

**INSTRUCTORS SYLLABUS  
INTRODUCTION TO RELAPSE PLANNING  
SEX OFFENDER TREATMENT PROGRAM  
HILAND MOUNTAIN CORRECTIONAL CENTER  
(Background information for instructors)**

CLARIFICATION NOTE: The following material is used at the Hiland Mountain Correctional Center as the Instructors syllabus in teaching Relapse Prevention to Sex Offenders. Approved Treatment Providers within the State of Alaska are encouraged to research the literature and individualize this topic as is appropriate for the local area and offenders. The extent of knowledge on Relapse Prevention with respect to sex offenders is rapidly expanding and should be continually reviewed.

INTRODUCTION

Relapse Prevention is a self control intervention program that an individual can use to anticipate and intervene in order that a problem behavior is not repeated. Relapse is defined as reverting or sliding back to old behaviors that are not healthy for the individual. It was originally developed for individuals with a substance abuse problem and has been successful in helping individuals who struggle with addictive behaviors such as gambling, weight loss, and sexual deviance. Relapse occurs when the attempts made by the individual to change or modify a target behavior breaks down. Relapse Prevention has two main purposes: 1) identifying the events that lead up to the deviant behavior and 2) determining the processes that are operating which cause the individual to move toward relapse. (Gordon & Marlatt, 1989). The prevention of relapse is a program that combines behavioral arrangement skills with cognitive processes to “intervene” and thereby modify the specific behavior that has been targeted.

Sexually deviant behavior is defined as any inappropriate sexual behavior that involves non-consenting partners (this includes partners under the age of 18 years old or individuals judged by the Alaska Court System as being adult but unable to be responsible for personal decisions), or behaviors that present a danger to the individual or others, and as defined by Alaska Statute. Sexual deviancy can be thought of as an addictive behavior that can be treated with techniques similar to those of other addictive disorders. In such disorders the focus is not to “cure” or remove all temptation, but to develop ways to manage and cope with the ongoing sexual desires, to teach the individual to be responsible to internal and external stressors (Salter, 1988).

The Sex Offender Treatment Program used by D.O.C. suggests that two conditions are present for an individual to commit a sexual offense. These include the individual developing a deviant sexual attraction or desire and a process of thinking that allows for him to act on a desire that he knows to be unacceptable and criminal. The Sex Offender Treatment Manual also suggests that a sex offense is not an isolated event, rather the result of a long term style of thinking and acting in ways that are distorted and in error.

The Treatment Manual also states “...over-emphasis on the “why” question can detract the offender from the work involved in changing by providing an opportunity to “excuse” his behavior by blaming parents, early life situations, cultural or family background, etc.” The desires within an individual for sexually deviant behavior and distorted thinking should not be viewed as a “disease” that can be “cured”. The only prescribed medicine for deviant desires and distorted thinking is for the individual to engage in a new system of thinking wherein the offender chooses to manage inappropriate sexual desires by eliminating the deviancy and to correct the series of distorted thinking errors. It is difficult to learn and apply these new skills. It is also difficult for the offender to begin to assume responsibility for his behaviors. This is

especially true when the offender has spent such a large portion of his life thinking in concrete terms that are self-serving, through obtaining control over others. The primary point in the change process is that the offender must want to change and desire to abandon the deviant desire and distorted thinking.

Throughout the United States a variety of treatment approaches have been used to offer intervention and treatment for sexual offense. Approved Treatment Providers are encouraged to maintain a review of the literature which will allow for the development of an aftercare program that is applicable for the community and individual offender. The Sex Offender Treatment Program at Hiland Mountain Correctional Center employs a treatment model that accounts for the etiology or stages of development and causation for the inappropriate sexual behavior.

The program for working with sexual offenders in Alaska is organized around a particular clinical model. This model suggests that the sex offender thinks in a very “concrete” manner. This means that the way in which the offender thinks interferes with the way in which information is processed in the higher cortical functions of the brain. This style of thinking leads to a series of cognitive distortions or errors in thinking. The series of thinking errors or distorted thinking adds together to alter the way in which the offender views the world around him and his relationship with others in society.

