules 1-3, "Orientation," provide the client with basic information about the treatment program, define *deviant sexual behavior* and *healthy sexual behavior*, describe thinking errors and how to identify them, give instructions for developing coping skills, and explain how to succeed in treatment and supervision. Next, Module 4, "Support Group," contains worksheets that the client needs to complete to create a lifelong

support group. Module 5, “Accountability,” contains worksheets for the client to divulge information about his or her instant offense and sexual history. Module 6, “Offense-Specific Assignments,” contains worksheets for the client to identify his or her pattern of sexually abusive behavior, along with other assignments designed to help the client control that pattern of behavior. After that, Module 7, “Victim Empathy,” contains assignments that the client needs to complete to increase empathy for his or her victim(s). Module 8, “Healthy Sexuality,” contains assignments that the client needs to complete to incorporate healthy sexual behaviors into his or her sex life. Module 9, “Relapse Prevention,” contains worksheets on relapse prevention that the client needs to complete as well. Last, Module 10, “Aftercare,” contains a few assignments that the client can use to monitor his or her activity and progress once aftercare has begun. As for the appendices, Appendix A, “Plans,” contains instructions for completing high-risk plans, travel plans, employment (or school) plans, and holiday plans. Appendix B, “Treatment Plan,” contains a treatment plan based on the dynamic risk factors identified in the STABLE-2007 risk assessment. Lastly, Appendix C, “Module Tests,” contains test questions for each module in the workbook so that the treatment provider can test how well clients have retained information taught in the workbook.

As shown, treatment manuals and treatment workbooks have very little in common. Treatment workbooks are a collection of therapeutic assignments. Treatment manuals are textbooks that guide treatment providers. Treatment workbooks are typically but not always written by authors from the United States. Treatment manuals are typically but always written by European and Canadian authors.

Despite their differences, there is a place for both treatment manuals and treatment workbooks in the treatment of sexually abusive individuals. Treatment manuals work well in public and private institutions that are accountable to governmental entities and funding sources. Treatment manuals can also be used effectively by people even if they don’t have formal training as treatment providers. For example, treatment manuals can be used in prisons where one co-treatment provider in a treatment group is a correctional officer. Government-run treatment programs in prisons often employ recent psychology or counseling graduates, who, as novice treatment providers, also benefit from the guidance and direction found in treatment manuals.

A treatment workbook, by contrast, is the ideal book for experienced mental health professionals. Such professionals already have a well-established theoretical basis for treatment, a therapeutic orientation, and skills for conducting treatment. Experienced treatment providers typically do not need all the instructions in a treatment manual. They can use each assignment in a

treatment workbook, coupled with their professional skills, to help clients make progress in treatment.

Just as a hammer isn't necessarily better than a screwdriver, a treatment manual isn't necessarily better than a treatment workbook. A hammer and screwdriver can help people perform specific tasks, just as a treatment manual and a treatment workbook can support people performing different jobs.

Why Workbooks?

The unique characteristics of a treatment manual and a treatment workbook give each its own set of advantages. A workbook was chosen for this treatment program due to the advantages that it offers. Here are some of the advantages of using *Pathways to Healthy Sexuality*, *The Good Life*, and *The Chaperon Workbook*.

- *Pathways to Healthy Sexuality* contains many cognitive behavioral therapy worksheets that have been used in the treatment of sex abusers for years. Other worksheets are newer and reflect recent developments in the field. Clients complete *Pathways* worksheets that are evidence-based and effective in reaching the goal of **No More Victims**.
- *The Good Life* contains positive psychology therapeutic assignments that clients can use to create happiness and success. The assignments also change the atmosphere and culture of the treatment program in a positive way.
- *The Chaperon Workbook* contains assignments that can bring clients closer to their family and friends in the process of establishing a lifelong support group.

Treatment providers also benefit from using workbooks. First, a workbook standardizes treatment, so treatment providers always know what they will be doing with clients. Second, workbooks can be individualized; for instance, treatment providers can eliminate some assignments and add others. Third, as treatment providers use the same assignments over and over again, they will become experts in using the assignments. Fourth, when clients complete assignments, treatment providers can be assured that the clients are receiving treatment that is consistent with the risk-need-responsivity principle. Fifth, treatment can be replicated for each new client. Sixth, treatment workbooks can be used to train new treatment providers. Sixth and last, workbooks can be updated with new worksheets at any time.

Empirical Basis for Using Workbooks

More than 30 years ago, Gendreau and Andrews (1990) conducted a meta-analysis to determine what works when it comes to rehabilitating criminal offenders. Program integrity was found to be associated with reduced recidivism and, as such, was characterized as a pillar of effective rehabilitation programs. Gendreau and Andrews also found that the use of a treatment workbook was a key component of program integrity.

In a follow-up meta-analysis, Andrews reviewed 273 studies on the effectiveness of rehabilitation programs for criminal offenders. This analysis identified ten characteristics of program integrity:

- Specific theory of target behavior
- Skilled and caring staff
- Trained staff
- Supervised staff
- Less than 2 years old
- Use treatment workbooks
- Monitored services
- Adequate dosages
- Evaluator involved
- Small (i.e., <100 clients)

Other researchers have also found that cognitive behavioral therapy workbooks can reduce the re-offense rates of criminal offenders. When Lipsey et al. (2007) compared Reasoning and Rehabilitation, Moral Reconciliation Therapy, Aggression Replacement Training, Thinking for a Change, and Relapse Prevention, they found that no type of manualized cognitive behavioral therapy produced effects that distinguished it from the norm but that all types could reduce re-offense rates.

Thigpen et al. (2007), who worked for the U.S. Department of Justice, additionally found that using workbooks provides an operational design that has been shown to improve offender outcomes.

The Artistry of Using Workbooks

According to Mann (2009), although manuals have been criticized for limiting the “artistry” of some treatment providers, that limitation might not be a disadvantage. At the same time, people who have used treatment workbooks consistently have likely learned the artistry, or the different ways, of using a workbook.

- **As a shield.** Many clients in the treatment program will be involuntary clients who resist treatment. Such clients often criticize treatment providers and make suggestions about how the providers could improve treatment. Skilled treatment providers will shield themselves from such attacks by using the workbook and saying, “This is the program. How can I help you adjust to the program?” That strategy reframes the struggle as being between the client and the program, not between the client and the treatment provider. For many resistant clients, the problem of not following rules is part of a larger lifestyle problem. Prudent treatment providers will use the workbook as a shield, step out of the line of attack, and let the client struggle with the workbook instead of them.
- **As a navigation system.** Mann (2009) has also described how a manual can be used as a navigation system, i.e., by helping the treatment provider navigate treatment and stay on course.
- **As a stop sign.** The workbook stops clients from talking about things that are not relevant to the goal of **No More Victims**.
- **As a confrontation.** *Confrontation* is defined as gently pointing out behavior that the client would prefer to ignore. Every assignment in a treatment workbook is a confrontation. Every assignment asks the client to look at some aspect of his or her behavior so that they can learn and grow. Because the workbook confronts the client in a gentle, non-shaming manner, the treatment provider can assume a supportive role. Once the client benefits from the confrontation, the treatment provider is in a position to do what good treatment providers know how to do: offer interpretations of the client’s behavior.
- **As a buffet.** How many therapy interventions can you keep in your memory? Five? Ten? More? There are 64 assignments in *Pathways to Healthy Sexuality*, 144 assignments in *The Good Life*, and 22 assignments in *The Chaperon Workbook*, for a grand total of 230 assignments. Can you remember 230 assignments? Of course not. The written word has advanced human society and culture more than any other single achievement, and there’s no reason why treatment providers shouldn’t take advantage of it. Think of the workbooks as a buffet of therapeutic assignments that you can pick and choose from.

Throughout the above discussion on workbooks and treatment manuals, care has been taken to avoid suggesting that workbooks are superior to manuals. Workbooks are no better than manuals any more than manuals are better than workbooks. Each has its own advantages and disadvantages, so choose the one that meets your needs. As Andrews and Wormith (1989) have cautioned,

making room for a new or different concept doesn't require destroying an established one.

Who Should Use This Implementation Guide

This implementation guide is designed to help licensed therapists administer treatment to adults who have sexually abused others. To succeed, therapists should have the following qualifications:

1. A mental health graduate degree in psychology, social work, marriage and family counseling, or professional mental health counseling.
2. A license to practice independently as a mental health professional.
3. At least two years of experience working as a mental health professional.
4. At least 1,000 hours of supervised treatment experience working with adults who have committed sexual offenses.
5. At least 40 hours of training regarding adults who engage in harmful or abusive sexual behavior and their victims.
6. At least 12 hours of ongoing continuing education every year in the area of perpetrators and victims of sexual abuse.

Rehabilitation vs. Mental Health Treatment

The goal of the Pathways Program is **No More Victims**. As a treatment provider, your job is simple but daunting: rehabilitate clients such that they never again use harmful or abusive sexual behavior.

You can't be all things to all people. You cannot provide rehabilitation services and mental health services to the same client. If a client has mental health problems that interfere with his or her ability to make progress in this treatment, then you need to refer the client to a mental health professional who can help him or her with that problem.

- If a client is psychotic, refer the client for an evaluation with a psychiatrist, who can determine whether the client would benefit from mental health medication.
- If a client is suicidal, refer the client to a mental health facility that can manage the client's risk of suicide.
- If a client experiences debilitating depression or anxiety, refer the client to a mental health professional who can teach the client cognitive behavioral therapy techniques for coping with anxiety and depression.
- If the client is in crisis, refer the client to a mental health clinic that can stabilize the client.

Therapeutic Style and Interventions

At some point in the future, implementation guides won't need a section that addresses therapeutic style. However, treatment programs for sexual abusers from the 1970s often trained treatment providers to savagely confront clients. That therapeutic style isn't effective but there remain some who still use that style and teach that style to new treatment providers.

Recent studies on therapeutic style have shown that confrontations involving shaming and moralistic comments reduce the effectiveness of treatment (Marshall et al., 2002, 2003). The therapeutic style that's effective for clients who are not sexual abusers is the same therapeutic style that's effective for sexual abusers.

Research has additionally identified characteristics of treatment providers that are most effective when working with sexual abusers. Marshall et al. (2002) found, for instance, that warmth, empathy, rewardingness, and directiveness generated 30%-60% of all improvements in the treatment targets. They also concluded that the treatment provider's style is far more important in treating sexual offenders than in treating individuals with non-criminal disorders. In a subsequent study, Marshall et al. (2003) found that flexibility was the single most important characteristic of treatment providers, one that supported providers in using various therapeutic interventions and matching them with clients based on their behavior.

As might be expected, if a treatment provider can use warmth, empathy, rewardingness, and directiveness, then the group atmosphere will be a positive one. According to Beech and colleagues, creating a positive group atmosphere allows group members to feel that they belong and are working together in the group (Beech & Fordham, 1997; Beech & Hamilton-Giachritsis, 2005). In such an atmosphere, clients can talk more openly and deeply about the issues that they need to address in treatment.

As a final note, when reading any summary of research on therapeutic style and characteristics of treatment providers, it's important to remember that much of that research was conducted in settings where treatment groups were led or co-led by probation officers or correctional officers who were using treatment manuals, not treatment workbooks. Most licensed mental health professionals with graduate degrees already know the importance of what this section has discussed. This section has aimed to reassure treatment providers that they're on the right track when they use all their therapeutic skills and treat all clients in humane, respectful ways.

Dosage

How long are you supposed to provide treatment to a client being treated for harmful or abusive sexual behavior? Unfortunately, the correct answer is, “*It Depends.*” It depends on the client’s level of risk, treatment motivation, effort, and whether the client experiences major life upheavals while in treatment, to name a few factors.

Even though no particular length of treatment is bound to be effective for all clients in any treatment program for sex abusers, the average length of treatment is telling and has been studied. In one study, McGrath et al. (2009) surveyed treatment providers in the United States and Canada and found the following trends in length of treatment and number of sessions:

Median Time Adul Male Clients Spend in Treatment

	Core program	Aftercare program
<i>Community</i>	24 months	12 months
<i>Residential</i>	18 months	12 months

Median Time Juvenile Males Spend in Treatment

	Core program	Aftercare program
<i>Community</i>	14 months	6 months
<i>Residential</i>	12 months	6 months

Median Number of Treatment Sessions

	Adult males	Juvenile males
<i>Community</i>	<ul style="list-style-type: none"> • Group: 140 sessions • Individual: 43 sessions • Family/couples: 11 sessions • Total: 194 sessions 	<ul style="list-style-type: none"> • Group: 82 sessions • Individual: 50 sessions • Family: 50 sessions • Total: 182 sessions
<i>Residential</i>	<ul style="list-style-type: none"> • Group: 316 sessions • Individual: 32 sessions • Family/couples: 8 sessions • Total: 348 sessions 	<ul style="list-style-type: none"> • Group: 187 sessions • Individual: 43 sessions • Family: 11 sessions • Total: 24 sessions

Most clients who participate in the Pathways treatment program can complete treatment and move to aftercare within three to four years. The length of time that an individual is in treatment should not be tied to the client's term of supervision, unless the client is a high-risk client. For example, you may want to keep in treatment for as long as possible a client who is a devious, exclusive pedophile committed to sexually abusing children. Another good candidate for long-term treatment would be a sexual psychopath committed to having sadistic sex with noncompliant victims).

OVERVIEW OF PATHWAYS TO HEALTHY SEXUALITY

Workbook Modules

Pathways to Healthy Sexuality contains 10 modules. A *module* is a collection of therapeutic assignments organized around a single therapeutic theme. Modules 1-3, titled “Orientation,” challenge clients to acquire foundational concepts and coping skills that are needed for the rest of the modules. Module 4 challenges clients to get family and friends involved in their treatment. Module 5, a cornerstone module, challenges clients to be honest in a way that few people are. After that, Module 6 challenges clients to complete offense-specific assignments based on the concept of the offense cycle. Module 7 challenges them to develop empathy as a means to prevent re-offenses. Module 8 challenges clients to adopt new, healthy sexual behaviors to use instead of deviant sex. Module 9 challenges clients to learn skills to prevent relapse. Module 10 challenges clients to maintain the high standards of treatment once they have moved to aftercare.

Here’s a list of the modules and their titles:

- Modules 1-3: Orientation (30%)
- Module 4: Support Group
- Module 5: Accountability
- Module 6: Offense Specific Assignments
- Module 7: Victim Empathy
- Module 8: Healthy Sexuality
- Module 9: Relapse Prevention
- Module 10: Aftercare

On the first line of the list, you’ll see a percentage in parentheses: 30%. That percentage means that 30% of the total number of pages in *Pathways to Healthy Sexuality* is dedicated to orientation.

Devoting the lion’s share of the workbook to orientation was no mistake. Clients new to treatment are at high risk of continuing to create new victims. So, the Orientation Modules were designed as a complete treatment program to help clients immediately stop having new sexual abuse victims. Once the clients have learned what they need to know to stop creating victims, they can work on the worksheets in the rest of the workbook so they can perfect skills to ensure that there are **No More Victims**.

Modules 1-3: Orientation. In the first three modules, clients learn enough to be able to stop engaging in harmful or abusive sexual behavior. The techniques that clients learn in the orientation modules are a quick fix to their problematic sexual behavior. Clients use the techniques to avoid acting out sexually as they complete the rest of the Pathways Program, which will give them a deeper, lasting way to manage their sexual behavior. The orientation modules also contain information about the treatment process and the Pathways Program.

Module 4: Create a Support Group. The things that clients learn in treatment must make a difference outside treatment and for the rest of their lives. In Module 4, clients are challenged to create a support group that can help them succeed in treatment and help them for the many years of their lives after they are no longer in treatment.

Module 5: Personal Accountability for Your Sexual Misconduct. All clients kept their sexual misconduct secret because they didn't want others to know what they were doing. They misled others, and in doing so, they also misled themselves. In Module 5, clients explore the thoughts, feelings, plans, and behaviors that contributed to their sexual misconduct. The goal is for clients to know their behavior in a profound, honest, insightful way. Clients also confront and reflect on how they deceived others and themselves. To do that, they need to be honest enough about the deviant sexual behavior that got them into the program so that they can pass a polygraph exam about that behavior. If clients benefit from the assignments in Module 5, then they will have a level of honesty and personal accountability that is uncommon for most people in the world.

Module 6: Offense-Specific Therapy Assignments. Treatment for abusive or harmful sexual behavior as we know it today began in the 1970s. Over the decades, research has identified cognitive behavioral techniques as being the best ways to help people eliminate their problematic sexual behaviors. Module 6 contains many classic cognitive behavioral therapy assignments that have been fine-tuned since the 1970s, along with many new cognitive behavioral therapy assignments. The worksheets in Module 6 are some of the most powerful assignments clients will complete in their quest for the ultimate treatment goal of **No More Victims**.

Module 7: Victim Empathy. Contact with clients many years after they've completed treatment has revealed that many have relied upon victim empathy to stop themselves from creating new victims. What stopped those clients from re-offending was the knowledge of how badly they had hurt their victims and how many other people had been hurt aside from their primary victims. The assignments in Module 7 are designed to help clients develop an understanding of the harm caused by their sexual misconduct so they can use that knowledge

to have **No More Victims**. Care is taken to ensure the assignments do not cause the client to feel shame because shame is a precursor to relapse and new victims.

Module 8: Health Sexuality. It isn't enough to stop engaging in harmful sexual misconduct. Clients also must replace their deviant sexual behavior with healthy sexual behavior. If clients have amazing, intense, healthy sexual experiences, then they can increasingly move away from ever again engaging in unhealthy or harmful sexual behaviors. To that aim, the lessons in Module 8 can help clients begin to form healthy, rewarding sexual relationships.

Module 9: Relapse Prevention. Mark Twain once quipped, "Quitting cigars is easy. I have done it hundreds of times." Twain knew then what researchers later proved: Quitting bad behavior is easier than staying quit. In Module 9, clients complete assignments that will help them quit and stay quit. The assignments can also help clients sustain the positive changes they've achieved by completing other worksheets.

Module 10: Aftercare. Clients use the assignments in Modules 1-9 to make changes to themselves and their lives. Once they complete the program, they advance to aftercare status. In aftercare, clients see their treatment provider monthly. During that time, they can use the assignments in Module 10 to report their activities and identify any topics they should discuss in aftercare sessions.

Appendix A: Plans. Appendix A contains directions for making high-risk plans, travel plans, and holiday plans. Clients don't have to wait until they complete all modules in the workbook to begin making and using those plans. Clients can start using those plans while working on orientation assignments.

