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Sex Offender-Specific Treatment
ACKNOWLEDGEMENTS

The Treatment Components are a compilation of those found in the Association for the Treatment of Sexual Abusers (ATSA) & Iowa Board for the Treatment of Sexual Abusers (IBTSA) Treatment Standards. The Curricula selected for provision of treatment under each of these components are taken from the following sources:

NAVCONBRIG - Developed by Peg Edel, Ph.D., Craig Nelson, Ph.D., Dale Arnold, Ph.D. and Tina Marian, Ph.D. Naval Consolidated Brig Miramar, San Diego, California.

The manual was prepared under the auspices of the National Institute of Corrections. This sex offender program was designed for individuals from the uniformed services who are seeking treatment for inappropriate and illegal sexual behavior (such as child molesting or rape). The purpose of this program is to help individuals find ways to avoid committing other sex offenses in the future.

CD-ROM's available at no cost from NIC Information Center- Resource Assistance. The phone number is 1 800 877 1461 and website is www.nicic.org. There are 3 CD's to be copied which utilize quite a bit of paper.


“Pathways” is based on 10 years of client use. Clients learn about the thinking and feelings that are part of their sexual behavior problems. Pathways presents the assault cycle and relapse prevention techniques as tools for understanding and prevention. Pathways helps clients look at the maintenance behaviors that keep them cycling through anger, boredom, and other feelings that feed their cycles. Education toward appropriate behavior and basic sexuality information helps clients to redress their social deficits. Victim empathy issues are addressed in three chapters, including an empathy scrapbook homework assignment, clarification, and restitution.

Facing the Shadow: A Guided Workbook for Understanding and Controlling Sexual Deviance - Barbara K. Schwartz, Ph.D and Gregory M.S. Canfield, MSW.

Designed for comprehensive sex offender programs that use psycho-educational materials to complement other treatment modalities, this is a self-guided workbook which introduces offenders to basic purposes and principles of treatment and lays a foundation for them to get the most benefit from more advanced work. It is an integrated approach that supports a range of treatment modalities including behavioral, cognitive, and relapse prevention.

Arousal Reconditioning Procedures - Monarch - Behavioral Technology Inc.

Research has shown that the degree of deviant sexual arousal is positively correlated with the likelihood of sexual re-offense. Arousal reconditioning helps to establish the norm of not only
working to decrease deviant arousal, but also to increase arousal to appropriate or healthy sexual scenarios.
EVIDENCE BASED APPROACH

Sex offender treatment is an effective tool in preventing future victimization. It differs significantly from other mental health treatment and involves collaboration among professionals involved in sex offender management. Emerging practice embraces the importance of having these offenders involved in sex offender-specific treatment as a condition of their supervision. Characteristics of current sex offender-specific treatment methods are:

* Group Treatment
* Cognitive-Behavioral Therapy
* Psychopharmacology (use of medications)
* Specialized Sex Offender Assessment
* Psycho-physiological Assessments (i.e. Polygraph, Penile Plethysmograph, Abel Assessment of Sexual Interest)

The most widely accepted mode of treatment in use today with sex offenders is cognitive-behavioral (applied in a group setting)*. Cognitive-behavioral treatment addresses both cognitions – that is, the thoughts – and the behavior of offenders.

Although no one particular program or sex offender curriculum has been shown to be effective in reducing sex offender recidivism, several meta-analyses (Aos et. al, 2001; Hall, 1995; Hanson et al., 2002; and Redondo et al, 2002) have all demonstrated significant treatment effects using the cognitive-behavioral techniques. (The sex offender curricula selected for the Iowa Sex Offender Treatment Curriculum each utilize these techniques in various forms.) It should be noted that many researchers challenge the results of these meta-analyses due to the lack of controls in the studies these meta-analyses use. Currently there is significant debate about the effectiveness of treatment on reducing recidivism, with some support for long-term treatment (more than two years) and almost no support for short-term treatment. Rice and Harris (2003) indicated there is “no convincing evidence” that treatment is effective in reducing recidivism. More controlled studies are needed.