The process of faulty or distorted thinking is what interferes with the contextual formation and organization of attributes which require social judgment such as: Character (the moral structure of an individual); Identity (who and what we think of ourselves); Psycho-sexual development (the thoughts and feelings an individual has about their own sexuality); Self-regulation (the ability of an individual to control their thoughts, feelings, and behaviors); Insight (the ability of an individual to understand and learn from what is actually happening within their thoughts, feelings, and behaviors); Empathy (the ability for an individual to understand and feel for the thoughts of grief and feelings sorrow of another individual).

The Sex Offender Treatment Program at Hiland Mountain views offenders as displaying a one sided mind set. A onesided mind set is defined as a style of thinking in which an individual thinks and processes information with the view that one’s self is the center and object of all experience, followed by behavior that is in accordance with the perception that the individual’s thought process is valid and at the exclusion of all others. This style of thinking leads to an increase in desire to look primarily for self satisfaction and results in attributes of jealousy and selfishness. As a result of not viewing “both sides” of a problem, the individual obtains a distorted picture of the conditions of reality and what behaviors society expects from all members. The one-sided mind set can be viewed as a variable that is demonstrated early on in the individuals life experiences and would have import in the formation of the personality.

In using a one sided mind set, the offender makes choices that state “I want what I want, when I want it, and how I want it”. The offender may use this approach to life for many years without being required to consider the thoughts, feelings, or rights of others. The one sided lifestyle breaks down when the individual encounters groups within society such as the public school system, the police, or the court system that will not allow the one sided approach to life to continue. The individual is expected to accept reality: The world is two sided and the rights of the group are generally more important than those of the individual.

Sexual Offense occurs when two conditions are present. The individual approaches life with the one sided mindset that the wants and desires of the offender are more important than the victim and the offender experiences a deviant sexual attraction for the victim.

## THE MODEL

The Alaska Department of Corrections endorses a Relapse prevention model for the treatment of sex offenders. Treatment Providers are encouraged to develop and implement a Relapse Prevention Model as future studies and literature expand. The model endorsed by D.O.C. uses the material of Freeman-Longo, Gordon and Marlatt, Marquis, Pithers, and Atrops.

The model is based on the philosophy that although there is no cure for sexual deviancy, all offenders are capable of change and that sexually deviant behavior can be controlled. Control is obtained when offenders acquire certain skills which aid them in recognizing the distorted thinking errors, that lead the individual to the implementation of a series of tactics which have been used to avoid change, through an assault cycle, and through various high risk situations and lapses (short term departures or breaks) to a relapse or return to a criminal sexual offense. As the offender learns the steps within his own individual relapse plan, true correctives can be employed that will result in alternatives to sexual abusiveness. The focus of treatment is to offer a larger number of appropriate coping responses that the offender can use to manage and control inappropriate thoughts, feelings and behaviors.

## THE RELAPSE SEQUENCE

The completed Relapse Sequence is a chronological listing of approximately 8 to 12 primary events that are described in detail on the Relapse Prevention Plan. These events are situations that cause the offender to perceive a loss of personal control or a lack of balance in his lifestyle. The sequencing of the events is crucial in that when the offender experiences the event, distorted thinking is applied to interpret the situation, and "false" or inappropriate correctives are applied. When the false corrective, which is based on distorted thinking, does not work the offender moves towards the next major event. The events progress and include the areas of Negative Affective State, Personal Immediate Gratification, and Abstinence Violation Effect, and result in the relapse to sexual offending.

These events that cause an imbalance in lifestyle can be thought of as major high risk situations and are the major topic headings in the Relapse Plan. The Relapse Sequence is developed in order that the Offender can have an abbreviated version of the Relapse Plan of only a few steps.

## THE RELAPSE PLAN

A Relapse Prevention Plan is built upon a foundation of personal history and developed in several distinct stages. The personal history includes information concerning the demographics, constitutional factors, developmental history, and history of offense(s). Treatment involves looking at the characterological structure used by the offender. The model focuses on the core of the personality.