Appendix B: Treatment Plan. *Risk* is defined as the potential for an individual to engage in a specific behavior in the future. By extension, the risk of engaging in harmful or abusive sexual behavior is the potential of creating a new victim of such behavior. Research has shown that there are five dynamic risk factors for harmful or abusive sexual behavior: intimacy deficits, negative social influences, poor sexual self-regulation, problems with general self-regulation, and failure to cooperate with treatment and supervision staff. Because the goal of the Pathways Program is **No More Victims**, it makes sense to target dynamic risk factors. The treatment plan found in Appendix B can help clients keep treatment focused on dynamic risk factors so that they can reach the goal of **No More Victims**.

Appendix C: Module Tests. One of the easiest things a client can do to change is memorize the information in this workbook. Once memorized, clients carry that information with them wherever they go. Clients will be different outside therapy sessions because this new information will be with them and influencing them. Having new knowledge is the first step toward changing for the better. To that end, treatment providers can use the module tests in Appendix C to ensure clients have memorized the information in this workbook.

Assignments

In the Pathways Program, clients complete assignments in *Pathways to Healthy Sexuality* on their own time, not during therapy. Think of the assignments as homework. Whether a client attends an individual or group therapy session, he or she always needs to bring a completed assignment to therapy sessions.

The assignments in the workbook build upon each other. For example, the assignments in Modules 1-3: Orientation help clients complete the assignments in the treatment modules (i.e., Modules 4-9). Clients are advised to complete the assignments in the order that they appear in the workbook, except for the high-risk, travel, holiday, and employment plans, which clients can complete at any time.

Some assignments in the workbook are individual assignments that clients should complete and discuss during individual therapy. Those assignments are designed to help clients complete group assignments that come later in the workbook. The group assignments, which are designed to be presented during group therapy sessions, are the most important assignments in the workbook. When a client presents a group assignment in a group therapy session, the client gets feedback from peers and the treatment provider. Clients need to use that feedback to revise their assignments. They should keep revising and presenting group assignments until the assignments are approved by their treatment provider.

Be supportive of clients when they're receiving feedback. Everybody has blind spots. *Blind spots* are areas where you can't see yourself as you really are. It's embarrassing but true: Even if we can't see into our blind spots, other people can. In therapy, when clients have their blind spots pointed out for all to see, it can be emotionally painful. Although it may be embarrassing to have other people point out things that you weren't previously aware of, it's also helpful. So, be supportive. Let your clients know that overcoming blind spots will help them become happier, more successful individuals.

Measuring Change

The Pathways Program isn't only about completing assignments. On the contrary, it's about helping clients change how they think, feel, and behave so that they have **No More Victims**.

Clients use the assignments to change themselves. What a client learns during a treatment session needs to make a difference in how the client behaves outside the sessions. In the Pathways Program, there are three ways in which a treatment provider can measure change.

First, the treatment provider can observe how the client behaves during treatment sessions to determine whether the client is changing. During treatment sessions, clients can do two things to prove they're changing: give help and receive help. Clients give help during group therapy sessions when they give feedback to peers. Meanwhile, they receive help in a group or individual therapy session when they willingly accept the feedback that they're given.

Second, clients can show that they've changed based on how the people who are close to them talk about them. The people who know a client should be able to say whether the client has changed. As a treatment provider, you need to talk to the client's loved ones, family, friends, and support group members to determine whether the client has changed.

Third and last, clients can pass polygraph exams to demonstrate that they've changed. Polygraph exams are used in treatment to allow clients to produce evidence about their behavior outside therapy sessions and that they've been honest when completing assignments in therapy.

Again: Clients can't complete the Pathways Program by merely completing assignments. The assignments that clients complete need to lead to personal change. At the end of treatment, each client needs to be a different person from the person who began treatment. If a client completes all the assignments in the workbook but hasn't changed, then the client hasn't completed treatment. The client has to either complete additional assignments or be discharged due to failing treatment.

The Myth of Pure Evil and Managing Shame

The myth of pure evil permeates all matters related to sexual abuse, sexual offenses, and sexual abusers. Whether consciously or subconsciously, there's a sentiment that anyone who molests a child, commits rape, or views child pornography is pure evil. The myth states there's nothing good about such people.

The myth of pure evil has implications for how we treat those we think are pure evil. Years ago, some concerned citizens complained that prison inmates had it too soft because there were televisions in the prison dayrooms. In response, a member of the prison board offered the following story:

Imagine that your grandmother is in an elevator. In one scenario, she's in an elevator with someone who was just released from prison, and was treated as pure evil. When that person was in prison, he was treated cruelly. He wasn't allowed out of his cell. He had no recreation. Guards were mean to him. He did not even have a television in his dayroom. Now imagine another scenario. In the second scenario, imagine that your

grandmother is in an elevator with someone else who was just released from prison. While the person was in prison, he was treated with respect. He was allowed to access a library. He had a job. His dayroom had a TV. Now, imagine that the elevator malfunctions and stops between floors. Your grandmother is trapped inside the elevator with one of those men who was just released from prison. Which one do you want your grandmother to share the elevator with?

Many people think all criminals are pure evil, but there's the problem: If you treat someone like they're pure evil, they act like pure evil.

The myth of pure evil is false because it focuses on the person, not the act. Child sexual abuse, rape, child pornography, and other similar forms of sexual abuse are evil, but the people engaging in those behaviors are not pure evil by default. If they were, then it would be pointless to treat them because there is no treatment for pure evil.

The act is evil but the person is not necessarily evil. Maintaining the distinction between the deviant sexual behavior and the person who engaged in the behavior creates an opening for treatment providers to work with such challenging clients and help them reach the goal of **No More Victims**.

The myth of pure evil isn't just what others think about people who commit acts of harmful or abusive sexual behavior. The perpetrators often believe the myth as well. They believe they are pure evil, and, as a result, they feel extreme shame. Shame is a setup for harmful or abusive sexual behavior.

Part of your job is to help your clients manage their shame. You might think all you have to do to help your client manage shame is to avoid causing your client to feel shame. While that is a good start, it is not enough. Your clients will shame themselves quite independently of anything you say or do. Your clients bring shame with them to your treatment program.

One way that you can help your clients manage shame is to tell them that it's good that they feel bad because feeling bad is like a rudder that can steer them away from future sexual misconduct. Oddly, the client should feel good about feeling bad.

There are two ways to feel bad about a past behavior: shame and guilt. Shame is the feeling that you're pure evil. By contrast, guilt is the feeling that you've done something wrong. If your clients convert shame to guilt, then they can use all the culturally appropriate ways available to them to deal with guilt, a prime example of which is apologizing. A good apology is a matter of admitting that you've done wrong, promising to never do it again, and then making amends.

There's one last issue you must be aware of when helping your clients overcome shame: Clients should not use shame or the myth of pure evil as their identity. Clients should not refer to themselves as sex offenders. If they do, then they're setting themselves up for future sexual misconduct. Research has shown that people who think of themselves as ex-smokers have an easier time quitting smoking. People who think of themselves as ex-cocaine users are more likely to quit using cocaine than people who still think of themselves as cocaine users. Your clients have to think of themselves as someone who used to use deviant sexual behavior, not as a deviant person. Once they do so, they are closer to having **No More Victims!**

Written Assignments

Pathways to Healthy Sexuality doesn't provide space for clients to respond to the questions that comprise a worksheet. For example, in *Pathways to Healthy Sexuality*, you won't see a question posed to a client and then space in the workbook for the client to write a response. Although very early versions of *Pathways to Healthy Sexuality* used that format (e.g., Pathways 1 to 4), it became clear that leaving space in the workbook for clients to respond was wrong for at least four critical reasons.

First, clients often didn't have enough space to write a response. Second, clients would make their responses fit the space allotted in the workbook but not add more information even when it was needed. Third, clients rarely write an assignment perfectly on the first attempt, so they usually need to revise their assignments. Ultimately, they write their assignments on looseleaf paper or in a word processor, it's just easier to have them write their assignments that way the first time. Fourth and finally, adding space for clients to respond in the workbook made the workbook longer, which made it more expensive for clients to purchase.

What a Client Learns in Treatment Has to Make a Difference Outside Treatment

This section's topic was addressed earlier, but it bears repeating: The Pathways Program isn't about completing worksheets but about helping clients make significant, seismic changes in their lives. What clients learn in treatment sessions has to change how they behave outside the sessions. To complete the program, clients must change their thinking, feelings, and behavior. If clients make those changes, then they can complete the program and reach the goal of **No More Victims!**

OVERVIEW OF THE GOOD LIFE

The Good Life

The Good Life workbook is a positive psychology workbook designed to increase well-being. The four modules in *The Good Life* deal with the following topics: emotions, thinking, self-management, and relationships. Each module teaches skills designed to help the user flourish, which is Martin Seligman's (2011) term for a "good life."

The Good Life can be used as a standalone workbook in the offices of private mental health practices, mental health clinics, churches, and self-help groups. In the Pathways Program, *The Good Life* is used in conjunction with *Pathways to Healthy Sexuality* and *The Chaperon Workbook* to create a comprehensive treatment program for sex abusers.

The need to combine positive psychology with offense-specific therapy assignments was based on the "limit and lead" approach, which was developed to treat juvenile delinquents (Ferrara, 1992). In the limit and lead approach, the strategy is to limit delinquent behavior and lead, or teach, positive behavior to youths. This approach implies the combination of offense-specific treatment and psychoeducational training.

In the Pathways Program, *Pathways to Healthy Sexuality* places limits on deviant sexual behavior, while *The Good Life* teaches clients what to do instead of engaging in deviant sexual behavior. Clients should use both workbooks at the same time throughout their treatment.

The Good Life and Risk Management

The Good Life was constructed to address dynamic risk factors found in the STABLE-2007 risk assessment that were not directly addressed in *Pathways to Healthy Sexuality*. Let's take a closer look at the STABLE-2007 risk assessment and how both workbooks address the STABLE-2007 risk factors.

The six primary categories of the STABLE-2007 risk assessment are listed in the first column in bold. Some categories have subfactors, so there are 19 risk factors overall.

In the second column, there is a list of the modules and lessons in *Pathways to Healthy Sexuality* (PHS) and *The Good Life* (GL) that address those risk factors. Notice that multiple assignments from both workbooks address the same risk factor. That's not a mistake. Using multiple assignments to address a single risk factor ensures that the client will have more than one way to cope with the risk factor.

Dynamic risk factors on the STABLE-2007 risk assessment	Corresponding assignments by workbook and module
Significant Social Influences	<ul style="list-style-type: none"> • PHS: Support Group • GL: Relationship Module
Intimacy <ul style="list-style-type: none"> • Lovers/intimate partners • Emotional identification with children • Hostility toward women • General social rejection and loneliness • Lack of concern for others 	<ul style="list-style-type: none"> • GL: Relationship Module • GL: Emotions Module • PHS: Victim Empathy Module • PHS: Healthy Sexuality Module
Sexual Self-Regulation <ul style="list-style-type: none"> • Sexual preoccupation • Sex as coping • Deviant sexual interests 	<ul style="list-style-type: none"> • PHS: Accountability Module • PHS: Relapse Prevention Module • PHS: Offense-specific assignments • PHS: Orientation Modules • PHS: Healthy Sexuality Module
Attitudes in Support of Sexual Assault <ul style="list-style-type: none"> • Sexual entitlement • Rape attitudes • Child molestation attitudes 	<ul style="list-style-type: none"> • PHSL Healthy Sexuality • PHS: Orientation Modules
General Self-Regulation <ul style="list-style-type: none"> • Impulsivity • Poor problem-solving • Negative emotionality/hostility 	<ul style="list-style-type: none"> • GL: Self-Management Module • GL: Thinking Module • GL: Emotions Module • PHS: Offense-specific Assignments
Cooperation with Supervision	<ul style="list-style-type: none"> • PHS: Orientation Modules

The above table shows how *Pathways to Healthy Sexuality* and *The Good Life* address all the STABLE-2007 risk factors. By comparison, the following table focuses exclusively on *The Good Life* and shows the STABLE-2007 risk factors addressed in that workbook.

Module in <i>The Good Life</i>	Risk factors on the STABLE-2007 risk assessment
Emotions	<ul style="list-style-type: none"> • General social rejection and loneliness • Negative emotionality/hostility • Lovers/intimate partners • Lack of concern for others
Thinking	<ul style="list-style-type: none"> • Poor problem-solving • Impulsivity
Relationship	<ul style="list-style-type: none"> • Lovers/intimate partners • General social rejection and loneliness • Significant social influences • Hostility toward women • Sexual entitlement
Self-Management	<ul style="list-style-type: none"> • Poor problem-solving • Impulsive acts

Positive Psychology

The Good Life is a workbook based on positive psychology. Positive psychology is the study of what makes life worth living and how to create conditions in which an individual can flourish. The goal of positive psychology is to help people improve their well-being.

Martin Seligman introduced the world to positive psychology in his 2002 book *Authentic Happiness*, where he writes that the goal of positive psychology is happiness. The focus of *Authentic Happiness* was to increase authentic happiness, which according to Seligman contains three elements: positive emotions, flow, and positive relations. The book is fascinating because it reviews research on what does and doesn't make people happy. For example, beauty

and money don't make people happy, whereas religion can make people happy, and that's coming from Seligman, a declared atheist.

Around the same time when Seligman published *Authentic Happiness*, he began teaching classes on positive psychology. As he taught positive psychology classes, he received a great deal of feedback from his students. One such student commented that Seligman's happiness hypothesis was wrong. The student argued that accomplishments can make people happy and that sometimes people pursue accomplishment purely for accomplishment's sake—for example, running a marathon.

According to Seligman, the student's feedback caused him to rethink positive psychology as not simply the pursuit of happiness. On the contrary, he came to believe that positive psychology is the study of well-being and that when a person has well-being, that person can flourish, hence the title of his 2011 book *Flourish*.

Seligman now believes that there are five parts of psychological well-being. There are the three original parts of authentic happiness, i.e., positive emotions, flow (or engagement), and meaning. And there are two new ingredients: positive relationships and accomplishment. Seligman created the acronym *PERMA* to remember the five parts of psychological well-being.

Positive emotions. The first ingredient of psychological well-being is positive emotions, including happiness, pleasure, and life satisfaction. Each of those positive emotions is different from the others, so don't oversimplify them or think of them as being the same. *The Good Life* teaches all those forms of positive emotions.

Engagement. Another word for *engagement* is *flow*. When you have a sense of flow, you're engaged in what you're doing. You like what you're doing, and you're good at it. While you're doing it, you lose track of time, and you don't feel any emotions. After you're done, you feel happy, and you have a sense of accomplishment. For example, a musician might lose track of time and experience flow while performing a piece of music. Afterward, the musician might feel happy. If you're good at something, then you can flow.

Relationships. If you're going to be happy, then you have to have positive people in your life, and you have to have positive relationships with those people. Seligman admits that he can't tell what the happiest time of anyone's life has been but he can tell you that it was probably experienced with another person.

Meaning. Everyone's life needs to have meaning. When you feel you belong to or serve something greater than yourself, you have meaning. Many people find meaning through religion, but that's not the only way. Meaning can also be found in volunteering for social causes, being dedicated to your family, and working for a greater good.

Accomplishment. Two types of accomplishments can increase a person's well-being: achievement and mastery. *Achievement* refers to reaching a goal. Your goal might be to win an Olympic gold medal, or it might be raking all the leaves in your front yard. Both are accomplishments, and both create positive well-being. Mastery is the other type of accomplishment. Whether you're getting better at your job, a hobby, or something else, when your mastery increases, your positive well-being increases as well. People pursue achievement and mastery for their own sake because it improves their psychological well-being.

You'll Feel Better Doing Positive Psychology . . . And So Will Your Clients

Whatever you work with, you get some of it on you. Mechanics get oil on themselves, bakers get flour on themselves, and positive psychologists get happier. Treatment providers helping perpetrators of sexual abuse also get profligacy thrust on them. Here's what Seligman (2011) writes about treatment providers who help clients with mental health and other problems:

Taking the psychology of misery to heart—as you must when you work on depression, alcoholism, schizophrenia, trauma, and the panoply of suffering that makes up psychology-as-usual's primary material—can be a vexation to the soul. While we do more than our bit to increase the well-being of our clients, psychology-as-usual typically does not do much for the well-being of its practitioners. If anything changes in the practitioner, it is a personality shift toward depression.

Have you experienced what Seligman describes? As a result of your work with your clients, do you think that you might have experienced a shift toward depression? Now, let's look at what Seligman (2011) writes about incorporating positive psychology into your treatment program:

Positive psychology makes people happier. Teaching positive psychology, researching positive psychology, using positive psychology in practice as a coach or treatment provider, giving positive psychology exercises to tenth graders in a classroom, parenting little kids with positive psychology, teaching drill sergeants how to teach about post-traumatic growth, meeting with other positive psychologists, and just reading about positive psychology all make people happier. The people who work in positive psychology are the people with the highest well-being I have ever known.

How long have you worked with clients who engage in harmful or abusive sexual behavior? What kind of impact has it had on you? Now imagine that you

have a practice in which you only practice positive psychology. Also, imagine that you've been working in that practice for as long as you've worked with clients who have engaged in harmful or abusive sexual behavior. Would you be a different person? Of course, you would.

Positive psychology isn't a substitute for traditional psychology. Researchers and practitioners of positive psychology recognize the importance of traditional psychology in helping individuals overcome psychopathology. However, once a person overcomes psychopathology, there's a great deal more that the person can do to improve his or her life.

Similarly, you can't stop providing offense-specific treatment to your clients, however, you can add positive psychology to your program. Just think of how much better you and your clients would feel when applying positive psychology in your treatment program.

If you follow the directions in this implementation guide, you'll be using an offense-specific and positive psychology workbook each time you hold a group therapy session. Imagine doing that. How do you think you will feel?

Proper Balance

As powerful as positive psychology is, it isn't a magical cure. You can practice positive psychology yourself but still have unhappy days, and the same is true of your clients. Your clients can succeed in therapy for deviant sex but still get deviant sexual urges.

You and your clients should maintain a balanced approach to positive psychology. It's important to not oversell the benefits of positive psychology or the therapy that you provide. As Seligman (2011) notes, treatment providers need to tell their patients, "Look, the truth is that many days—no matter how successful we are in therapy—you will wake up feeling blue and thinking life is hopeless. Your job isn't only to fight these feelings but also to live heroically: functioning well even when you are very sad."

If we want to flourish and ensure our well-being, then we need to minimize our misery. However, we also need to have meaning, positive emotions, accomplishment, and positive relationships. The skills and exercises that build those positive elements are entirely different from the skills and exercises that can minimize our suffering. The lessons in *The Good Life* teach well-being.

Integrating Positive Psychology and Offense-Specific Treatment

The philosophical, strategic, and thematic differences between offense-specific treatment and positive psychology are massive. Consider some of the more critical differences in the following table:

Offense-specific treatment	Positive psychology
<ul style="list-style-type: none">• Assumes that clients have used harmful or abusive behavior• Focuses on preventing harmful behavior• Aims for No More Victims• Relies on the containment model	<ul style="list-style-type: none">• Assumes that clients have good mental health and are ready to be happy and flourish• Focuses on the happiness and well-being of clients• Aims for the good life• Relies on positive psychology exercises

Given the differences between positive psychology and offense-specific treatment, you might experience some difficulty with integrating those two treatments. But it doesn't have to be that way. Recall earlier in this implementation guide that we discussed Marshall et al.'s (2002) research showing that 30%-60% of improvements in clients were due to the treatment provider's warmth, empathy, rewardingness, and directiveness. When you use positive psychology exercises in your treatment program, you're increasing all those factors.

You should strive to have the same types of interactions with your clients whether you're providing offense-specific treatment or conducting positive psychology exercises. In particular, you should use warmth, empathy, rewardingness, and directiveness while providing both offense-specific treatments and positive psychology treatments. Doing so will create a positive relationship with your clients. In turn, your clients will want to listen to you and try to do what you're asking them to do.

If you maintain the recommended therapeutic style, then there's a payoff for you as the treatment provider. The therapeutic style is what you would use if you were working exclusively in the field of positive psychology. Remember what Seligman has said about practicing positive psychology: *It will make you happier.*

Lesson Format

There are 144 lessons in *The Good Life* covering a wide variety of topics. Each lesson follows a three-part format.

- **Didactic material.** In the first part of each lesson, there is information about a specific topic in the field of positive psychology.
- **Can You Use the New Information?** The second part of the lesson is, “Can You Use the New Information?” This section contains two vignettes, each of which depicts some aspect of the information presented in the didactic material. A client has to answer questions at the end of each vignette to demonstrate an understanding of the lesson’s information.
- **Self-Reflection.** The last part of the lesson, “Self-Reflection,” is a homework assignment based on the information taught in the lesson. The goal of this part of the lesson is transfer of training, i.e., help the client transfer training from the workbook to his or her life.

Foundations of Lessons

The lessons in the workbook derive chiefly from peer-reviewed or evidence-based sources. Some lessons in the workbook are even based on classic writings in the field of clinical psychology. When information from sources was converted to lessons in *The Good Life*, the integrity of information from the source was upheld as much as possible. In that process, a conscious effort was made to avoid imbuing lessons with personal or professional opinions. The goal was to expose readers to the information and sentiments originally contained in the source materials only.

OVERVIEW OF THE CHAPERON WORKBOOK

In a world with people on probation or parole for harmful or abusive sexual behavior, what do the internet and families have in common? While probationers or parolees are on supervision, they have restricted contact with both the internet and their families.

By contrast, when probationers or parolees are off supervision, they have unfettered access to both the internet and their families. For that reason, treatment providers should oversee clients' use of the internet and interactions with family members while they are still in treatment.

Some perpetrators of harmful or abusive sexual behavior aren't on probation or parole but are nevertheless restricted from their children and families. For example, Child Protective Services or a divorce decree could mandate that those individuals are not allowed to have contact with their children or family members. Chaperon training might be appropriate for those individuals, as long as those clients and the prospective chaperons meet the criteria in *The Chaperon Workbook*.

Chaperon training is the industry standard for helping clients rejoin their families or join new families. Chaperon training occurs in the context of treatment for sexual abusers. It's a structured program that trains family and friends of clients in treatment to accompany and monitor clients. If an individual isn't in treatment, then chaperon training is typically not recommended.

Chaperons are part of the client's support group. The client is receiving treatment for only a brief time compared with the amount of time not spent in treatment. Long after treatment has ended, the client will be around their family and friends. If the client's family and friends have been trained as chaperons, then they can guide and support the client's efforts to have **No More Victims**.

Components of Chaperon Training

The chaperon training program in *The Chaperon Workbook* emphasizes the relationship between the chaperon and the client. Chaperons are encouraged to examine their thoughts and emotional responses to the fact that their family member or friend has engaged in harmful or abusive sexual behavior. The program even trains chaperons about a healthy form of forgiveness.

An individual can't be a good chaperon if he or she doesn't understand deviant sexual behavior. For that reason, *The Chaperon Workbook* contains lessons about myths surrounding problematic sexual behaviors, motives for sexual misconduct, and patterns of sexual misconduct.

An individual also can't be a good chaperon if he or she doesn't understand the treatment that the client is undergoing. In that light, *The Chaperon Workbook* provides instruction on how to be an effective member of the treatment team.

The top goal of chaperon training is the same as the goal for the entire Pathways Program: **No More Victims**. *The Chaperon Workbook* therefore contains lessons on identifying and coping with high-risk situations. Chaperons are taught some of the same coping skills as clients so that they can help and encourage the clients to cope.

Chaperons are also taught about the process in which clients progress from having no contact with potential victims to having unfettered contact with potential victims. To be sure, clients will have unfettered contact with potential victims at some point. That momentous event might as well happen while the client is still in treatment so that the client and chaperon can both benefit from the treatment provider's help and expertise.

Last, the chaperon training program contains a section on the implementation of the chaperon contract. Chaperons are taught about what they should discuss with clients. Logs and rating sheets are also available for chaperons to evaluate the quality of their client-chaperon relationships.

The Problem of Perfectionism

Some chaperons were present in the home when the client was engaging in deviant sexual behavior. If chaperons think that they should have been able to tell that deviant sexual behavior was occurring in the home, they're wrong. It isn't that sexual abusers are so clever that they can't be detected. On the contrary, it's that we tend to trust the people whom we live with to such an extent that they can get away with quite a lot.

Do you know who can pull the wool over the eyes of family and friends better than a sexual abuser? *A substance abuser*. Substance abusers can stand right in front of family members and appear sober even though they're high or intoxicated.

It's important to let family members know that they aren't expected to be perfect or expected to detect the slightest sign that sexual abuse is occurring. They'll learn techniques during the chaperon training program that will enable them to better recognize and intervene when clients are escalating toward sexual abuse. However, even then, nobody is perfect.

There Are No Signs That a Child Has Been Sexually Abused

You would be misleading, if not lying to, potential chaperons if you told them that you can train them to recognize the symptoms a sexually abused child might display. First, there aren't any universal symptoms that all child victims of sexual abuse show. If there were, then we would have the diagnosis of "sexual abuse victim" in our diagnostic manuals. On the contrary, and as has been said repeatedly over the past 30 years, "Validation of sexual abuse is hampered by the lack of specific behavioral markers" (Green, 1993).

Second, symptoms that are supposedly signs that a child has been sexually abused also occur among children who were never sexually abused. Because children who were never sexually abused far outnumber child victims of sexual abuse, when a supposed sign of sexual abuse does appear, it's usually a sign shown by a child who has never been sexually abused. That dilemma is called "the base rate problem."

To appreciate how the base rate of victims of sexual abuse creates misleading signs of such abuse, consider a hypothetical school with children in grades kindergarten through eight. Research has suggested that approximately 11% of children in such a school will have been sexually abused (Gorey & Leslie, 1997). Applying that base rate of childhood sexual abuse to the 1,000 children in the school, 110 children will have been sexually abused, while 890 children will have not.

- $(1,000 \text{ children}) \times (11\% \text{ sexually abused}) = 110 \text{ sexually abused children}$
- $(1,000 \text{ children}) \times (89\% \text{ not sexually abused}) = 890 \text{ never sexually abused children}$

Assume that a certain symptom, Symptom A, is a strong indicator of sexual abuse. Assume that Symptom A occurs four times more often among sexually abused children than among children who were never sexually abused. For example, 20% of children who have been sexually abused will show Symptom A, compared with only 5% of children who were never sexually abused. To determine the number of children with Symptom A who have been and who have never been sexually abused, multiply the rate of the occurrence of Symptom A by the number of children in each group:

- $(110 \text{ sexually abused children}) \times (20\% \text{ with Symptom A}) = 22 \text{ children who have been sexually abused have Symptom A}$
- $(890 \text{ children who were never sexually abused}) \times (5\% \text{ with Symptom A}) = 45 \text{ children who have never been sexually abused have Symptom A}$
- Total number of children at the school with Symptom A = 67

Of all the children at the school, 67 of them have Symptom A. While 22 of those children will have been sexually abused, the remaining 45 won't have been. Thus, using Symptom A as an indicator of sexual abuse, all 22 of the sexually abused children with Symptom A would be correctly identified as victims of sexual abuse. However, 45 children with Symptom A who were never sexually abused would be incorrectly classified as victims.

To make the scenario more poignant, assume that Symptom A is used to convict people of a sexual offense. In that case, although 22 defendants who in fact sexually abused a child would be found guilty, 45 other defendants who never sexually abused a child would also be found guilty and suffer the same criminal fate as the actual abusers.

One final perspective: If you use Symptom A to identify children who have been sexually abused, you would be correct only 33% of the time ($22 \div 67 = 33\%$). You would have far better odds by just flipping a coin.

Given the base rate problem and the lack of a formal diagnosis for victims of sexual abuse, the chaperon training program in *The Chaperon Workbook* does not mislead prospective chaperons by offering a list of signs or symptoms that a child has been sexually abused. Instead, it focuses on teaching prospective chaperons how to recognize when a client is about to engage in harmful or abusive sexual behavior.

There Are Signs of Impending Relapse

Although there are no sure signs that a child has been sexually abused, specific behaviors do indicate that a client is about to begin a new episode of harmful or abusive sexual behavior. Chaperons can be trained to look for those behaviors and intervene as a means to help their clients reach the goal of **No More Victims**.

The treatment of sexual abusers has brought about a unique coupling of the concept of *modus operandi* and Albert Ellis' ABCs. *Modus operandi*, meaning "mode of operating," refers to the typical way that a person engages in a specific act or behavior. The term can be traced back to the 1650s and was commonplace in criminology and law enforcement by the early 1900s. At that

point in time, it was widely recognized that criminals often had a signature way of committing crimes—in other words, a *modus operandi*.

Ellis developed a psychological version of *modus operandi*, known as “Ellis’ ABCs,” as shown below:

Activating event → Belief → Consequent emotion → Decision → Event

When the criminological concept of *modus operandi* was combined with Ellis’ ABCs, the result was the offense cycle. Over the years, although many offense cycles have been proposed, all of them commonly attempt to show how a sexual abuser follows a personal pattern of thoughts, feelings, and behavior to an act of harmful or abusive sexual behavior.

Trigger → Thinking error → Unpleasant emotions → Plan and set up → Harmful sexual behavior

Prospective chaperons are taught about behavior chains, triggers, and high-risk people, places, and things because all those elements are reliable indicators that a client is gearing up for a new episode of harmful or abusive sexual behavior.

The Welfare of Potential Victims Is Paramount

Don’t let your client have a chaperon if you think that the client has a significant risk of victimizing others. Clients must earn the privilege of having a chaperon.

There are criteria in *The Chaperon Workbook* that a client must meet to have a chaperon. However, the bottom line is this: A client has to be in the process of converting from being deviant to being healthy before he or she can be a candidate for a chaperon. Earning a chaperon isn’t just about completing worksheets. The client has to make personal changes that reduce his or her risk of creating new victims.

Before considering a client to be worthy of having a chaperon, you should discuss the client’s situation and history with other professionals who work with the client, including the client’s supervising officer. The decision to allow the client to move forward with the chaperon process should be unanimous. After all, no client needs to have a chaperon immediately, which could result in a risk to potential victims.

Chaperon Training for Individuals Not in Your Treatment Program

On occasion, you may receive a referral to administer chaperon training for a perpetrator of sexual abuse who isn't in your treatment program. Just because you know how to usher people through the chaperon process doesn't mean that you have to. You need to be very careful when working with people whom you don't know or haven't treated, or else you could unwittingly increase the risk to potential victims. The welfare of potential victims is always paramount. At a minimum, you should perform a risk assessment of the person who needs the chaperon, and you should assess the potential chaperons to determine whether they meet the requirements for chaperons outlined in *The Chaperon Workbook*.

INSTRUCTIONS FOR LESSONS IN *PATHWAYS TO HEALTHY SEXUALITY*

Modules 1–3: Orientation

First Assignment

- **Why is the lesson in the workbook?** The purpose of the lesson is to provide you and the client with a snapshot of the client’s current levels of honesty, self-awareness, and safety.
- **How will the client be different after the lesson?** The client isn’t expected to change after completing this assignment. However, if you keep the assignment and ask the client to review it when he or she completes treatment, then the client should be able to see a monumental change.
- **What’s your job as a treatment provider?** You need to make sure that the client answers all the questions.
- **Caveat.** The mind that created the problem with deviant sex is the same mind that clients will use when completing the First Assignment. Expect the client to perform poorly on the assignment. That’s okay. We first take clients as they are, so be patient. The client comes to the treatment program with a lot of maladaptive thoughts about sexuality, and you won’t want to confront all the mistakes that the client makes in the assignment. Rest assured that the client will change during treatment. The assignment is a good snapshot of the client’s mental status before treatment, which can be compared with his or her mental status once treatment ends.

Thinking Errors

- **Why is the lesson in the workbook?** This lesson is in the workbook because *Pathways to Healthy Sexuality* is a cognitive behavioral therapy workbook. Any cognitive behavioral therapy workbook worth its salt teaches clients how to recognize and stop cognitive distortions. A good example is the classic cognitive behavioral therapy workbook for depression, *Feeling Good: The New Mood Therapy* by David Burns. In that workbook, Burns teaches readers how to recognize and defeat ten depression thinking errors.

The important and ubiquitous nature of thinking errors cannot be overstated. Thinking errors along with behavior chains are the two cornerstones of any cognitive behavioral therapy program. Although the thinking errors change from program to program, the goal is always the same: teach clients to learn to recognize and stop thinking errors.

There is a misguided notion that the thinking errors characteristic of deviant sexual behavior are pejorative. These thinking errors are no more pejorative than the thinking errors used in other cognitive behavioral therapy programs. In fact, some of the thinking errors used in the Pathways Program can be found in cognitive behavioral therapy programs for other types of problems. Even if some of the thinking errors do seem negative, you can't do therapy by avoiding the negative. For example, when doing therapy with depressed individuals, you have to talk about their belief that they are worthless. Your manner of therapy, not the topic of therapy, determines whether something is negative or pejorative.

- **How will the client be different after the lesson?** The client will be able to recognize and label thinking errors, and highly motivated clients will try to eliminate thinking errors.
- **What's your job as a teacher?** You have to memorize the thinking errors. You—yes, you, the treatment provider—must memorize every thinking error. You need to ensure that your client has memorized every thinking error, too.
- **Caveat.** Clients must memorize all the thinking errors early in treatment and they must use their knowledge of thinking errors throughout treatment. During therapy sessions, when you see a client using thinking errors, you should ask the client to identify the thinking errors. If the client can't do that, then have the client redo This lesson and the written assignment.

Clients must be able to recognize thinking errors during treatment and beyond. The client who can remember thinking errors and recognize thinking errors when he or she uses them is on the way to the goal of **No More Victims**.

Thought Journal

- **Why is the lesson in the workbook?** When you first learned to ride a bike, your bike probably had training wheels. The thought journal is a training wheel for learning to recognize thinking errors. Ideally, you want clients to be able to recognize and stop thinking errors as they speak. Of

course, that's a tall order, so we make the task easier. We ask clients to write down their thoughts and analyze them. It's much easier to identify thinking errors in writing than as they are spoken.

- **How will the client be different after the lesson?** The client will recognize that he or she uses thinking errors and will become skilled at recognizing which thinking errors are being used.
- **What's your job as a treatment provider?** Demand excellence in the thought journal assignment. All thinking error assignments are cornerstone assignments in every treatment program based on cognitive behavioral therapy.
- **Caveat.** Either wittingly or unwittingly, clients do things to undermine the Thought Journal assignment. For example, clients are supposed to write one journal entry every day and turn in their thought journal at the end of each week. However, some clients will write all their journal entries in a single day. As you get better at helping clients with the assignment, you'll easily detect when clients make all their entries on the same day. You must confront these clients and have them do the assignment correctly.

Other clients may do the assignment incorrectly by merely describing what they did and not writing about their thoughts, feelings, or opinions. Make sure that all clients do the assignment according to the instructions. Clients have to include their thoughts, feelings, and opinions in every journal entry. Once clients are doing the assignment correctly, encourage them to get better at identifying thinking errors as they speak.

Deviant and Healthy Sexual Behavior

- **Why is the lesson in the workbook?** Many clients have never had a healthy sexual relationship, so they need to have clear-cut definitions of *deviant sexual behavior* and *healthy sexual behavior*.
- **How will the client be different after the lesson?** The definitions will provide clients with an internal compass that they can use to guide themselves toward healthy sex and away from deviant sex.
- **What's your job as a treatment provider?** The first thing that you have to do is memorize the definitions of *deviant sexual behavior* and *healthy sexual behavior*. Yes, you must memorize those definitions. After that, you are insisting that clients memorize and use the definitions. You should lead by example.
- **Caveat.** The definitions in This lesson are for clients in a treatment program for sexually abusive or harmful behavior. Do not fall into the trap of thinking that everyone in the world should adopt the definitions

found in This lesson. People who haven't gotten into trouble for harmful or deviant sexual behavior don't have to follow these definitions. You aren't trying to restructure society. On the contrary, you're trying to provide treatment to people whose sexual behavior has caused problems for others as well as themselves.

Healthy Sexual Behavior

- **Why is the lesson in the workbook?** This lesson is one of two lessons about healthy sex in the workbook because it's incredibly challenging to replace deviant sexual behavior with healthy sexual behavior.
- **How will the client be different after the lesson?** The client will be able to recognize that there are different ways to have healthy sex and that it's possible to have a healthy sex life that's fun, rewarding, and enjoyable.
- **What's your job as a treatment provider?** You need to teach clients that there's more than one way to have healthy sex and that healthy sexual behavior can completely satisfy all their sexual needs and wants.
- **Caveat.** Because many clients have never had a healthy sexual relationship, it will be difficult for them to imagine that healthy sex can be as much fun and as rewarding as deviant sex. Of course, you don't have to convince them that healthy sex can be as fun as deviant sex. Instead, they need to convince themselves how rewarding healthy sex can be by using and enjoying healthy sexual behavior.