The first stage is to be accomplished while the individual is in the Beginning Stage of treatment. The plan focuses on the chronological sequence of major events that created a life style imbalance for the individual and led to the instant offense. The details and sequencing of these events is critical in that the best predictor of future behavior is to examine the causes for the behavior in the past. History repeats itself. These events are to be identified and then arranged in a sequence that leads towards the offense. Each high risk event has specific cognitive distortions associated with it that should be identified. Alternative approaches are to be developed that focus on correct thinking and true correctives. Offering a larger number of appropriate coping strategies that the individual can employ to decrease the level of deviancy provides the offender with choices other than re-offending. The offender is encouraged to develop cue cards that can be used to practice the correctives to a specific target behavior. Practicing, reviewing, and updating the coping strategies will help the offender to be able to

perform the intervention through routine practice rather than using complex operational thought. This is particularly important when the individual is experiencing anxiety or panic.

The second stage in the development of a Relapse Prevention Plan is accomplished in the Intermediate Stage of treatment. The offender identifies problem areas that occurred earlier in his life that contributed towards the general sense of life style imbalance. These problem areas are the events occurring in the family of origin, the offender's immediate family and relationships, school, work, finances, and time management. Again the distorted thinking errors, tactics used to avoid change, and the assault cycle are to be identified and interwoven with the Beginning Stage Plan.

While in the Advanced Stage of treatment the offender further develops the coping strategies and strengthens his correctives through identification of coping behaviors, proactive behaviors that can be implemented, and management conditions that support group members can use. In speaking of coping behaviors and correctives it is common for offenders to speak in terms of saying "No" to situations without finding events to which the offender can say "yes". Proactive behaviors offer the opportunity to exercise choices that address the issue of immediate gratification. This is accomplished through use of the plan on a daily basis and working with role plays and guided fantasies to implement the corrective techniques and look for areas that are weak and in need of improvement.

Many offenders have difficulty recognizing the difference between stress and negative consequences. Stress can be thought of as an external factor that an individual has little, if any control over (such as the stress of traveling a long distance when the weather is very inclement). A negative consequence can be thought of as something that occurs internally, that the individual could have chosen to control and control responsibly, and the individual must now face the negative consequence (such as choosing to drink alcohol, then choosing to drive a vehicle, receiving a citation from a police officer, and the individual must now "pay" a negative consequence) for the choice. This concept is fundamental in that there are more things occurring before, during, and after the offense than "just the sexual event" or "just the alcohol". Major life stressors such as thinking only about self, viewing the world in a very one-sided way, an absence of social skills, under-developed and unapplied coping responses, undisciplined abuse of mood and mind altering substances, prior criminal activity, chronic under-employment, financial dilemmas, marital discord, inability to resolve conflicts, or prior victimization are examples of "stressors" that an individual can control. Each of these events are critical in the life of any individual.

The philosophy of the program asserts that in addition to stressors such as those listed, the individual offender (with rare exception) has experienced life in such a way that many of the characteristics of a personality disorder are displayed. Unless the personality disorder can be clinically ruled out, the relapse plan should be developed upon the tenets of how this individual personality manifests itself in the terms of the major life stressors.

It should be noted that while in the Beginning Stage the offender was required to obtain and maintain control of deviant arousal as measured by a plethysmograph device. The plethysmograph can be used to help the offender to recognize the level or percentage of arousal that he perceives he is experiencing and then comparing this perception with what the device actually measures. One component of the relapse plan should include recognition of the affective, cognitive, and behavioral cues and correctives that the offender learned to use to maintain control of the deviant arousal. The offender can use the knowledge of what the manageable level of arousal "feels" like in order to self-monitor when control is being lost and a different coping strategy of the relapse plan must be employed.

Sex offenders appear to have difficulty managing the internal representation of context or information that can be used to manage an appropriate behavioral response.lacks development of the character traits such as the trait of empathy or the trait of sorrow.

Assessment interviews indicate that many offenders demonstrate a one sided mind set and in most cases associate with friends who also have a one sided mind set. Together they develop a distorted view or picture of the world that allows the individual to behave as he perceives to be appropriate. In many cases the individual is living in a home with individuals who are either also somewhat one sided or the rules of order in the home allow the individual to behave as he perceives is appropriate. In the course of normal development a child is taught to appreciate and respect the opinions and rights of other children while in the stage of solitary play. As the child grows and moves toward the stage of group play the child develops a concept of identity and acceptance of self by others based on how the child honors the rights and opinions of other group members. Individuals who think in a one sided manner miss parts of this developmental stage.

This style of faulty and distorted thinking contributes toward the offender displaying a type of personality disorder.

## SAMPLE RELAPSE PLAN

RELAPSE PREVENTION PLAN:	ONE-SIDED MINDSET
<b>RISK FACTORS</b> which contribute towards past offense(s)	<b>SAME/SIMILAR RISK FACTORS</b> History may repeat in present/future; Past pattern may alter and/or assume new forms
<u>Past Pattern or Event</u> 1 Don't tell me "no". 2 I am right, and better than you. 3 What I say goes. 4 Lack of trust of others - I was sexually abused. 5 Stereotypical view of men and women.  Note: The past behavior is similar to the tactics used as a child: a. Say what I want. b. Have a tantrum if told no. c. Act out - fight or silent pout.	<u>Present Pattern or Event</u> 1 Not asking others for help. I do things my way. 2 I'm not that bad a person. I just made a mistake. 3 Don't argue with me or tell me what to do. 4 Don't trust anyone. 5 Look at the surface of a woman - sexualize her.
<u>One-sided Thinking</u> 1 I want what I want. I am entitled. 2 Thinking of myself and not caring what happens to others. 3 I am the oldest, biggest, and have the most money. 4 Others are selfish people who will hurt you. 5. Women should stay home, cook, and clean because they are weaker than men.	<u>Possible Future Pattern or Event</u> 1 I want what I want. I am entitled. 2 Thinking of myself and not caring what happens to others. 3 I am the oldest, biggest, and have the most money. 4 Others are selfish people who will hurt you. 5 Women should stay home, cook, and clean because they are weaker than men.
<b>SELF-MANAGEMENT</b>	<b>MANAGEMENT BY OTHERS</b>
<u>Two-sided Thinking</u> 1 I need help from others to get things done. Two heads are better than one. 2 Others have feelings also. 3 Listen to what others say and try to understand. 4 I'm just as human as they are. Look at their point of view. 5 Men and women are the same. Women can think and have emotions.	<u>Clinically Oriented Conditions</u> 1 Discuss my wants and what I perceive I need. 2 Look for correctives for my tactics when I can't get my way. 3 Maintain journal of anger lapses, and sexual thoughts. 4 Sex Offender counseling Aftercare. 5 Describe/log the 5 Thinking Errors and Tactics I use most often each day with my correctives to them.
<u>Coping Behavior</u> 1 I will not think I am the best because others are as good as me. 2 Accept "no" for an answer. 3 Stop and listen to others. 4 Stop being fearful and thinking like a criminal. 5 Stop putting women down.	<u>Parole Conditions</u>
<u>Proactive Behavior</u> 1 I will do my best. 2 Look and ask for support, go to an AA meeting, visit with my support group. 3 Ask the people who will be affected by my behavior what they think. 4 I can trust myself if I act responsibly. 5 Respect women for who they are (whole person).	<u>Probation Conditions</u>