Courage and Honesty

- **Why is the lesson in the workbook?** By the time clients begin working on the "Courage and Honesty" lesson, they will still be at the beginning of treatment. As such, clients aren't especially removed from the point in time when they were engaging in deviant sex and being secretive about it. For that reason, they might still be committing to keeping secrets about their sexual deviance. The idea that they need to end the secrecy and start being honest will be somewhat startling. In that light, the assignment was created to show clients a path to move away from being secretive and dishonest by being open and truthful.
- **How will the client be different after the lesson?** The client will recognize that there are benefits to being honest.
- **What's your job as a treatment provider?** You need to create a dichotomy with honesty and healthiness on one side and secrecy and toxicity on the

other. Teach the client that courage is the key to being honest and, in turn, feeling better about themselves.

- **Caveat.** Let clients know you are just asking for honesty between you and them. Tell clients they do not have to be honest with everyone all at once, including the victims of their double life. They can start by merely being honest with you. This should relieve some pressure.

You Have to Think Before You Act

- **Why is the lesson in the workbook?** This lesson is in the workbook because a behavior chain along with thinking errors is the cornerstone of every good cognitive behavioral therapy program. The behavior chain used in this program has its roots in Albert Ellis' ABCDE model of behavior. Ellis taught that something always precedes an unwanted target behavior and that if you want to eliminate a target behavior, then you need to change the sequence of thoughts, feelings, and behaviors that lead to the target behavior.
- **How will the client be different after the lesson?** The client will understand that sexual misconduct doesn't just happen. The client will learn that deviant sexual behavior always occurs after an identifiable sequence of thoughts, feelings, and behaviors.
- **What's your job as a treatment provider?** You need to memorize the impulse chain and the definition of every step in the chain. Have the client memorize the impulse chain and the definition of every step in it.
- **Caveat.** There's a lot of information in the lesson, including two definitions of *impulse* and two definitions of *fantasy*. Although clients must understand all that information, Ellis' concept of the ABCDEs of behavior is the most important thing that they need to learn. In particular, clients need to learn that specific steps lead to deviant sex and that if they can recognize those steps, then they can stop themselves before engaging in deviant sex.

The lesson is a simplified precursor to one of the most important lessons in the workbook: the Offense Summary Worksheet (OSW). Both the lesson and the OSW teach clients about their personal patterns of deviant sex. Recognizing and stopping maladaptive behavioral patterns is one of the most common and effective techniques of cognitive behavioral therapy, so there are multiple lessons about it in the workbook.

The Why Sandwich

- **Why is the lesson in the workbook?** The Why Sandwich is an easy problem-solving technique that can be used to solve a variety of problems.
- **How will the client be different after the lesson?** The client will be able to use a simple problem-solving technique to solve problems about relationships, emotions, work, and many other areas.
- **What's your job as a treatment provider?** Your job is to memorize the Why Sandwich and have the client memorize and use it as well.
- **Caveat.** As the number of steps in a problem-solving process increases, the more difficult the process and the less likely that the client will use the problem-solving process. The Why Sandwich only has three steps. It is a simple process that can be used by just about anybody for just about any problem. Don't get fooled into thinking a problem-solving process with more steps would be more effective.

Practicing Self-Control With ACE

- **Why is the lesson in the workbook?** Clients are taught self-control techniques in orientation because they need to start using self-control immediately to stop engaging in deviant sex.
- **How will the client be different after the lesson?** The client will learn techniques for immediately stopping deviant sexual behavior.
- **What's your job as a treatment provider?** You have to memorize the avoid-cope-escape (ACE) techniques of self-control, especially the eight coping techniques. You also need to ensure that clients memorize the ACE self-control techniques and the eight coping techniques as well.
- **Caveat.** Clients have to learn self-control so that they can stop engaging in deviant sex. Clients are taught those self-control techniques early in treatment so that they can immediately develop the skill and stop engaging in deviant sex.

Triple-Column Technique

- **Why is the lesson in the workbook?** The thought journal teaches clients how to recognize and label thinking errors. The triple-column technique teaches them how to eliminate thinking errors.
- **How will the client be different after the lesson?** The client will develop the skill of being able to eliminate thinking errors.

- **What’s your job as a treatment provider?** The critical part of the lesson is teaching clients to rebut thinking errors. You must show clients that there’s a rebuttal for every thinking error.
- **Caveat.** The third column in the triple-column technique is the crux of the lesson. In this column, the client must put the rebuttal to the thinking error. Clients can sap this technique of its power by putting weak or ineffective rebuttals in the third column. Instead of settling for a weak rebuttal, clients must leave the column blank, until they can write a robust rebuttal.

Behavior Contract

- **Why is the lesson in the workbook?** The behavior contract sets clear behavioral guidelines for clients.
- **How will the client be different after the lesson?** The client will learn what types of behaviors are unacceptable.
- **What’s your job as a treatment provider?** Make sure that clients know what they can’t do.
- **Caveat.** A common trap that clients like to set when working on the “Behavior Contract” lesson is to have you explain why people not in treatment often engage in some of the behaviors that the behavior contract prohibits. For example, a client might say, “Everyone tells sexual jokes. Why is that prohibited by the behavior contract?” Explain that the behavior contract is for people in treatment for deviant sexual behavior, not people in the general population. You can even say that although you have no opinion about whether people in the general population should tell sexual jokes, you know for sure that clients in the program should not tell sexual jokes or engage in any of the behaviors prohibited by the behavior contract.

In past versions of the behavior contract, issues such as contact with victims, children, and potential victims were addressed. Those and other items were dropped in the current version of the contract for two major reasons. First, because the behavior contract is meant to be a lifelong guide, issues that won’t be problems after supervision aren’t included. Second, there’s a huge difference between supervision (e.g., probation and parole) and treatment. The behavior contract only addresses issues dealt with in treatment.

What Is Different About This Treatment Program?

- **Why is the lesson in the workbook?** This lesson provides information about the nature of the Pathways Program.
- **How will the client be different after the lesson?** The client will understand how the Pathways Program differs from “treatment as usual” in other forms of treatment, such as mental health treatment or substance abuse treatment.
- **What’s your job as a treatment provider?** You need to use the assignment to ensure that clients understand how the treatment program is unique.
- **Caveat.** The bulk of This lesson focuses on the unique aspects of the Pathways Program but it also empowers the client. For example, clients are told to secure an attorney if they deem it necessary. They are also told to seek alternative services if they want to. It is okay to empower clients. In the end, that is what you want. You want a client who is strong enough to reach the goal of **No More Victims**.

Treatment Guidelines

- **Why is the lesson in the workbook?** The “Treatment Guidelines” lesson is as much for treatment providers as it is for clients. Many treatment providers are never taught in graduate school about the logistics of maintaining a private practice. For that reason, This lesson addresses many logistical considerations that treatment providers may need to incorporate into their treatment program.
- **How will the client be different after the lesson?** The client will know how you conduct your business.
- **What’s your job as a treatment provider?** Your job is to follow the guidelines because doing so will set good boundaries with your clients and your business.
- **Caveat.** Robert Frost wrote, “Good fences make good neighbors.” This lesson says, somewhat similarly, “Clear boundaries help clients adjust.” Stick to every guideline in the lesson. Exceptions have to be truly exceptional. Some clients will have antisocial tendencies and elements of a criminal personality. They are angry about being in treatment, and they don’t like that their supervising officer told them to get treatment. They will want to take out that anger on you, their treatment provider. They might not pay you, show up on time, or complete assignments. If you want even an off chance of helping those clients, then you have to address

expectations about payment, attendance, and conduct upfront so that you can spend your time providing therapy instead of worrying about logistics.

The Containment Model

- **Why is the lesson in the workbook?** The primary sources of referrals for your treatment program will probably be probation or parole departments. Most probation and parole departments use the containment model, so clients need to understand that framework. Clients who understand the containment model are better able to comply with rules, make progress, and complete supervision and treatment.
- **How will the client be different after the lesson?** The client will understand the containment model and learn skills for functioning within the model's parameters.
- **What's your job as a treatment provider?** Ensure that the client understands his or her role as a member of the containment team.
- **Caveat.** The lesson might be the longest one in the workbook, and there's a lot of information in the assignment. At a minimum, clients need to learn and begin using the polygraph log, 30-second rule, no-repeat-contact rule, bubble rule, and key rule. Clients should also complete at least one high-risk plan, travel plan, employment plan, or holiday plan depending on their situation.

Module 4: Support Group

You Need a Support Group

- **Why is the lesson in the workbook?** When clients share their struggles with deviant sex with carefully selected friends and family members, they create a support network that can be there for them long after treatment has ended.
- **How will the client be different after the lesson?** To do This lesson, the client must confront the lies and secrecy used to hide his or her deviant sexual behavior from family members, friends, and others.
- **What's your job as a treatment provider?** You need to be supportive. "You Need a Support Group" is a difficult lesson for the client, one that has real-world implications, because the client is considering sharing his or her very personal struggle with deviant sex with others in his or her life. That's a frightening prospect. The client will need your support.

- **Caveat.** Clients will resist the assignment in proportion to the amount of fear that they feel at the prospect of revealing the secret of their sexual deviance. Be supportive as you guide clients through all Support Group assignments.

Accountability Partners

- **Why is the lesson in the workbook?** In forming their support groups, clients are expected to choose people who can function as accountability partners.
- **How will the client be different after the lesson?** The client will identify potential accountability partners.
- **What's your job as a treatment provider?** Question the client to make sure that the person whom the client wants as an accountability partner will help and not hurt his or her effort to reach the goal of **No More Victims**.
- **Caveat.** A support group member can hurt a client's chances for success in a variety of ways. For example, if the support group member denies or minimizes the client's sexual deviance, that will hurt the client. If the support group member is sexually deviant, especially if the person has been sexually deviant with the client, that will also hurt the client. If the person has difficulty dealing with sexual matters or is subordinate or subservient to the client (e.g., the client's child), then that person would not be a good member of the support group. Your job is to help clients identify who will be good accountability partners.

Tracks in the Treatment Program

- **Why is the lesson in the workbook?** The Pathways Program Track Program outlines how clients can use their support group to reintegrate into their families.
- **How will the client be different after the lesson?** The client will understand the tasks that he or she must complete to rejoin his or her family.
- **What's your job as a treatment provider?** You need to help clients identify the track that they're on. Beyond that, you need to help clients on the social isolation track move to a different track.
- **Caveat.** Long before research revealed how social isolation relates to sexual offenses, William Marshall warned of the dangers of social

isolation. Now, we have research (e.g., findings from the STABLE-2007 risk assessment) showing that social isolation increases the risk of sexual acting out. Social isolation is a serious risk factor but also one that a client can change. No client should ever be allowed to exit treatment while still on the social isolation track, even if the client has completed all assignments in the workbook.

Support Group Letter

- **Why is the lesson in the workbook?** This assignment instructs clients about how to ask family or friends to be in their support group. This assignment helps prospective support group members know what they're being asked to do.
- **How will the client be different after the lesson?** The client will be able to address all the issues necessary to inform friends or family members about what is expected of them should they become support group members.
- **What's your job as a treatment provider?** Ensure that the client writes a good support group letter, i.e., one that communicates clearly and covers all issues outlined in the instructions for the support group letter.
- **Caveat.** One, make sure that the support group letter is written well enough that it makes sense. The letter doesn't have to be a literary masterpiece. It does, however, need to communicate clearly. Second, ensure that the client follows the support group letter directions and addresses all the issues in the outline.

Module 5: Accountability

My Thoughts Before My Sex Offense

- **Why is the lesson in the workbook?** This lesson helps clients complete the Offense Summary Worksheet (OSW). The OSW is a group therapy assignment, so it's probably best to use This lesson as an individual therapy assignment.
- **How will the client be different after the lesson?** The client should be able to make fewer mistakes when completing the OSW, which should help the client complete the program faster.

- **What’s your job as a treatment provider?** This lesson focuses on the first three steps of the impulse chain: Impulse → Fantasy → Plan → Setup → Act → Consequence, all of which are thoughts. That’s why the lesson is titled “My Thoughts Before My Sex Offense.” To complete the lesson, the client needs to identify all the thoughts that led to his or her instant offense.
- **Caveat.** In a previous lesson, you were asked to memorize the impulse chain. Now is when your memorization pays off. You can use what you’ve memorized to ensure that clients address the two ways that they can experience an impulse: rating and objectifying. You can help clients identify and write about both components of a fantasy, i.e., a sexual image *plus* the positive emotion that the image creates.

Of all the modules in the workbook, this module takes the longest to complete. It doesn’t take a long time because the assignments are especially difficult. What slows down clients is the level of honesty that’s required.

Before the client was caught using deviant sexual behavior, he or she was an expert at keeping his or her deviance a secret. It will take some effort for the client to create the motivation to relinquish the secrecy. It will take additional effort for the client to unravel all the secrecy. It is tough for clients to be honest. You must help clients understand that the more honest they are, the quicker they will be able to complete treatment.

The Way That I Felt When Planning

- **Why is the lesson in the workbook?** This lesson helps clients complete the Offense Summary Worksheet (OSW). The OSW is a group therapy assignment, so it’s probably best to use This lesson as an individual therapy assignment.
- **How will the client be different after the lesson?** The client should be able to make fewer mistakes when completing the OSW, which should help the client complete the program faster.
- **What’s your job as a treatment provider?** The pleasurable feelings that the client had while planning his or her deviant sexual behavior reinforced the desire to engage in that behavior. The client needs to admit to, understand, and label those pleasurable feelings, and use that knowledge to stop the impulse chain.
- **Caveat.** For clients who aren’t skilled in expressing their emotions, the assignment will be difficult. Without those skills, clients cannot readily identify emotions when completing the assignment. Be patient. Still,

other clients might resist the assignment because it's difficult to admit to having pleasurable feelings about deviant sexual behavior. To admit to those pleasurable feelings is tantamount to admitting to wanting to do something bad or harmful. That's difficult for anyone to admit to. Once again, be patient and supportive.

My Fantasies About the Victim

- **Why is the lesson in the workbook?** This lesson helps clients complete the Offense Summary Worksheet (OSW). The OSW is a group therapy assignment, so it's probably best to use This lesson as an individual therapy assignment.
- **How will the client be different after the lesson?** The client should be able to make fewer mistakes when completing the OSW, which should help the client complete the program faster.
- **What's your job as a treatment provider?** The client had a notion about how the victim would react or at least how they hoped the victim would react. The client's notion about the victim's reaction is a major part of what encouraged the client to keep wanting to engage in harmful or abusive sexual behavior. The client needs to recognize his or her fantasies about the victim and understand that those fantasies can entice them to act out sexually.
- **Caveat.** As with other assignments that ask clients to own their deviance, be patient. It takes a great deal of courage for clients to own up to their deviant sexual fantasies.

Most clients will report that they fantasized that their victim would react positively to sexual contact with them. It is rare for clients to report fantasies that their victims would be shocked or upset. Clients with such fantasies merit your careful attention. Although it's fairly common for clients who have engaged in indecent exposure to want to shock victims, the same isn't true for child molesters and those who commit date rape.

If your client falls into that latter group and says he or she hoped to shock or upset his or her victim, then you need to address the client's sadist tendencies. As you address the client's sadism, you need to be aware that the client likely has other deviant outlets that need to be addressed in treatment, because sadism is often accompanied by other forms of exploitive and harmful sex, including humiliation sex, forced sex, and the use of prostitutes.

My Double Life

- **Why is the lesson in the workbook?** This lesson helps clients complete the Offense Summary Worksheet (OSW). The OSW is a group therapy assignment, so it's probably best to use This lesson as an individual therapy assignment.
- **How will the client be different after the lesson?** The client should be able to make fewer mistakes when completing the OSW, which should help the client complete the program faster.
- **What's your job as a treatment provider?** The client's double life was the setup part of the impulse chain. The client probably spent a great deal of time and effort making sure that his or her double life effectively hid their deviance. The client probably won't want to undo his or her double life; however, leaving behind that double life is another necessary step in the right direction. Your job is to help the client relinquish that double life so that he or she can break free from the toxicity of secrecy.
- **Caveat.** Most clients excel in the "Double Life" assignment compared with other assignments that precede the OSW, because the assignment doesn't ask them to admit to their deviant sexual desires or thoughts. Instead, the assignment asks clients to be honest about being deceptive, which for some clients is easier than talking about their thoughts or feelings.

Offense Summary Worksheet

Child Pornography Offense Summary Worksheet

- **Why is the lesson in the workbook?** The Offense Summary Worksheet (OSW) and the Instant Offense Polygraph Exam are part of the Pathways Program because clients who are dishonest about their instant offense tend to repeat their behavior.
- **How will the client be different after the lesson?** When clients complete the OSW and Instant Offense Polygraph Exam, they will be more honest about their instant offenses than they have been about any other matter in their lives. By completing the OSW and Instant Offense Polygraph Exam, clients will set for themselves a new standard for honesty in the treatment program and their lives.
- **What's your job as a treatment provider?** Help clients to edit and modify their OSWs so that they can pass the Instant Offense Polygraph Exam.
- **Caveat.** The OSW should be presented during group therapy sessions. Clients should write down the feedback from you as well as other group

members. It's rare for a client to write an OSW that doesn't require revision. Clients should keep revising their OSW until there's no more substantial feedback to be given.

Throughout group therapy sessions as clients present their OSWs, remind them that they need to answer questions in such a way that they can pass the Instant Offense Polygraph Exam. If any clients don't pass the Instant Offense Polygraph Exam, then they should revise their OSWs and retake the Instant Offense Polygraph Exam.

Preparing for the OSW Polygraph Exam

- **Why is the lesson in the workbook?** This lesson gives clients another chance to be honest about their instant offense and helps them progress quickly through the treatment program.
- **How will the client be different after the lesson?** The client should be confident that he or she can pass the Instant Offense Polygraph Exam.
- **What's your job as a treatment provider?** Your job is to question clients in such a way that if they're withholding secrets about their OSW they relinquish those secrets.
- **Caveat.** If clients are withholding secrets about their instant offenses, then they won't pass the Instant Offense Polygraph Exam, which means that they'll be in treatment longer. Do your clients a favor: Maintain a caring but skeptical approach and kindly challenge them to be completely honest about their instant offenses.

What I Learned About Myself From My OSW

- **Why is the lesson in the workbook?** The unexamined life isn't worth living. Clients have completed a great deal of work to pass the Instant Offense Polygraph Exam. Now, the "What I Learned About Myself From My OSW" assignment allows them to take stock of all the changes that have occurred due to their hard work.
- **How will the client be different after the lesson?** The client will understand how he or she has changed as a result of being honest when completing the Offense Summary Worksheet (OSW).
- **What's your job as a treatment provider?** Encourage and support clients to say positive things about themselves. You should give clients as much positive reinforcement as appropriate. Encourage them to use their success with the Instant Offense Polygraph as a springboard for success in the rest of the treatment program.

- **Caveat.** At this point in the Pathways Program, treatment is about half over. Encourage clients to build on their success and to keep moving quickly through the program.

Sex History Questionnaire

- **Why is the lesson in the workbook?** You aren't providing treatment for the behavior that got the client into the treatment program. You're providing treatment to a whole person. The Sex History Questionnaire allows you to know the entirety of the client's sexual history so that you can treat the entire person.
- **How will the client be different after the lesson?** For the first time in the client's life, he or she will see the entirety of their sex history. That perspective will increase his or her self-awareness and possibly drive a willingness to make changes in his or her sexuality.
- **What's your job as a treatment provider?** The assignment is a difficult one for many reasons. It's long, it requires a good memory, and it requires a great deal of courage. As a treatment provider, your job is to support your client's efforts to take a daring, honest look at his or her sexual history.
- **Caveat.** Be patient. Clients will have difficulty with completing the assignment. Let them know that the more honest they are, the more they will gain from the assignment.

Reminders in the Sex History Questionnaire warn clients about disclosing information that could result in an indictment for a new sex crime. The purpose of the treatment program isn't to generate work for law enforcement or the district attorney's office. Instead, it's to help clients change and make sure that they have **No More Victims**.

Ensure that clients respond to the assignment such that they aren't charged with a new sex crime. Keep in mind, however, that you also have a duty to report. If you think that the information disclosed needs to be reported to the authorities, then you need to do so. After all, if you don't meet the legal requirements for reporting, then you could lose your license. You can't help clients if you lose your license, so don't compromise your professional ethics.

Preparing for Your Sex History Polygraph Exam

- **Why is the lesson in the workbook?** This lesson gives clients a final opportunity to be honest about their sex history so they can pass their polygraph and progress quickly through the treatment program.
- **How will the client be different after the lesson?** The client should be confident that he or she can pass the Sex History Polygraph Exam.
- **What's your job as a treatment provider?** Your job as a treatment provider is to question clients in such a way that if they are withholding secrets about their sex history those secrets will be disclosed.
- **Caveat.** Do your clients a favor: Maintain a caring but skeptical approach and kindly challenge them to make sure that they're being honest about their sex history. Remind clients that if they don't pass the Sex History Polygraph Exam, then they'll be in treatment for longer than expected.

What I Learned About Myself From My Sexual History

- **Why is the lesson in the workbook?** The assignment allows clients to consolidate all that was learned while completing the sex history assignment.
- **How will the client be different after the lesson?** The client will have a comprehensive and integrated understanding of his or her sex history, which will likely provide insight into the origins of his or her deviant sexual behavior.
- **What's your job as a treatment provider?** You need to help clients recognize the truth about their sex history whatever that might be.
- **Caveat.** Clients can draw a variety of valid conclusions about themselves from their sex history. Make sure that they don't overemphasize the negative parts. Help them develop a sense of their sexuality that will ensure that they have **No More Victims**.

Module 6: Offense-Specific Assignments

Offense Cycle

- **Why is the lesson in the workbook?** This lesson is in the workbook because the Pathways Program is based on cognitive behavioral therapy. As in other programs based on cognitive behavioral therapy, a cornerstone technique is teaching clients the chain of events that led to a

target behavior and teaching them how to interrupt that chain of events to prevent the target behavior.

- **How will the client be different after the lesson?** The client will have the skills and abilities to not only recognize the antecedents of his or her deviant sexual behavior but also learn to recognize the antecedents of other behaviors.
- **What's your job as a treatment provider?** As a treatment provider, you need to memorize the offense cycle so that it's second nature and so that you can intervene at any point in the cycle to help a client.
- **Caveat.** Welcome to one of the most classic therapy assignments in the treatment of deviant sexual behavior, an assignment that defined and revolutionized offense-specific treatment for sexual abusers.

It's antithetical to *Pathways to Healthy Sexuality* to use the term "sex offender" because we shouldn't refer to clients by terms that don't reflect what we want them to be. Moreover, research has shown that if clients use negative labels to describe themselves, it undermines their success. For example, clients in a substance abuse treatment program who call themselves "addicts" tend to relapse more often than clients who call themselves "former addicts." So, even though the lesson is about the offense cycle, clients shouldn't call themselves "sex offenders."

Triggers can be sexual or nonsexual. It's important to help clients realize that nonsexual sources of stress, including arguments with family members, can also trigger an offense cycle.

The unpleasant feelings in an offense cycle can be either basic emotions or social emotions. It's your job as a treatment provider to know all six basic emotions and the four social emotions so that you can help your clients.

The term *sexual craving* has a very specific meaning. Be sure that you understand and memorize the definition of that term.

Keep in mind the definition of *fantasy*. A *fantasy* is always an image of the person engaged in sexual behavior *plus* the pleasant feelings caused by that image. The pleasant feelings caused by the image are important because those feelings serve as motivation for the client to complete the offense cycle.

At the end of the lesson, there's a description of the brief offense cycle. The brief offense cycle shows how the offense cycle evolves to become quicker and more efficient. Many clients in treatment will have honed their deviance to the point that they only use the brief offense cycle. However, those clients need to complete assignments about the full offense cycle because doing so will help them reach the goal of **No More Victims**.

Coping with Triggers

- **Why is the lesson in the workbook?** This lesson teaches the client how to interrupt the offense cycle by coping with triggers.
- **How will the client be different after the lesson?** Treatment typically lasts a few years, whereas the time following treatment can be measured in decades. Clients will be on their own for decades after treatment, and the only thing that will stop them from re-offending exists within themselves. In the lesson, clients are taught how to cope with triggers to interrupt the offense cycle so that they won't re-offend.
- **What's your job as a treatment provider?** You need a good understanding of triggers, meaning high-risk persons, places, and things. You have to make sure that clients focus on the triggers in their lives and develop plans to cope with those triggers.
- **Caveat.** Make sure that the client identifies real-life people, places, and things that can act as triggers.

Coping With Unpleasant Emotions

- **Why is the lesson in the workbook?** This lesson teaches the client how to interrupt the offense cycle by coping with emotions.
- **How will the client be different after the lesson?** The client should have a better understanding of emotions and how to cope with unpleasant ones. Clients should also be able to recognize the role that unpleasant emotions play in the offense cycle.
- **What's your job as a treatment provider?** You should also familiarize yourself with the information in the module on emotions in *The Good Life*. Pay special attention to the lessons on basic and social emotions, for those are the emotions that usually appear in the offense cycle.
- **Caveat.** This lesson contains a theory for integrating emotions and showing how they relate to each other. If you understand the theory, then you can help clients improve their ability to recognize and cope with emotions.

Coping With Cravings

- **Why is the lesson in the workbook?** This lesson teaches the client how to interrupt the offense cycle by coping with cravings.
- **How will the client be different after the lesson?** The client will become skillful at coping with cravings.

- **What's your job as a treatment provider?** You have to become comfortable talking about the brain's pleasure pathway and dopamine because recent research on cravings has shown that those neurological and neurochemical factors are what make cravings so irresistible.
- **Caveat.** Most programs that treat deviant sexual behavior don't have assignments that focus on brain functioning, however, the Pathways Program does because it's important to treat each client as a whole person. It is also important to update our knowledge and keep up with developments in the field because it can only help in our quest to make sure there are **No More Victims**.

Coping With Fantasies

- **Why is the lesson in the workbook?** This lesson teaches the client how to interrupt the offense cycle by coping with fantasies.
- **How will the client be different after the lesson?** The client will be able to recognize and defeat deviant sexual fantasies so that he or she can exit the offense cycle.
- **What's your job as a treatment provider?** As a treatment provider, you need to have a thorough understanding of sexual fantasies and the eight coping techniques in the ACE self-control framework.
- **Caveat.** Sexual fantasies are compelling. They not only make great romances but can also destroy people who give into deviant sexual fantasies. For that reason, the power of deviant sexual fantasies should not be underestimated. Clients will have to use one or more of the ACE self-control techniques if they want to defeat the pull of deviant sexual fantasies.

Clients will differ regarding which coping skills they'll use. Have clients choose coping skills that they expect to use to battle their deviant sexual fantasies. Once they have chosen one or more coping skills, your job is to ensure that they apply the skills to the maximum benefit. Give feedback to clients on their worksheets and motivate them to become experts at defeating their deviant sexual fantasies.

Exiting Planning and Setup

- **Why is the lesson in the workbook?** This lesson teaches the client how to interrupt the offense cycle by coping with planning and setups.
- **How will the client be different after the lesson?** The client will develop skills for exiting the offense cycle late in the cycle.

- **What's your job as a treatment provider?** Exiting planning and setup is extremely difficult because people at those steps of the cycle are dangerously close to engaging in deviant sexual behavior. Your job is to teach clients that no matter where they are in the offense cycle, it's never too late to exit the cycle.
- **Caveat.** Planning and setup are two distinct steps in the offense cycle, and the lesson is the only lesson in the workbook that asks clients to address two steps of the offense cycle. So, make sure that clients develop two separate plans; one to cope with planning and one to cope with setup.

Module 7: Victim Empathy

How Was the Victim Hurt?

- **Why is the lesson in the workbook?** Lessons on victim empathy are intended to increase the client's empathy for his or her past victims and potential future victims.
- **How will the client be different after the lesson?** The client can use victim empathy to prevent himself or herself from creating new victims of his or her deviant sexual behavior.
- **What's your job as a treatment provider?** Your job as a treatment provider during the exercises on victim empathy will be difficult. You have to help clients increase their awareness of how their deviant sexual behavior has hurt others. At the same time, you must make sure that clients do not feel shame. Shame is a destructive, good-for-nothing emotion that can erase a client's progress in treatment. Monitor how clients react to the lessons on empathy and help them avoid shame. A good way to help clients avoid shame is to have them convert any shame that they feel into guilt. Once that's done, there's an age-old way of working through guilt: admit to the wrongdoing, apologize, make amends, and promise to reform.
- **Caveat.** When helping clients with This lesson, pay close attention to the definitions of *mind*, *body*, and *soul*. The ancient Greeks defined those terms differently than we do today.

The Victim's Good Qualities

- **Why is the lesson in the workbook?** Lessons on victim empathy are intended to increase the client's empathy for his or her past victims and potential future victims.
- **How will the client be different after the lesson?** The client can use victim empathy to prevent himself or herself from creating new victims of his or her deviant sexual behavior.
- **What's your job as a treatment provider?** This lesson can be poignant because clients need to recognize two things: (a) the goodness of their victims and (b) the damage done to the goodness of their victims. Clients who appreciate the nature of the harm that they've caused can use their awareness to steer clear of future sexual offenses.
- **Caveat.** The lesson, similar to other lessons on victim empathy, can give rise to shame and guilt. It's okay for clients to feel guilt, but it's not okay for them to feel shame. As mentioned, you need to instruct clients to convert any shame that they feel into guilt and then use socially appropriate customs to work through that guilt.

Trauma Triggers

- **Why is the lesson in the workbook?** Lessons on victim empathy are intended to increase the client's empathy for his or her past victims and potential future victims.
- **How will the client be different after the lesson?** The client can use victim empathy to prevent himself or herself from creating new victims of his or her deviant sexual behavior.
- **What's your job as a treatment provider?** If you've worked with clients with post-traumatic stress disorder (PTSD), then you know about trauma triggers. If you haven't worked much with such clients, then read about the diagnosis of PTSD in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. You'll see the various ways that trauma can haunt victims. Use that knowledge to help clients understand that victims are not hurt only at the time of sexual abuse but can also hurt for a long time afterward.

- **Caveat.** Most clients have experienced their own trauma, so they should be able to connect with their victims when it comes to recognizing trauma triggers. Ask clients to refer to their own experiences to understand how their victims might experience trauma triggers.

Victims' Losses

- **Why is the lesson in the workbook?** Lessons on victim empathy are intended to increase the client's empathy for his or her past victims and potential future victims.
- **How will the client be different after the lesson?** The client can use victim empathy to prevent himself or herself from creating new victims of his or her deviant sexual behavior.
- **What's your job as a treatment provider?** Victims suffer loss at the time of abuse, and some of the losses last a long time. Some victims suffer loss well after the acts of abuse have ended. For example, a victim might lose an intimate relationship because the abuse suffered keeps them from connecting with their partner. Your job is to help clients understand that there can very easily be no end to the loss that victims endure, which is why clients need to make sure that there are **No More Victims**.
- **Caveat.** It's easy for clients to name losses but not to describe how those losses hurt their victims. Make sure that clients do a good job of explaining how all the victim's losses hurt their victim.

Questions Victims Ask

- **Why is the lesson in the workbook?** Lessons on victim empathy are intended to increase the client's empathy for his or her past victims and potential future victims.
- **How will the client be different after the lesson?** The client can use victim empathy to prevent himself or herself from creating new victims of his or her deviant sexual behavior.
- **What's your job as a treatment provider?** Your job is to help clients imagine that they are responding to the questions as if one of their victims is asking them the questions. Help the client feel like they are personally responding to questions from one of their victims. If the client has an emotional experience while working on this assignment, it will make a lasting impression.

- **Caveat.** The lesson does not work well if it's rote or perfunctory. Help clients respond to questions as if they were conversing with one of their victims.

Clarification Letter

- **Why is the lesson in the workbook?** Lessons on victim empathy are intended to increase the client's empathy for his or her past victims and potential future victims.
- **How will the client be different after the lesson?** The client can use victim empathy to prevent himself or herself from creating new victims of his or her deviant sexual behavior.
- **What's your job as a treatment provider?** Your job is to make sure that no client shares his or her clarification letter with a victim until (a) you have thoroughly reviewed it and the client has edited it so that it isn't offensive to the victim, and (b) you have met with the victim or the victim and the victim's treatment provider and are sure that presenting the clarification letter to the victim will do more good than harm.
- **Caveat.** Even when a victim benefits from hearing or reading a clarification letter, it's still difficult for the victim. A victim will always feel some degree of pain and discomfort when reading or hearing the clarification letter. However, if the letter has been constructed properly and the clarification session is carefully organized and conducted, the help that the victim receives will outweigh the pain and discomfort involved.

Clients who can never meet with their victims should still write a clarification letter because it's a powerful exercise in victim empathy. Even if the victim will never have the benefit of hearing the letter, the client will benefit from writing it.

Module 8: Healthy Sexuality

Courtship

- **Why is the lesson in the workbook?** All the lessons in Module 8: Healthy Sexuality are designed to help clients develop healthy sexual behavior to replace their deviant sexual behavior.
- **How will the client be different after the lesson?** The client will have a good understanding of the steps of courtship.

- **What's your job as a treatment provider?** You can use the steps of courtship to show how the client's deviant behavior violated the steps of courtship. For example, if the client had sexual contact with a child, then you could show that the client made a courtship error of selecting the wrong partner. If the client's deviant sexual behavior was indecent exposure, then you can show the client how many steps he or she omitted in the courtship process given the leap from selecting a partner to sexual contact with the partner, in which case exposure is sexual contact.
- **Caveat.** This lesson will introduce some valuable information about how to go about proper courtship. The steps of courtship aren't rocket science. Encourage clients to think of healthy courtship as something that they're capable of doing.

Taking Care of Yourself

- **Why is the lesson in the workbook?** This lesson is in the workbook because it helps clients understand that they need to still take care of themselves, even if they are in an intimate relationship.
- **How will the client be different after the lesson?** Clients will realize that their partners won't take care of their every need and therefore, they must meet their own needs.
- **What's your job as a treatment provider?** The metaphor of two boats is introduced in the lesson and is used in several other lessons as well. Make sure that the client understands the metaphor.
- **Caveat.** Many clients expect to lose themselves in their partner when they're in a relationship. However, enmeshed relationships don't last long. Help clients realize that by taking care of themselves, they can have a healthier, longer-lasting, satisfying relationship.

Self-Soothing

- **Why is the lesson in the workbook?** This lesson is a foundation for conflict management.
- **How will the client be different after the lesson?** Clients will be able to manage themselves during conflicts with their partners.
- **What's your job as a treatment provider?** Help clients recognize that unpleasant vibes from their partners are often signs that it's time for self-soothing.

- **Caveat.** Self-soothing is a tremendously difficult skill to develop because it involves developing and using a skill while you're interacting with your partner, and sometimes your partner is attacking you during those interactions. Let clients know that developing and using self-soothing skills will be challenging but that if they succeed, their efforts will be rewarded with an incredibly satisfying intimate relationship.

Self-Confrontation

- **Why is the lesson in the workbook?** There's nothing like personal accountability in life and your relationships. This lesson teaches personal accountability.
- **How will the client be different after the lesson?** The client will develop skills for holding himself or herself accountable.
- **What's your job as a treatment provider?** Everybody experiences some difficulty with admitting to their problems. That's a huge obstacle to overcome if you're going to self-confront. As a treatment provider, your job is to teach clients that they should not value the misperception that they don't have any problems. Instead, they should value the ability to self-confront, i.e., to recognize, accept, and resolve problems.
- **Caveat.** As a concept, self-confrontation is easy enough to grasp. In practice, however, it's one of the most difficult things that anyone can ever do. Nevertheless, self-confrontation is a skill that pays huge dividends. Help clients focus on the horizon or at a point in the future when their relationships will have less conflict because they're self-confronting and resolving their problems and shortcomings.

Self-Mastery

- **Why is the lesson in the workbook?** This lesson helps a client integrate the relationship skills of taking care of yourself, self-soothing, and self-confrontation.
- **How will the client be different after the lesson?** The client will recognize the three skills that comprise self-mastery: taking care of yourself, self-soothing, and self-confrontation.
- **What's your job as a treatment provider?** Self-mastery is a dynamic lifestyle in which individuals actively manage themselves and their relationships. You need to help clients develop the notion that they can use self-mastery as they move from situation to situation in life.

- **Caveat.** Clients need to understand and develop self-mastery so that they can use it in the most difficult situation: when their partner is attacking or confronting them. That “live fire” situation, so to speak, will challenge individuals even if they have excellent self-mastery skills. Let clients know that they can’t be perfect when it comes to self-mastery but that they can always improve.