## SAMPLE RELAPSE PLAN

RELAPSE PREVENTION PLAN:	ONE-SIDED DEVIANT LIFESTYLE
<b>RISK FACTORS</b> which contribute towards past offense(s)	<b>SAME/SIMILAR RISK FACTORS</b> History may repeat in present/future; Past pattern may alter and/or assume new forms
<u>Past Pattern or Event</u> 1 Juvenile delinquency encouraged by parents and family members. a. School behavior b. Runaway c. Fire-setting d. Stealing and destruction of property e. Sexualization 2 Hung out with criminals. 3 My life style causes others to withdraw from me.	<u>Present Pattern or Event</u> 1 I don't take care of my family. 2 Stop being responsible. 3 Don't listen to others for feedback. 4 Blaming others. 5 Making sarcastic remarkd to put someone c in a crowd.
<u>One-sided Thinking</u> 1 I can do things by myself. 2 I don't need anyone. 3 I can do as I want. 4 I have the money so I own them. 5. Women like men to take advantage of them	<u>Possible Future Pattern or Event</u> 1 Not be responsible - housing, job, alcohol, family, etc. 2 Withdrawing from others and not showing thoughts and feelings. 3 Using money or drugs to manipulate others get what I want.
<b>SELF-MANAGEMENT</b>	<b>MANAGEMENT BY OTHERS</b>
<u>Two-sided Thinking</u> 1 I can ask for help and suggestions. 2 Think of other's feelings. I am not alone in this world. 3 What I want is not always what I need. 4 Money does not buy long term happiness. 5 View women as wquals with thoughts and feelings.	<u>Clinically Oriented Conditions</u> 1 Responsible commitment to program: - AA/NA - Sex Offender Group - Work - Financial. 2 Look at past behavior - find new corrective 3 Describe how I use fear and anger. 4 How do I do well in one area of my life and be responsible in another. 5 Who am I controlling and how?
<u>Coping Behavior</u> 1 I will not withdraw from others. 2 Don't fight - talk about problems. 3 Stay away from criminal thinkers and drug users. 4 Stop sexualizing/manipulating others.	<u>Parole Conditions</u>
<u>Proactive Behavior</u> 1 I will share my thoughts and feelings honestly. 2 Continue to work with AA and support group. 3 Stay open to feedback from support group. 4 Look for new friends who are appropriate choices.	<u>Probation Conditions</u>

## SAMPLE RELAPSE PLAN

### RELAPSE PREVENTION PLAN:

### RELATIONSHIPS

RISK FACTORS which contribute towards past offense(s)	SAME/SIMILAR RISK FACTORS History may repeat in present/future; Past pattern may alter and/or assume new forms
<p><u>Past Pattern or Event</u></p> <ol style="list-style-type: none"> <li>1 Lack of intimacy -               <ol style="list-style-type: none"> <li>a. Not sharing feelings</li> <li>b. Fear of getting close</li> <li>c. Fear of being hurt.</li> </ol> </li> <li>2 Angry at wife because she -               <ol style="list-style-type: none"> <li>a. Fear of confronting</li> <li>b. Fear of being rejected</li> <li>c. Fear of failing.</li> </ol> </li> <li>3 Put work over relationship -               <ol style="list-style-type: none"> <li>a. Place to be alone even when people are around</li> <li>b. I don't have to be responsible, just do what I'm told</li> <li>c. Live a double life</li> <li>d. Use money to get control of others.</li> </ol> </li> <li>4 It is easier to perform for a child.</li> </ol> <p><u>One-sided Thinking</u></p> <ol style="list-style-type: none"> <li>1 I like this relationship because of sex.</li> <li>2 Why can't she keep the house clean?</li> <li>3 She should want what I want.</li> <li>4 Men don't cry or have feelings.</li> <li>5 If I'm drinking, I won't hurt her feelings.</li> <li>6 Let her do things her way. I'm going to work.</li> <li>7 People at work appreciate me more than her.</li> <li>8 I', not hurting the child. Besides, she likes it.</li> </ol>	<p><u>Present Pattern or Event</u></p> <ol style="list-style-type: none"> <li>1 I fear I will lose my family if I open up and talk</li> <li>2 I feel like a victim when I talk with her.</li> <li>3 I don't want to talk or I may be hurt</li> <li>4 Run from problems and use tactics to get my way.</li> </ol> <p><u>Possible Future Pattern or Event</u></p> <ol style="list-style-type: none"> <li>1 Married life is a dead end.</li> <li>2 If I tell her about my deviancies, she will leave me.</li> <li>3 Avoid relationships because I fear the conflict</li> <li>4 Being rigid or judging others.</li> <li>5 If I can't have my way I will be abusive.</li> </ol>
SELF-MANAGEMENT	MANAGEMENT BY OTHERS
<p><u>Two-sided Thinking</u></p> <ol style="list-style-type: none"> <li>1 Our relationship is more than sex.</li> <li>2 I have unrealistic expectations.</li> <li>3 Other people's wants are as important as mine.</li> <li>4 Everyone has feelings. Talk to express my needs.</li> <li>5 When I drink, I don't think. I hurt people.</li> <li>6 What is fair for her and fair for me.</li> <li>7 People like the work I do. This is different than the type of person I am at home.</li> <li>8 Stop running away from my wife - this hurts the child.</li> </ol> <p><u>Coping Behavior</u></p> <ol style="list-style-type: none"> <li>1 Say "no" to thoughts of weakness.</li> <li>2 Say "no" to my one-sided selfishness.</li> <li>3 Do not run from problems.</li> <li>4 Do not overwork, set boundaries.</li> <li>5 Stop - Do not fantasize about children.</li> </ol> <p><u>Proactive Behavior</u></p> <ol style="list-style-type: none"> <li>1 Talk about feelings.</li> <li>2 Offer help, do house jobs/get wood, clean up after myself.</li> <li>3 Talk and deal with my problems openly.</li> <li>4 Go home after work and talk. Do not hide at work, the bar or at a friend's house.</li> <li>5 It is harder to be responsible with my wife, but it is also more fulfilling.</li> </ol>	<p><u>Clinically Oriented Conditions</u></p> <ol style="list-style-type: none"> <li>1 Attend marital counseling.</li> <li>2 Attend engagement encounter prior to forming a live-in relationship.</li> <li>3 Avoid partners who will be dependent on me to enable me.</li> <li>4 Practice conflict resolution in a counseling setting.</li> <li>5 Journal how I value work over my relationship</li> <li>6 Describe how I use dominance to control and what are my correctives.</li> </ol> <p><u>Parole Conditions</u></p> <p><u>Probation Conditions</u></p>