Hugging Until Relaxed

- **Why is the lesson in the workbook?** “Hugging Until Relaxed” is a safe physical exercise involving touch that clients and their partners can do together.
- **How will the client be different after the lesson?** The client will experience self-awareness while touching another person.
- **What’s your job as a treatment provider?** Help clients develop self-awareness about hugging and touching their partners.
- **Caveat.** The lesson mentions three types of relationships: enmeshed, insecure, and secure. Help clients identify which type of relationship they have. If they don’t have a secure relationship, then help them develop a more secure relationship.

Your Sexual Prime

- **Why is the lesson in the workbook?** This lesson serves to combat the stereotype that an individual’s sexual prime is biologically based.
- **How will the client be different after the lesson?** The client will understand how sexual prime is tied to self-mastery.
- **What’s your job as a treatment provider?** Teach clients that hormones and youth aren’t the basis of their sexual prime.
- **Caveat.** Most of your clients are probably not in their 20s, so they’ll experience some relief in learning that they can still have a sexual prime. Your clients will know that there’s a hormonal, or physical, aspect to someone’s sexual prime. Don’t mislead them into thinking that their sexual prime is solely based on emotional stimulation. Reinforce the obvious: that one’s sexual prime is both hormonal and emotional.

Eyes-Open Kissing and Foreplay

- **Why is the lesson in the workbook?** This lesson gives instructions on how to be physically intimate and psychologically connected to one's partner.
- **How will the client be different after the lesson?** The client will begin to develop the skill of having sex with a specific person as opposed to just having sex.
- **What's your job as a treatment provider?** Teach clients that healthy sex is sex within the context of a relationship and that eyes-open kissing and foreplay focus attention on their partners so that they're having sex with their partners as opposed to just having sex.
- **Caveat.** Clients won't excel at the exercise unless they have self-mastery (i.e., can take care of themselves, self-soothe, and self-confront). If clients have difficulty with the exercise, then help them explore and find the weaknesses in their self-mastery skills.

Sizzling Sex

- **Why is the lesson in the workbook?** This lesson is designed to teach clients that healthy sex can be as exciting as deviant sex and that they can therefore replace deviant sex with healthy sex and still have a blast while having sex.
- **How will the client be different after the lesson?** The client will realize that healthy sex isn't boring.
- **What's your job as a treatment provider?** Help clients commit to having healthy, sizzling sex as opposed to deviant sex.
- **Caveat.** Because clients taught themselves that engaging in deviant sex was the only way to be satisfied sexually, it will take some effort on their part to believe that healthy sex can be fun and exciting. However, if they complete the lesson correctly, then they can begin to dispel that myth.

Sexual Fantasies

- **Why is the lesson in the workbook?** This lesson re-emphasizes the importance of having sex specifically with one's partner.
- **How will the client be different after the lesson?** The client will be aware of how some sexual fantasies can undermine sexual intimacy.
- **What's your job as a treatment provider?** There are specific sexual fantasies that undermine sexual intimacy, including partner replacement.

There are also antidotes to sexual fantasies that undermine sexual intimacy, including sexual trance, partner engagement, and role-play. Help clients develop the skill to use the antidotes so that they can create and maintain sexual intimacy.

- **Caveat.** Sexual replacement fantasies don't always result from deviant sexuality. Attachment theory maintains that some individuals will have anxious or avoidant attachments. For that reason, some individuals use partner replacement fantasies because they're anxious about intimacy or want to avoid it. Be sensitive to those issues addressed by attachment theory when helping your clients.

The F-Bomb

- **Why is the lesson in the workbook?** This lesson teaches clients that healthy sex can have the same, if not more, intensity as deviant sex.
- **How will the client be different after the lesson?** The client will be able to have intense, healthy sexual experiences.
- **What's your job as a treatment provider?** It's not enough for clients to stop engaging in deviant sex. Most people have sex. So, the sex that clients have needs to be satisfying for them. Your job is to show how the F-bomb can be an intense replacement for deviant sex.
- **Caveat.** This lesson embodies the strategy of the entire treatment program: to stop using deviant sex and start using healthy sex. This lesson and all lessons about healthy sexuality in Module 8 help clients reach the goal of **No More Victims**.

Module 9: Relapse Prevention

Relapse Is a Process

- **Why is the lesson in the workbook?** This lesson is designed to introduce clients to the concepts of relapse and relapse prevention.
- **How will the client be different after the lesson?** The client will know that relapses don't just happen. They'll also know that something always precedes a relapse, and they can use that knowledge to recognize and stop a relapse.

- **What's your job as a treatment provider?** You need to help clients understand that relapse is a process and that they always have time to recognize and stop relapses.
- **Caveat.** Different authors have postulated different steps in the relapse process. The steps in the relapse process used in the Pathways Program are steps previously observed when clients have lapses or relapses. There may never be an agreed-upon universal relapse process, and that's okay. The specific steps in the relapse process are important, but the most important thing is realizing that there are antecedents to a relapse, meaning that clients can learn to recognize the steps and stop a lapse or relapse.

Understanding Prevention

- **Why is the lesson in the workbook?** This lesson describes the research-based principles of relapse prevention.
- **How will the client be different after the lesson?** The client will have an understanding of the objective principles of relapse prevention.
- **What's your job as a treatment provider?** Your job is to teach clients that old-school ways of dealing with relapse are misguided (e.g., using willpower or blaming oneself for relapse). Instead, clients need to understand that being analytical and using skill power prevent relapses.
- **Caveat.** The client's response to a lapse or relapse can make things worse. For example, if the client has a mean-spirited, self-critical response, then the client is merely solidifying a relapse. Clients need to follow the research-based principles for coping with relapse so that they can have **No More Victims**.

Coping With High-Risk Situations

- **Why is the lesson in the workbook?** This lesson is designed to help clients cope with high-risk situations that could give rise to relapses.
- **How will the client be different after the lesson?** The client will be able to recognize and adapt to personal high-risk situations that threaten relapse.
- **What's your job as a treatment provider?** Your job is to help clients understand that high-risk situations made it easier for them to engage in deviant sex in the past and that high-risk situations will also make it easier for them to relapse.

- **Caveat.** By this point in the treatment program, clients should be familiar with the concept of high-risk situations. So, the goal of the lesson is to make sure that they are future-focused, i.e., attentive to what high-risk situations could arise in the future that they would need to cope with.

SUDs Worksheet

- **Why is the lesson in the workbook?** To teach the client about the primary thinking error of relapse: the seemingly unimportant decision (SUD).
- **How will the client be different after the lesson?** The client will learn to recognize and deal with SUDs.
- **What’s your job as a treatment provider?** SUDs are merely a different form of thinking error. Your job is to help clients develop the skills to recognize and stop SUDs.
- **Caveat.** SUDs should be fairly easy to teach because clients should already be experts at identifying and stopping thinking errors, assuming that they’ve learned what they needed to learn when completing the “Thought Journal” and “Triple-Column Technique” during Modules 1-3: Orientation.

Pathways to Relapse

- **Why is the lesson in the workbook?** This lesson’s purpose is to teach clients about the different pathways to relapse identified in the clinical literature.
- **How will the client be different after the lesson?** The client will be able to recognize four paths that can lead to relapse.
- **What’s your job as a treatment provider?** You need to teach clients about the pathways and help them identify which pathway they’re most likely to use. Show them that even if they have a preferred pathway, they could easily use any one or all the pathways.
- **Caveat.** Although there will be only one pathway that a client is most likely to use, it’s important to keep in mind that any client can use any or all of the pathways. So, all clients need to develop skills for coping with all the pathways.

Coping With Goal Cancellation and Activation

- **Why is the lesson in the workbook?** This lesson allows clients to develop plans for interrupting the relapse process.
- **How will the client be different after the lesson?** The client will increase his or her skills in interrupting and exiting pathways to relapse.
- **What's your job as a treatment provider?** Make sure that clients make realistic plans for defeating goal cancellation and goal activation.
- **Caveat.** Goal activation and cancellation are abstract concepts that might be difficult for some clients to comprehend. You'll have to spend some extra time with some clients until they understand and can use the concept of pathways in their efforts to prevent relapse.

Discharge Summary

- **Why is the lesson in the workbook?** Clients need to say goodbye to treatment, their treatment provider, and fellow clients. The lesson provides the basis for saying a high-quality goodbye.
- **How will the client be different after the lesson?** The client should feel appropriate pride and have a sense of accomplishment.
- **What's your job as a treatment provider?** You need to emphasize the good. Talk about how the client has changed for the better.
- **Caveat.** Reinforce the client's good feelings about succeeding in treatment. Use the client's Discharge Summary to show other clients that they too can graduate from the treatment program.

Module 10: Aftercare

Coping Cards

- **Why is the lesson in the workbook?** There are only two lessons in Module 10: Aftercare because treatment has ended and the focus is now on living a healthy lifestyle, not completing assignments.
- **How will the client be different after the lesson?** The client will have index cards describing high-risk situations that threaten relapse.
- **What's your job as a treatment provider?** You need to make sure that clients have done a good job in identifying high-risk situations.

- **Caveat.** The assignment should be a very easy one for clients, who have been developing ways to cope with high-risk situations since early in the treatment program. In the lesson, as in other lessons, clients need to address high-risk situations, which should be familiar territory for them.

Rules I Made for Myself

- **Why is the lesson in the workbook?** This lesson is designed to allow clients to consolidate all the rules for coping that they created during the treatment program.
- **How will the client be different after the lesson?** The client will have an all-encompassing list of rules that he or she can follow to prevent relapse.
- **What's your job as a treatment provider?** You need to help clients consolidate the rules and make sure that the rules are easy to comprehend and follow.
- **Caveat.** The first step in the relapse process is to hold yourself to a lesser standard. It will be difficult for clients to hold themselves to a lesser standard if they have a set of rules that they can review and follow.

Appendix A

Plans

- **Why is the lesson in the workbook?** Not planning is planning to fail.
- **How will the client be different after the lesson?** The client will make concrete plans in advance of going to or being in a high-risk situation.
- **What's your job as a treatment provider?** Your focus should be on the what-ifs because those are the plans that clients need to develop to cope with specific high-risk situations.
- **Caveat.** Clients can complete any of those plans at any time in treatment. It would be optimal for clients to make their first plan while working on orientation modules.

Appendix B

Treatment Plan

- **Why is the lesson in the workbook?** This lesson provides a treatment plan form and treatment planning method.
- **How will the client be different after the lesson?** There will be a treatment plan for the client to follow. The treatment provider and client can use the plan to monitor the client's progress.
- **What's your job as a treatment provider?** Your job is to complete every section of the treatment plan and make sure that each section is specific to the client.
- **Caveat.** The dynamic risk assessment instrument, the STABLE-2007, serves as the basis for the treatment plan form. When you develop a treatment plan using the form, the focus should be on dynamic risk factors.

Appendix C

Module Tests

- **Why is the lesson in the workbook?** This lesson is in the workbook to test clients' knowledge of the information in the workbook.
- **How will the client be different after the lesson?** For clients to pass module tests, they need to memorize information in the workbook. Once they have memorized that information, they can take it with them wherever they go.
- **What's your job as a treatment provider?** You need to make sure that clients memorize the information in the workbook.
- **Caveat.** Treatment should lead to change. The easiest way for clients to change is to learn something new. If clients memorize information in the workbook such that they can pass module tests, then their memory will have changed. Remembering information in the workbook can be a defense against re-offense.

INSTRUCTIONS FOR LESSONS IN *THE GOOD LIFE*

The lessons in *The Good Life* are based on books and research articles in the field of psychology. Most of the books used as sources for the lessons, including ones by John M. Gottman and Martin Seligman, have a strong empirical basis. Other books, including the one by M. Scott Peck, have a strong clinical basis. Regardless of the nature of the sources, writing lessons in *The Good Life* involved a commitment to remaining true to the source material and not imbuing the lessons with personal opinions.

In this section of the Implementation Guide, you will find descriptions of the lessons from *The Good Life*. Many lessons in *The Good Life* address the same topic. When describing these lessons, they are grouped. For example, five lessons deal with the first element of PERMA, i.e., positive emotions, so they are thus grouped in this implementation guide. Grouping lessons in that way was deemed the most efficient way to provide instructions for using the workbook.

Are you the type of professional who likes to track down research articles and other sources? If so, then you'll appreciate the format of the descriptions for *The Good Life* lessons. The source material for each lesson is identified, and if you want more information about the material discussed in the lesson, then you can access the references listed for each lesson.

At more than 500 pages in length, *The Good Life* is large and comprehensive. It's composed of four separate workbooks that respectively address four issues: emotions, relationships, thought patterns, and self-management. If you don't want to work with a 500-page workbook, then there are four smaller workbooks available on Amazon.com, each of which deals with only one of the four topics addressed in *The Good Life*.

ALL ABOUT . . . YOUR EMOTIONS

A Brief History of Emotions

- **What is the lesson about?** The word *emotion* is surprisingly new. Once it made its way into the English language, however, it was soon viewed as the opposite of logic and reason and was even pitted against rationality. But nothing could be further from the truth. Sigmund Freud and his adherents perpetrated that misconception in the field of psychology, and it still pervades today, even though research has shown that reason and emotion work optimally when they work together. Mental health

professionals should be teaching that we are at our best when we integrate emotion and logic.

- **References:**

Damasio, A. (2005). *Descartes' error: Emotion, reason, and the human brain*. Penguin Books.

Scherer, K. R., & Ekman, P. (2009). *Approaches to emotion*. Psychology Press.

The Many Faces of Emotion

- **What is the lesson about?** There's a hierarchy of emotions, from simple emotional reflexes to traits such as emotional style. The lesson identifies the different types of emotions and orders them within that hierarchy.
- **Caveat.** The hierarchy proposed in the lesson isn't specifically outlined in the literature but is merely the author's attempt to organize the research.
- **Reference:**
Scherer, K. R., & Ekman, P. (2009). *Approaches to emotion*. Psychology Press.

Emotional Reflexes

- **What is the lesson about?** Are fight and flight emotions? Researchers seem to think so. They also seem to view emotional reflexes as the evolutionary basis for all other types of emotions. Such reflexes are primitive, evolutionary-based emotions that are critical to everyone's entire emotional life.
- **Reference:**
Lacquaniti, F., Ivanenko, Y. P., d'Avella, A. Zelik, K. E., & Zago, M. (2013). Evolutionary and developmental modules. *Frontiers in Computational Neuroscience*, 7, Article 61. <https://doi.org/10.3389/fncom.2013.00061>

Basic Emotions

Primary Basic Emotions

- **What are the lessons about?** Ekman posits six basic emotions: fear, anger, disgust, happiness, sadness, and surprise. However, disgust and surprise are emotions that quickly appear and then disappear. For that

reason, there are four basic emotions that we can really connect with: anger, fear, sadness, and happiness. If you want to teach your clients how to recognize and cope with emotions, then teach them those four emotions and help them become skilled with those emotions.

As a treatment provider, you might be saying to yourself, “There are more than four emotions. I want my clients to know more than four emotions.” Please keep two things in mind. First, *The Good Life* contains many lessons on emotions, and clients will indeed learn about all types of emotions, as well as moods, sentiments, and temperaments. Second, when teaching clients who have a poor understanding of emotions, it’s important to start small and build up their knowledge base.

Have you ever seen those charts with the emotion emojis? Sometimes a single chart can have 20 or 30 emojis. Treatment providers are sometimes encouraged to use those charts to teach clients about emotions. For example, they might show one such chart to a client and say, “Pick the emoji that describes how you feel.” You have a client who cannot recognize one emotion and you show him or her a chart with up to 30 emotions? That is not wise or helpful.

Never, ever use an emoji chart with many emotion emojis unless your goal is to intimidate your client and create hopelessness. Instead, start with the four basic emotions and use those emotions as building blocks to teach the other emotions.

- **Reference:**

Scherer, K. R., & Ekman, P. (2009). *Approaches to emotion*. Psychology Press.

Three Ways to Express Emotions

- **What is the lesson about?** This lesson was written to give clients a means to classify emotionally driven behavior. The two maladaptive ways of expressing emotions have a somewhat pejorative connotation, while the healthy way of expressing emotions has a more appealing label. The lesson gives clients a means to evaluate their emotionally driven behavior and encourages them to express their emotions in healthy ways.

- **Reference:**

Author’s clinical experience

The Secret of Anger

The Problem with Happiness

Sadness

Fear

- **What are the lessons about?** You can't feel a basic emotion unless you first recognize and react to something in your environment. For example, you need to first experience loss to feel sad. In the lesson, clients are taught how to decode emotions. For instance, anger means that you've been hurt and sadness means that you've experienced loss. Afterward, clients are taught that if they want to cope with emotions, they need to talk about the source of the emotions. For example, they shouldn't talk about their anger but instead talk about the underlying hurt.
- **Reference:**
Author's clinical experience

Express Your Emotions in a Healthy Way

Nobody Can Make You Feel an Emotion

- **What are the lessons about?** These lessons provide additional direction about healthy ways to express emotions. The first lesson is a continuation of the previous lesson that teaches the importance of talking about emotions, not acting out emotions. The other lesson in this section teaches clients not to blame emotions on others, "You made me angry." Blaming others for your emotions can lead to all kinds of acting out, e.g., domestic violence. Clients are taught no one can make you feel an emotion. Your thinking causes your emotions. If you don't like your emotions, change your thinking.
- **Reference:**
Author's clinical experience

Emotional Episodes

- **What is the lesson about?** Researchers have repeatedly found that basic emotions don't last long. They've found that if a basic emotion does last a long while, it's typically a series of basic emotions fueled by the person's thinking. For example, anger might dissipate if the person experiencing it weren't obsessing over the injustice of being hurt by someone else.

Clients are taught to cope with emotional episodes by changing their thinking.

- **Reference:**

Scherer, K. R., & Ekman, P. (2009). *Approaches to emotion*. Psychology Press.

Social Emotions

Social Emotions Make Us More Social

Social Emotions Are Moral Emotions

- **What are the lessons about?** In the hierarchy of emotions, social emotions operate on the rung above basic emotions, as described in the lesson “The Many Faces of Emotions.” After spending 11 lessons on basic emotions, clients are introduced to social emotions: guilt, shame, pride, and embarrassment. If you think about it, spending a lot of time teaching the four basic emotions before introducing another set of four emotions is a good way to teach emotions. Little by little, clients develop a more thorough, sophisticated understanding of emotions.

At present, researchers generally contend that there are only four social emotions: guilt, shame, pride, and embarrassment. Although that conceptualization of social emotions seems incomplete, it’s ubiquitous throughout the research, and we should therefore stick with it for the time being.

Social emotions are fascinating because they occur only in social contexts. Some researchers have argued that social emotions have developed over human history and become the glue that holds society together. To be sure, social emotions help groups, communities, and even nations stick together.