## SAMPLE RELAPSE PLAN

RELAPSE PREVENTION PLAN:	SETTING UP THE SEXUAL ASSAULT
<b>RISK FACTORS</b> which contribute towards past offense(s)	<b>SAME/SIMILAR RISK FACTORS</b> History may repeat in present/future; Past pat may alter and/or assume new forms
<u>Past Pattern or Event</u> 1 Victim a. Look for girls who look innocent, just out of puberty (12), smaller than me, and are shy. b. Girls who come from broken homes and would be curious about drugs or alcohol. c. Girls who are runaways  2 Groom a. Let parents think I can help be a good father or baby-sitter. b. Give gifts or money. Buy drugs, pop, candy. Let her do things the parents say "no" to. c. Use lies and threats to keep victims quiet. Present self as a really "good guy".	<u>Present Pattern or Event</u> 1 Try to be dominant with: - angry tantrum assaults. - passive/aggressive actions. - be submissive to play the role of a victim in order to maintain control (Masochistic to Sadistic) 2 Try to rescue and enable others: - Grooming the victim and the support group get the victim alone.
<u>One-sided Thinking</u> 1 I know she likes me and wants sex. 2 She will enjoy it if I touch her. 3 It's okay if I'm around younger people. 4 She is having problems that I can help her with. 5 I wonder what she looks like without clothes.	<u>Possible Future Pattern or Event</u> 1 I'm an adult and can choose who I will be around. 2 Accepting a job where I can have access to victims. 3 Very nice to children. 4 Stalking and isolating a victim.
<b>SELF-MANAGEMENT</b>	<b>MANAGEMENT BY OTHERS</b>
<u>Two-sided Thinking</u> 1 Children are not sexually attracted to adults and neither are women unless they say yes when sober. 2 It is wrong to fondle the victim. 3 I should be with people my own age. 4 Take care of my own problems. 5 Think of an appropriate age consenting adult.	<u>Clinically Oriented Conditions</u> 1 Set boundaries. 2 Self disclose thoughts/fantasies. 3 Maintain journal. 4 Using pronography to initiate a relationship.
<u>Coping Behavior</u> 1 I will not be with people who are like my victim. 2 Say "no" to grooming. 3 Stop sexualizing - Leave the area. 4 Never be alone with a potential victim. 5 Remember the experience of court and going to jail.	<u>Parole Conditions</u>
<u>Proactive Behavior</u> 1 Make friends with people my own age with good boundaries. 2 Respect other people's boundaries. 3 Remember how to manage arousal as in masturbation and pornography. 4 Talk about my lapses with P.O., therapist, and 5 support group	<u>Probation Conditions</u>