- **References:**

Scherer, K. R., & Ekman, P. (2009). *Approaches to emotion*. Psychology Press.

Tangney, J. P., Miller, R. S., Flicker, L., & Hill Barlow, D. (1996). Are shame, guilt, and embarrassment distinct emotions? *Journal of Personality and Social Psychology*, 70(6), 1256-1269. <https://doi.org/10.1037/0022-3514.70.6.1256>

Tracy, J. L., Robins, R. W., & Tangney, J. P. (2007). *Self-conscious emotions: Theory and research*. Guilford Press.

Gratitude

Revenge

- **What are the lessons about?** Although it seems like gratitude and revenge are social emotions, that isn't the case, at least not in the current framework. Even so, gratitude and revenge are very social attitudes. As responses to behaviors exhibited by other members of one's social group, they're opposite sides of the same coin. Gratitude is used to reinforce and reward good group-minded behavior, while revenge is used to eliminate the behavior that hurts the group. Revenge can also be used to eliminate the person who used the behavior that harmed the group.
- **References:**

Tangney, J. P., Miller, R. S., Flicker, L., & Hill Barlow, D. (1996). Are shame, guilt, and embarrassment distinct emotions? *Journal of Personality and Social Psychology*, 70(6), 1256-1269. <https://doi.org/10.1037/0022-3514.70.6.1256>

Tracy, J. L., Robins, R. W., & Tangney, J. P. (2007). *Self-conscious emotions: Theory and research*. Gilford Press.

Moods

The Causes of Moods

- **What are the lessons about?** If clients have a sufficient understanding of basic emotions, social emotions, and moods, then they are more emotionally sophisticated than the average person, who probably can't recognize specific emotions or the different types of emotions. Both lessons teach that there's a two-way street between moods and emotions and that moods influence emotions just as emotions influence moods.
- **Reference:**

Scherer, K. R., & Ekman, P. (2009). *Approaches to emotion*. Psychology Press.

Sentiments

- **What is the lesson about?** At long last: a lesson on love! Love is a sentiment, and all sentiments are learned. You weren't born loving your significant other. You had to meet your significant other and get to know him or her as a person. In time and through shared experience, you learned to love your significant other. As an emotion, love is best

understood as a sentiment. The other sentiments are hate, dread, and sorrow, and all of them are learned.

- **Reference:**
Scherer, K. R., & Ekman, P. (2009). *Approaches to emotion*. Psychology Press.

Hate

- **What is the lesson about?** Hate has its own lesson?! Yes, hate has its own lesson because there are so many lessons in *The Good Life* about love and happiness that it was necessary to give at least some attention to hate. Hate is an important emotion due to the toll it can take on a person's physical and mental health. In the lesson, clients learn the dangers associated with hate and are encouraged to overcome hate and leave it in the past.
- **Reference:**
Author's clinical experience

Your Emotional Style

- **What is the lesson about?** There's some debate among researchers about whether personality or temperament can be construed as emotions or things that generate emotions. Regardless of how that debate ends, it's certain that personality traits and temperament shape a person's signature emotional style. For that reason, there's a lesson about temperament and personality traits in the module on emotions.
- **Reference:**
Scherer, K. R., & Ekman, P. (2009). *Approaches to emotion*. Psychology Press.

Psychological Well-Being

- **What is the lesson about?** Welcome to the first explicit positive psychology lesson in *The Good Life!* Just imagine the fun you will have teaching your clients about positive psychology! They will feel better, and so will you. That's just what happens when you use any information or techniques about positive psychology.

Because Seligman is the creator of the field of positive psychology, his teachings about positive psychology are used as the foundation of the lessons on positive psychology in this workbook. In

particular, his concept of PERMA forms the basis of 14 lessons in the module on emotions.

Psychological well-being can be defined according to the acronym PERMA, in which *P* stands for positive emotions, *E* stands for engagement, *R* stands for relationships, *M* stands for meaning, and *A* stands for accomplishment. Seligman maintains that if you meet all the PERMA criteria, then you're flourishing and have psychological well-being.

- **References:**

Seligman, M. E. P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. Free Press.

Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Free Press.

The First Ingredient of PERMA: Positive Emotions

Positive Emotions and the Good Cheer Trait

Circumstances That Do and Don't Create Positive Emotions

Pleasure Is a Short-Term Positive Emotion

Your Thinking Can Create Positive Emotions

- **What are the lessons about?** When you're teaching your client the five lessons listed above, you're teaching your clients how to feel happy. Imagine that: Teaching clients in a program for sexual abuse about happiness. The treatment of sex abusers has indeed come a long way.

Why would you want to teach sexual abusers to be happy? Simple. Angry, disgruntled, and forlorned clients sexually reoffend, not happy clients. Teaching clients happiness leads to **No More Victims**.

- **References:**

Seligman, M. E. P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*.

Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Free Press.

The Second Ingredient of PERMA: Engagement

- **What is the lesson about?** In his 2002 book, Seligman refers to "engagement" as "flow." It would be difficult to come up with the

acronym PERMA if Seligman had to use the letter F, so he changed “flow” to “engagement” so he could use the letter “E” instead.

Flow is fun but not while you’re in the middle of it. You flow when you’re effortlessly doing a task that you’re good at, a task that requires great concentration. When you’re done, there’s that sigh of relief. When you sigh, you know that you’ve been in the flow. When you flow, you’re rejuvenating yourself for the inevitable adversity that life brings.

- **References:**

Seligman, M. E. P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. Free Press.

Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Free Press.

The Third Ingredient of PERMA: Positive Relationships

Gratitude and Positive Relationships

Forgiveness and Positive Relationships

- **What are the lessons about?** Seligman once said, I can’t tell you what the happiest time in your life was but I bet you experienced the happiest time of your life when you were with another person or persons. That truly captures the essence of why you need other people in your life to make you happy.

Some of the assignments in the three lessons are based on Lyubomirsky’s book *The How of Happiness: A Scientific Approach to Getting the Life You Want*. To reiterate, the reason that references are provided in this guide is to allow you to follow up and learn more about the topics discussed in the lessons. If you only follow up with one book, do so with Lyubomirsky’s text. The book is a treasure chest of assignments based on the practice of positive psychology. You can use the information in her book with clients in the Pathways Program and other parts of your practice.

- **References:**

Lyubomirsky, S. (2008). *The how of happiness: A scientific approach to getting the life you want*. Penguin Press.

Seligman, M. E. P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. Free Press.

Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Free Press.

The Fourth Ingredient of PERMA: Meaning

Finding Meaning in Your Virtues and Character Strengths

- **What are the lessons about?** You need virtue to be happy. At the same time, all the good things in your life require effort. In short, it takes effort to cultivate virtue. Even once you have virtue, it takes effort to use it. Like Ringo Starr once said, “It don’t come easy.” But that doesn’t mean it’s not worth the effort.

Seligman’s chief contribution to the topic of virtue is clarifying how it relates to happiness. He follows up on that innovative thought with the notion that you can develop or enhance your virtue by practicing the strengths that underly virtue. In other words, you can teach your clients how to be more virtuous. Virtuous individuals have an easier time reaching the goal of **No More Victims**.

- **References:**
Seligman, M. E. P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. Free Press.
Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Free Press.

The Fifth Ingredient of PERMA: Accomplishment

- **What is the lesson about?** If you’re going to be happy, then you have to get things done. It doesn’t matter whether they’re big or small things. You need to have accomplishments that make a difference to you to feel happy about yourself.

- **References:**
Seligman, M. E. P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. Free Press.
Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Free Press.

Putting It All Together

- **What is the lesson about?** You can’t separate mind, body, and spirit. They’re a package deal, and they work in unison, just as reason and emotion work in unison. Don’t think of emotion and reason as being at odds with each other, because they’re not. On the contrary, they’re complementary systems. When emotion and reason are integrated into one system, the result is optimal functioning.

- **References:**
Baumeister, R. F., & Tierney, J. (2001). *Willpower: Rediscovering the greatest human strength*. Penguin Press.
Damasio, A. (2005). *Descartes' error: Emotion, reason, and the human brain*. Penguin Books.
Haidt, J. (2006). *The happiness hypothesis: Finding modern truth in ancient wisdom*. Basic Books.

ALL ABOUT . . . YOUR THOUGHTS

Thinking About Your Thinking

- **What is the lesson about?** This lesson identifies the four topics addressed in the module: intuition, modes of thinking, group influence, and thinking errors.
- **Reference.** There's no reference. The lesson merely provides an overview of the lessons in the module.

I Would Like to Introduce You to You

- **What is the lesson about?** The two-process theory posits that human mentation is composed of two processes: one verbal, the other nonverbal. Both processes are active at all times and can influence your emotions and behavior. The nonverbal process is referred to as System 1 because it came first. According to the theory, System 1 is intuitive and fast. It's so fast that it often makes decisions and reaches conclusions before System 2, the verbal process, can apply logic and reason.

The two-process theory explains that people believe that they are mostly, if not exclusively, using System 2 because that system is verbal. However, System 1 is the system that makes most decisions, while System 2, at least per the theory, is chiefly responsible for confabulating reasons for the decisions made by System 1.

The two-process theory is included in *The Good Life* because it provides a nexus between the module on emotions and the module on thinking. In the module on emotions, it's stated that reason and emotion are not at odds with each other but instead work in unison. The two-process theory, though approaching that issue from a different perspective, yields the same conclusion: that reason and intuition are always working together. Well, maybe not together per se, but they're certainly working at the same time.

- **References:**
Gazzaniga, M. S. (2011). *Who's in charge? Free will and the science of the brain*. Harper Collins.
Kahneman, D. (2011). *Thinking, fast and slow*. Farrar, Straus and Giroux.

Creativity

Intuition Makes Some Decisions For You

The Four Blunders

Reason and Intuition in Everyday Life

- **What are the lessons about?** Our culture places such a premium on logic and reason that it seems to discount other ways of knowing and deciding, including intuition. As explained in the preceding lesson, reason and intuition are always at work, and they simultaneously influence you. Moreover, as explained in the foregoing module on emotions, we excel when we can integrate the verbal and the nonverbal, or better still when we integrate reason and intuition.
- **References:**
Heath, C., & Heath, D. (2013). *Decisive: How to make better choices and decisions in life*. Crown Publishing.
Kahneman, D. (2011). *Thinking, fast and slow*. Farrar, Straus and Giroux.
Lehrer, J. (2009). *How we decide*. Houghton Mifflin Company.
Tversky, A., & Kahneman, D. (1974). Judgment under uncertainty: Heuristics and biases. *Science*, *185*(4157), 1124-1131. <https://doi.org/10.1126/science.185.4157.1124>

Modes of Thinking

Schemas

How to Change Your Schemas

- **What are the lessons about?** Schemas are likely a product of System 1: the silent, fast, nonverbal thought process. Schemas create expectations, help us recognize patterns, and prevent us from recognizing patterns that conflict with our schemas. There are different types of schemas. Being able to detect your schema at work puts you in a position of not making the same mistakes again.

- **Reference:**
Young, J. E. (1990). *Schema-focused therapy for personality disorders: A schema-focused approach*. Professional Resource Exchange.

Moral Intuitions

Trolley Cars and Moral Intuitions

Empathy Is the Only Way

An Inside Job

How You Can Be More Moral

- **What are the lessons about?** Need proof that System 1 is in charge? Try solving the trolley car dilemma, an exercise that demonstrates the presence and power of System 1. Also included in this group of lessons is information about a moral system that isn't based on internal factors such as virtue. Instead, the system is based upon social, or group-based, notions of the right and wrong ways to deal with people. The last lesson in the group of lessons provides instruction on how you can make yourself more moral.
- **Reference:**
Haidt, J. (2012). *The righteous mind: Why good people are divided by politics and religion*. Pantheon Books.

Optimists and Pessimists

Learned Helplessness Causes Pessimism

The Optimistic Life

That's Debatable

Using Distraction to Cope with Adversity

Flexible Optimism

- **What are the lessons about?** Do you want an evidence-based technique for happiness and success? Try Seligman's concept of optimism. In six lessons, clients learn the difference between optimism and pessimism. They learn how to apply optimism to their life while minimizing the impact of pessimistic thoughts and attitudes. The group of lessons closes with recommendations about when not to use optimism.
- **Reference:**

Seligman, M. E. P. (1990). *Learned optimism: How to change your mind and your life*. Vintage Books.

Thinking Errors

Shortcut Thinking Errors

Pessimistic Thinking Errors

Mistaken Thinking

Depression Thinking Errors

Thinking Errors of Addiction

Aggression Thinking Errors

Communication Thinking Errors

Self-Awareness Thinking Errors

Group Thinking Errors

Thinking About Your Thinking to Decrease Thinking Errors

- **What are the lessons about?** There are two cornerstones of any cognitive behavioral therapy treatment program: behavior chains and cognitive distortions. In the group of lessons listed above, clients learn about cognitive distortions that characterize or underly a variety of problems, including anxiety, depression, aggression, substance abuse, and groupthink.

The group of lessons is good for treatment providers because it shows the ubiquitousness of cognitive distortions in different types of programs based on cognitive therapy. All too often, treatment providers who work with clients who engage in harmful or abusive sexual behavior work with blinders on. They think that criminal thinking errors are the only cognitive distortions that exist. These lessons provide a way for treatment providers to realize how widely used and accepted the concept of cognitive distortion is.

- **References:**
Baumrind, D. (1966). Effects of authoritative parental control on child behavior. *Child Development*, 37(4), 887-907.
<https://doi.org/10.2307/1126611>
Burns, D. D. (1999). *Feeling good: The mood therapy*. Harper Collins.
Burns, D. D. (2006). *When panic attacks: The new drug-free anxiety therapy that can change your life*. Harmony Books.

Ellis, A., & Harper, R. A. (1997). *A guide to rational living*. Melvin Powers Wilshire Book Company.

ALL ABOUT . . . YOUR RELATIONSHIPS

Self-Love

Self-Love Is Unconditional

Mindfulness and Self-Love

Self-Love = The Way You Love Others

- **What are the lessons about?** Any treatment program that provides instructions about how to have good relationships should include information on self-love. After all, it's widely known and accepted that you have to be able to love yourself before you can love anyone else. The lessons on self-love are based almost exclusively on concepts related to mindfulness. Neff's book on self-kindness is particularly powerful and provides good direction for people who need a boost in their self-love.
- **References:**
Kabat-Zinn, J. (2013). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. Bantam Books.
Neff, K. (2011). *Self-compassion: The proven power of being kind to yourself*. Harper Collins.

Love Is the Act of Caring

The Inner Circle of Love

Rules of Engagement in Love Relationships

True Love and Falling in Love Are Different

True Love and Dependency Are Different

Love Requires Effort

How to Give Love

Love Creates Happiness and Success

Love Takes Place in a Relationship

- **What are the lessons about?** Peck was a psychiatrist who wrote about psychoanalytic concepts in a user-friendly way. Unlike many references

used in developing lessons in *The Good Life*, Peck's work is purely clinical, i.e., it's based on his training, education, and experience. It's worth reading for many reasons, not least that the book provided the basis for 21 lessons in *The Good Life*.

- **Reference:**

Peck, M. S. (1978). *The road less traveled: A new psychology of love, traditional values, and spiritual growth*. Simon & Schuster.

The Marriage Crisis

Three Types of Successful Love Relationships

Advice for Different Types of Successful Love Relationships

The Five-to-One Ratio

Emotional Flooding

Same Relationship, Different Relationship

Sex and Housework

Manage Conflicts by Managing Emotions

Calm Yourself and Use Timeouts

Non-Defensive Listening

Non-Defensive Talking

- **What are the lessons about?** Since 1981, Gottman has worked in a university setting. For at least the past two decades, he has worked at the University of Washington–Seattle, where he runs a research lab focused on interpersonal relationships. Gottman's research is based on testing, interviews, direct observation, and analyses of videotaped interactions of individuals in couples. He subjects his data to routine and sometimes creative statistical analysis. As a result, he has developed empirically based recommendations for having successful intimate relationships.

Because Gottman's work is based on research, his work is the basis of many lessons in *The Good Life*. There are so many books and experts on relationships who base their recommendations on experience. Experience is excellent for generating hypotheses; research like Gottman's, however, is excellent for validating and rejecting hypotheses.

- **References:**

Aron, A., Meinat, Aron, E. N., Vallone, R., & Bator, R. J. (1997). The experimental generation of interpersonal closeness: A procedure of some preliminary findings. *Personality and Social Psychology Bulletin*, 23(4), 363-377. <https://doi.org/10.1177/014616729723400>

Gottman, J. M., Schwartz-Gottman, J., & DeClaire, J. (2006). *10 lessons to transform your marriage*. Crown Publishers.

Gottman, J. M., & Silver, N. (1995). *Why marriages succeed or fail...and how you can make yours last*. Simon & Schuster.

Gottman, J. M., & Silver, N. (1999). *The seven principles for making marriage work: A practical guide from the country's foremost relationship expert*. Harmony Books.

Infidelity Doesn't Always End a Love Relationship

The Betraying Partner's Work

Coping With Flashbacks of the Affair

How the Betrayed Partner Rebuilds

How the Partner Who Betrayed Rebuilds

- **What are the lessons about?** Many clients who are involved in treatment for harmful or abusive sexual behaviors acted out while in a relationship. They kept their sexual acting out a secret from their partner, which is a huge betrayal. Many partners stayed with the clients who betrayed them, but that doesn't mean that their relationships were healthy. The lessons listed here can help get a damaged relationship back on track.
- **Reference:**
Weiner-Davis, M. (2017). *Healing from infidelity: The Divorce Busting guide to rebuilding your marriage after an affair*. Michele Weiner-Davis Training Corporation.

How to Destroy Your Love Relationship

De-escalations

Principle One: Create a Love MAP

Principle Two: Increase Your Fondness and Respect

Principle Three: Turn to Each Other

Principle Four: Let Your Partner Influence You

Two Kinds of Relationship Conflicts

Principle Five: Solve Your Solvable Problems

Principle Six: Overcome Gridlock

Principle Seven: Create Shared Meaning

- **What are the lessons about?** All these lessons are based on Gottman's research. As mentioned, Gottman's work is a reliable, heavily consulted source because he has evidence-based, not clinically based, recommendations for nurturing happy, successful intimate relationships.
- **References:**
Gottman, J. M., Schwartz-Gottman, J., & DeClaire, J. (2006). *10 lessons to transform your marriage*. Crown Publishers.
Gottman, J. M., & Silver, N. (1995). *Why marriages succeed or fail...and how you can make yours last*. Simon & Schuster.
Gottman, J. M., & Silver, N. (1999). *The seven principles for making marriage work: A practical guide from the country's foremost relationship expert*. Harmony Books.