## SAMPLE RELAPSE PLAN

### RELAPSE PREVENTION PLAN:

### SEXUAL OFFENSE

RISK FACTORS which contribute towards past offense(s)	SAME/SIMILAR RISK FACTORS History may repeat in present/future; Past pattern may alter and/or assume new forms
<p><u>Past Pattern or Event</u></p> <ol style="list-style-type: none"> <li>1 Get drunk, show up late for work.</li> <li>2 Make a mistake at work.</li> <li>3 Boss told me to be responsible or get fired.</li> <li>4 I hold my anger in, be silent, withdraw.</li> <li>5 All the way home I get more and more angry.</li> <li>6 At home I start a fight with family to feel justified.</li> <li>7 I act out sexually against my child.</li> </ol> <p><u>One-sided Thinking</u></p> <ol style="list-style-type: none"> <li>1 I only think and care about myself.</li> <li>2 I didn't do anything wrong and everyone picks on me.</li> <li>3 My family and boss deserve my anger.</li> <li>4 I don't care about my victims.</li> <li>5 No one knows and it won't hurt this child.</li> <li>6 It is better if I "teach" the child about sex.</li> </ol>	<p><u>Present Pattern or Event</u></p> <ol style="list-style-type: none"> <li>1 Acting out against other people or property (fighting, stealing).</li> <li>2 Blaming others for what I do wrong.</li> <li>3 Stay by myself to feel sorry for myself and out sexually (masturbate to deviant fantasies).</li> </ol> <p><u>Possible Future Pattern or Event</u></p> <ol style="list-style-type: none"> <li>1 Drinking and drug use so I can feel better.</li> <li>2 Blaming.</li> <li>3 Looking for someone to feel sorry for me.</li> <li>4 Not showing up at work, meeting, etc.</li> <li>5 Looking for people that I can molest or rape.</li> </ol>
SELF-MANAGEMENT	MANAGEMENT BY OTHERS
<p><u>Two-sided Thinking</u></p> <ol style="list-style-type: none"> <li>1 Be honest with myself - This will hurt me if I go back to jail.</li> <li>2 It is wrong to hurt someone else.</li> <li>3 I cause my own problems. Be responsible.</li> <li>4 I deserve my own anger, no my family or my boss. I will talk with them when I cool down.</li> <li>5 She is a person, do not hurt her.</li> <li>6 Remember the 3 stages of Zero stage - everyone will know.</li> <li>7 She doesn't need to be taught about sex, and I am not the teacher.</li> </ol> <p><u>Coping Behavior</u></p> <ol style="list-style-type: none"> <li>1 Stop. Leave the area. Call for help.</li> <li>2 Do not be alone.</li> <li>3 Do not use alcohol or drugs.</li> <li>4 Stop deviant thoughts.</li> <li>5 Eliminate expectations of others.</li> </ol> <p><u>Proactive Behavior</u></p> <ol style="list-style-type: none"> <li>1 Call P.O., Police, support group for help.</li> <li>2 Do mediation, positive self-talk.</li> <li>3 Get someone to help me quick.</li> <li>4 Call AA sponsor - work with higher power.</li> <li>5 Talk with spouse, loved one.</li> <li>6 Do a behavior check.</li> <li>7 Explain my Assault Cycle to someone.</li> <li>8 Use correctives from High Risk cards.</li> </ol>	<p><u>Clinically Oriented Conditions</u></p> <ol style="list-style-type: none"> <li>1 Share openly about: <ul style="list-style-type: none"> <li>- masturbation.</li> <li>- assault cycle.</li> </ul> </li> <li>2 Review my journal - Look for how I use correctives.</li> <li>3 Supervised relationship.</li> <li>4 AA meeting/sponsor.</li> </ol> <p><u>Parole Conditions</u></p> <p><u>Probation Conditions</u></p>