ALL ABOUT . . . YOUR SELF-MANAGEMENT

Life Is Difficult

- **What is the lesson about?** Peck starts his book with the maxim "Life is difficult," which is the first of many truths that made his book, *The Road Less Traveled*, wildly successful. There's arguably no better maxim than "Life is difficult" to serve as the foundation for teachings on self-management.
- **Reference:**
Peck, M. S. (1978). *The road less traveled: A new psychology of love, traditional values, and spiritual growth*. Simon & Schuster.

Mindfulness

Your Thoughts Are Not Facts

Self-Kindness

The Time Stamp Problem

- **What are the lessons about?** There's a great deal of empirical support for the ability of mindfulness to increase positive attitudes and physical health. The lessons here are a good introduction to mindfulness. For readers wanting to sharpen their mindfulness, it's recommended to follow up with the eight-week plan in Williams and Penman's work. As noted in the plan, it's best if you undertake the program in a group setting with a mindfulness coach.
- **References:**
Lehrhaupt, L., & Meibert, P. (2017). *Mindfulness-based stress reduction: The MBSR program for enhancing health and vitality*. New World Library.
Williams, M., & Penman, D. (2011). *Mindfulness: An eight-week plan for finding peace in a frantic world*. Crown Publishing.

Self-Management

Duty to Self

Self-Management Is a Skill

Delay of Gratification

Whose Problem Is It?

Dedication to the Truth

Truth and Lies

Surrender

Laziness

Moderation

Collaboration

Conflict Management

- **What are the lessons about?** These lessons are the result of Peck's book *The Road Less Traveled*. Although the lessons themselves provide

valuable practical recommendations and exercises, Peck's book is inspired and, as such, is worth reading.

- **References:**

Kornet, A. (1997, May 1). The truth about lying. *Psychology Today*. <https://www.psychologytoday.com/us/articles.199705/the-truth-about-lying>

Peck, M. S. (1978). *The road less traveled: A new psychology of love, traditional values, and spiritual growth*. Simon & Schuster.

Goals and Planning

The Why Sandwich

Being Proactive

ACE Coping Skills

Relapse Prevention

How to Prevent a Relapse

- **What are the lessons about?** All six lessons listed above can be found in *Pathways to Healthy Sexuality*. So, what are they doing in *The Good Life*? Simply put, *The Good Life* isn't just for individuals who have engaged in harmful or abusive sexual behavior. Many individuals and groups without problematic sexual behavior use *The Good Life* as well, and they also need to know some of the effective, classic techniques of cognitive behavioral therapy for self-management contained in these lessons.
- **Reference:**
Author's clinical experience

What Is a Habit?

Habit Seeds

The Habit Path

The Importance of Cravings

Coping With Cravings

Old Habits Never Die, They Just Go to Sleep

Fighting Fire With Fire

Creating Permanent Habits

- **What are the lessons about?** Bad habits undermine self-management, while good habits enhance it. So, the lessons listed above are included in *The Good Life* to enhance good habits and put bad ones to rest.
- **Reference:**
Duhigg, C. (2012). *The power of habit: Why we do what we do in life and business*. Random House.

INSTRUCTIONS FOR LESSONS IN THE CHAPERON WORKBOOK

What a Chaperon Is

- **Why is the lesson in the workbook?** Most, if not all, the people you train as chaperons have never been chaperons before. So, they need to know your definition of *chaperon* and the role that you're asking them to fill. The lesson "What a Chaperon Is" does just that.
- **What's your job as a treatment provider?** The people whom you train as a chaperon will feel pulled between two camps. On the one hand, potential chaperons are either family or friends of the client. They want to be loyal to and support the client. On the other hand, potential chaperons want to support the people overseeing the client's life—for example, the supervising officer or treatment provider. They may view those two camps as adversarial. The lesson "What a Chaperon Is" lets them know that they can have open communication with the people overseeing the client's life and still be loyal to the client. The lesson also teaches prospective chaperons that they don't have to choose to support either the client or the people supervising and treating the client. There's a way for all parties to get along.
- **Caveat.** This lesson is the first one that you'll teach. Prospective chaperons will have you under a microscope. They'll pay attention to every little thing you say and do. So be sure to set a good positive tone, ideally one of collaboration.

How to Respond to Someone With Sexual Behavior Problems

- **Why is the lesson in the workbook?** Prospective chaperons have so many feelings, most of which are strong and sometimes contradictory. Such ambivalence can be overwhelming. So, the lesson “How to Respond to Someone With Sexual Behavior Problems” describes several ways that prospective chaperons can respond to and be in a helpful relationship with clients.
- **What’s your job as a treatment provider?** Your job is to help prospective chaperons take a realistic, objective stance when dealing with the person who they will be chaperoning.
- **Caveat.** If prospective chaperons can’t accept that clients have engaged in harmful or abusive sexual behavior, then it’s inappropriate to train them to be chaperons. They can always be trained later if they change their stance.

Address Your Emotional Response

- **Why is the lesson in the workbook?** Forgiveness is a poorly understood concept. As a result, many people who forgive others do so poorly. In the lesson this lesson, prospective chaperons are taught a healthy, therapeutic definition of *forgiveness*, one that allows them to accept that clients did wrong while still being supportive.
- **What’s your job as a treatment provider?** You should help prospective chaperons recognize the urges that they feel to either hold a grudge or pardon clients. Your goal is to help prospective chaperons choose forgiveness.
- **Caveat.** The biggest hurdle for the lesson is the trite notion of forgiveness that entails the idea of forgiving as well as forgetting. You will have to emphasize that there is no forgetting, because to be a good chaperon, you have to remember what the client did. People who don’t know their history are doomed to repeat it.

Forgiveness Statement

- **Why is the lesson in the workbook?** This lesson provides prospective chaperons with a script they can use to forgive the client by recognizing the harm that clients have done and being committed to helping the client.

- **What's your job as a treatment provider?** Many people who have recognized the harm that clients have done have also rejected the clients. Your job is to ensure that prospective chaperons can recognize the harm and remain helpful to clients.
- **Caveat.** The exercise in the lesson can stir a lot of emotions in prospective chaperons. Be prepared to help prospective chaperons deal with their emotions.

Myths About Sexual Behavior Problems

- **Why is the lesson in the workbook?** People can't be good chaperons if their minds are full of myths and misconceptions about harmful or abusive sexual behavior. So, this lesson provides corrective instruction to prevent prospective chaperons from over-pathologizing clients.
- **What's your job as a treatment provider?** Most prospective chaperons will get their information about perpetrators of sexual abuse from the media. Media outlets focus on perpetrators of sexual abuse who are rare and dramatic because they follow the maxim "If it bleeds, it leads." The lesson is all about temperance; sexual misconduct is harmful and needs to be stopped, but not everyone who engages in sexual misconduct is a psychopathic, criminal offender.
- **Caveat.** When you teach the lesson, you should be prepared for prospective chaperons to mention myths not listed in the lesson. If you've been assessing and treating problematic sexual behaviors for a while, then you should be able to dispel any myths introduced by prospective chaperons.

Why Does a Person Engage in Inappropriate Sexual Behavior?

- **Why is the lesson in the workbook?** Everybody wants to know why someone would sexually abuse another person. Victims want to know why they were sexually abused. Jurors want to know why a defendant sexually abused another person. Meanwhile, loved ones are confused and seek to understand why someone whom they know and love would sexually abuse someone. In the lesson, there's information about why people engage in child molestation or rape. Although every sexual abuse perpetrator is unique, it helps if prospective chaperons know what professionals in the field think motivates sexual misconduct.

- **What’s your job as a treatment provider?** Your job is to help prospective chaperons begin to understand why clients might engage in sexual misconduct.
- **Caveat.** The information in the lesson discusses general theories regarding the motives of perpetrators of sexual abuse. Prospective chaperons should meet with their client and the treatment provider if they want to gain an understanding of the unique reasons that the client engaged in sexual misconduct.

Patterns of Sexual Misconduct

- **Why is the lesson in the workbook?** The median number of victims that most child molesters and rapists have is one. That research finding can be reassuring to many prospective chaperons. At the same time, there’s also a crossover, i.e., a person who has engaged in one type of deviant sexual behavior can cross over and engage in other types of deviant sexual behavior as well. Teaching prospective chaperons about crossover prepares them to help clients avoid having new types of victims.
- **What’s your job as a treatment provider?** You have to emphasize the need to recognize that just because a client was caught doing one type of behavior (e.g., molesting a child), it doesn’t mean that the client can’t engage in other types of deviant sexual behavior (e.g., exposing themselves in public).
- **Caveat.** Most prospective chaperons want to minimize the potential of clients to commit wrongdoing and will thus struggle to accept that the client might engage in crossover deviant sexual behavior. You should be prepared to teach prospective chaperons that if they fail to recognize a client’s potential for crossover, then they might fail to help the client reach the goal of **No More Victims**.

Stepping Into Trouble

- **Why is the lesson in the workbook?** In the lesson, prospective chaperons learn about the offense cycle and how to recognize when the client is “in the cycle,” so to speak, or about to engage in harmful or deviant sexual behavior. Prospective chaperons are taught how to use that information to intervene with the client and help the client exit from the cycle.
- **What’s your job as a treatment provider?** Your job is to teach prospective chaperons that the most reliable warning signs of a client’s impending use of harmful or abusive sexual behavior are the steps of the offense cycle.

- **Caveat.** There's a lot of information in the lesson about grooming. Teaching prospective chaperons how to recognize and intervene with grooming is an excellent way to ensure that there are **No More Victims**.

Being an Effective Member of the Treatment Team

- **Why is the lesson in the workbook?** Nobody is born knowing how to be part of a treatment team. At one point early in their career, treatment providers did not know how to be part of such a team. Because it isn't natural to know how to work cohesively on a treatment team, prospective chaperons need to be taught how to do that.
- **What's your job as a treatment provider?** You should do everything that you can to help prospective chaperons buy into being part of the treatment team.
- **Caveat.** Any time that you emphasize being part of the treatment team, a prospective chaperon might automatically think that you're asking them to choose sides: treatment team versus the client. You might have to work hard with some prospective chaperons to get them to realize that being part of the treatment team will help the client more than if they weren't on the team.

Treatment Team Participation

- **Why is the lesson in the workbook?** Because being part of the treatment team is so important, there are two lessons in the workbook on that topic. In the lesson, prospective chaperons are taught specific behaviors that they can engage in to be fully functioning, helpful members of the treatment team.
- **What's your job as a treatment provider?** Be encouraging when teaching the lesson. Emphasize how being part of the treatment team helps the client become happy and successful.
- **Caveat.** Keep in mind that any time that you emphasize being part of the treatment team, a prospective chaperon might automatically think that you're asking them to choose sides: the treatment team versus the client.

Criteria for Being a Chaperon

- **Why is the lesson in the workbook?** Not just anybody can be a chaperon. Certain criteria have to be met before someone can serve as a chaperon.

- **What's your job as a treatment provider?** Discuss each item on the list of the criteria with prospective chaperons. Make sure that prospective chaperons meet all the criteria.
- **Caveat.** If a prospective chaperon doesn't meet the criteria for being a chaperon, then do *not* train them to be a chaperon. They need to engage in therapy with somebody and not be trained as a chaperon.

Safety and High-Risk Situations

- **Why is the lesson in the workbook?** Chaperones accompany clients into high-risk situations. In the lesson, prospective chaperons learn about high-risk persons, places, and things and how to help clients manage themselves in those high-risk situations.
- **What's your job as a treatment provider?** Most high-risk situations involve stress. So, you need to emphasize to prospective chaperons the need to stay in tune with the client's stress level. Prospective chaperons also need to be able to talk to the client about stressful things in the client's life.
- **Caveat.** This lesson is an important one because it teaches prospective chaperons about the types of settings in which the client is most likely to relapse and, by extension, the situations in which the chaperon needs to be most vigilant.

Dealing With High-Risk Situations

- **Why is the lesson in the workbook?** This lesson is included to teach prospective chaperons the avoid-cope-escape (ACE) techniques of self-control. Clients are expected to use ACE techniques to deal with high-risk situations. If chaperons learn the techniques, then they can encourage and help clients use them when needed.
- **What's your job as a treatment provider?** You should approach the task of teaching prospective chaperons the ACE self-control techniques in a way similar to how you teach your clients the same techniques. Assume that prospective chaperons know nothing about the techniques, and do your best to teach them.
- **Caveat.** It would be easy to spend a lot of time on the lesson because there's so much to teach. Don't forget that you can have the client teach his or her prospective chaperon about those techniques as well. It will help the client solidify their understanding of the techniques and get the client and prospective chaperon talking about the techniques.

Steps for Increased Contact With Potential Victims

- **Why is the lesson in the workbook?** This lesson delineates a specific progression that the client can follow while using the chaperon contract.
- **What's your job as a treatment provider?** There are four steps that a client takes to move from having no contact with potential victims to having unsupervised contact with potential victims. For each step in the process, criteria are established for the client and the chaperon. In some steps, there are criteria for potential victims (e.g., children living in the home). When you usher the client through all those steps, you have done a lot to make sure that the client has developed skills that he or she can use to have **No More Victims**.
- **Caveat.** You might think that the criteria don't fit your client or the chaperons and potential victims. If you think that, then you're wrong. Stick to the criteria for each step in the chaperon process. By following those steps and ensuring that all parties meet all the criteria, you'll keep your client and his or her potential victims safe.

Reduced Restrictions, Not Reduced Effort

- **Why is the lesson in the workbook?** Once a client has a chaperon, the client doesn't progress from having no contact with potential victims to having unfettered contact with potential victims. Instead, there's a slow progression from no contact with potential victims to some contact with potential victims in select settings, followed by a gradual increase in the number of settings that a client and his or her chaperon can enter.
- **What's your job as a treatment provider?** The most important thing that you can do is to create the expectation that once the client has a chaperon, the work doesn't stop. It takes a lot of work and good behavior for the client to be able to go to an increasing number of locations with his or her chaperon.
- **Caveat.** The biggest problem that clients have when they get a chaperon contract is that they think that their job is over and that they can just put their work on autopilot. Some clients might even feel entitled to have increasingly more freedom to go to more places. They think that it's owed to them. As a treatment provider, you need to be encouraging but also make sure that the client continues to work toward the goal of **No More Victims**.

The Chaperon Contract

- **Why is the lesson in the workbook?** This lesson provides instructions for writing the chaperon contract.
- **What's your job as a treatment provider?** All chaperon contracts need to be written or typed. The treatment provider also needs to keep a copy of the contract in the client's file. If the client is on supervision, then the treatment provider should send the contract to the client's probation or parole officer as well.
- **Caveat.** The client needs to identify high-risk situations that he or she will encounter. Then the client needs to develop effective, realistic plans for dealing with high-risk situations. It's your job to make sure that the client writes about realistic things. Last, you have to make sure that the chaperon understands and can help the client use the high-risk plans. Teaching chaperons how to use high-risk plans can be time-consuming, but it's necessary.

The Why Sandwich

- **Why is the lesson in the workbook?** Clients and chaperons might disagree about the use of the chaperon contract. Teaching the Why Sandwich gives them a mutually agreed-upon method for solving problems.
- **What's your job as a treatment provider?** You should already have a good grasp of the Why Sandwich problem-solving technique. You taught it to the client, and now you need to teach it to the chaperon, too.
- **Caveat.** To reinforce the client's use of the Why Sandwich with his or her chaperon, you might want to have the client teach the lesson to their chaperon.

Things You Should Talk About

- **Why is the lesson in the workbook?** Some people avoid conflicts and, as such, won't discuss difficult topics. Other people serving as chaperons might be somewhat confused about what topics they should discuss with clients. The lesson puts important topics on the table for clients and their chaperons to discuss.
- **What's your job as a treatment provider?** Three of the five topics to discuss are behaviors that clients should not engage in. So, the lesson is

designed to teach chaperons that it's okay to confront clients about things such as grooming, manipulation, and splitting.

- **Caveat.** As you teach the lesson, assess the chaperon's comfort level regarding the topics that he or she needs to discuss with the client. You should address any hesitation that the chaperon has about talking about important issues.

Weekly Chaperon Diary

- **Why is the lesson in the workbook?** This lesson is in the workbook so that the client and chaperon can reflect on their use of the chaperon contract.
- **What's your job as a treatment provider?** To some extent, the lesson dovetails with the previous lesson about the topics that a chaperon and client have to discuss. So, the assignment is similar to so many other assignments in the Pathways Program: to get the client to confront him or herself. Your job is to make sure that the client does a good job with self-confrontation.
- **Caveat.** Many clients are still completing assignments from *Pathways to Healthy Sexuality* and *The Good Life*. They might be tempted to skimp on the assignment. Hold the client to the same high standard that you have upheld at times when the client has completed assignments from the other workbooks.

Constant Companion

- **Why is the lesson in the workbook?** This lesson creates a standard for how close a chaperon and client have to be while using the chaperon contract.
- **What's your job as a treatment provider?** In the lesson, the chaperon creates an inventory of problems and successes while using the chaperon contract. Praise the chaperon for his or her successes. Solve problems with the chaperon so that the chaperon can eliminate problems they encounter while performing the role of chaperon.
- **Caveat.** You might have to confront the chaperon about the ways that they're failing to properly perform the role of chaperon. Don't adopt the stance that chaperons should automatically know how to be good chaperons. Many of them simply don't. Your job isn't just to confront them; you also have to teach them how to be good chaperons.

Watch Out for Splitting

- **Why is the lesson in the workbook?** Devious clients will pit their chaperons and the treatment provider against each other. The lesson exposes how clients split and what a chaperon can do about it.
- **What's your job as a treatment provider?** Most clients who split do so in an insidious, almost undetectable way, as outlined in the lesson. Teach the chaperon how to recognize and report to the treatment provider that the client is splitting.
- **Caveat.** Splitting can seem abstract to some chaperons, and as such, they might struggle to believe that the individual whom they're chaperoning would split. Your job is to make sure that splitting is easy to understand and concrete so that the chaperon can detect splitting if the client engages in it.

Everafter

- **Why is the lesson in the workbook?** This lesson is in the workbook to encourage chaperons.
- **What's your job as a treatment provider?** You need to recognize and believe in the importance of people who volunteer to serve as chaperons.
- **Caveat.** Sure, many chaperons will be lost. Some will not work well with you, while others might even be devious. Still, the job that they signed up to do is important, and if they learn to do it satisfactorily, then they'll help the client reach the goal of **No More Victims!**

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