Measurement of Treatment Components

OBJECTIVE

To develop a sex offender treatment methodology, which addresses evidence based sex offending risk factors and reliably and accurately assesses an individual’s progress in sex offender treatment.

SEX OFFENDER TREATMENT FOCUS

McGrath and Cumming (2004) emphasize that there are three pre-conditions for sexual offending. These are:

1) Motives (Sexual interest, Emotional Closeness, Power and Control, and Anger/Grievance)
2) Willingness (Cognitive Distortions, Substance Abuse, Stress, Psychopathy, etc.)
3) Opportunity (Planned-Opportunistic and Manipulation-Force)

If treatment programs are going to be successful each of these areas must be individually assessed. Once the changeable risk factors that are directly linked to an individual’s offending behavior have been identified they should be targeted in treatment and supervision. Issues related to treatment responsivity should also be addressed utilizing cognitive-behavioral techniques, relapse prevention strategies, and environmental management in a therapeutic environment, emphasizing positive reinforcement, active participation, non-confrontational challenge and skill development. The treatment components listed below are a combination of the Association for the Treatment of Sexual Abusers (ATSA) treatment standards, Iowa Board for the Treatment of Sexual Abusers Treatment Standards and various sex offender treatment curriculums. Each component is considered to be a general area of treatment focus that will be individualized and measured to determine how the person is progressing in treatment.

RATING SYSTEM

Each individual will be rated utilizing a five-point scale every 90 days on each of the 8 treatment components. A zero score is also provided to rate those individuals who are not actively working on a particular treatment component. Behavioral anchors are used on the rating scale to serve as a guideline for raters so that consistent and accurate ratings of treatment progress can be scored.
Treatment Components
Ratings with Behavioral Anchors
Curriculum Outline

TREATMENT RESPONSIBILITY

This component focuses on preparing offenders for the work that will be required of them to adjust their thinking and behaviors to live safely in the community. It assumes that a change in lifestyle is necessary to do so, but that the offender may not currently be prepared to do so, and that life-long behavior changes are difficult. The stage of readiness of the offender is assessed and addressed in preparation for the next components of treatment.

A. RATINGS

0 = Not cooperating with assessment and/or complying with conditions of supervision.
1 = In the process of completing assessments (i.e., psychosexual, physiological, etc.)
3 = Completed all assessments and complying with conditions of supervision
5 = Admits/discloses offense(s) and has made commitment to begin treatment

B. CURRICULUM OUTLINE (Introduction to Treatment and Responsibility Components – Sections in Bold from NavconBrig))

Section 1. Introduction
Facing the Shadow - Chapter 1
Looking at Deviance
- Was it worth it?
- What is sexual assault?
- What about the victim?
- How did you get into this mess?
- Your relapse prevention plan.
- Recognizing your deviant cycle.

Section 2. Why Enter Treatment
Pathways - Who am I? - Chapter 1
- Why am I in Treatment?
Pathways - Who am I? - Chapter 2
- Am I different?

Section 3. What is Treatment?
Pathways - Who am I? - Chapter 3
- What is an evaluation?
Pathways - Who am I? - Chapter 4
- What is treatment?
Pathways - Who Am I? - Chapter 5
- How do I work on my problems?
Section 4.  Autobiography

Section 5.  Blocks to treatment
Pathways - Who Am I? - Chapter 10
- Your Deviant Cycle

Pathways - Who Am I? - Chapter 11
- Relapse Prevention Model

Pathways - Who Am I? - Chapter 12
- The stages of Recovery

Learning Tools
- Facing the Shadow
- Pathways - Who Am I and Why Am I in Treatment?

Videos
- Strong in Broken Places
The primary focus of this treatment component is to introduce offenders to the different levels of victim awareness, including knowledge, sympathy, and empathy, each of which is progressively more difficult for an offender to achieve. Additionally, the offender learns how victim awareness can help reduce one’s chance of re-offending by lessening the connection between the offense and a sense of pleasure. Victim empathy can serve as an inoculation against future offenses since many offenders have the capacity to develop empathy. The degree to which they are aware and cognizant of the damage their behavior has upon others may help to control their behavior.

Empathy for victims represents a critical source of motivation for the offender’s treatment and maintenance. Victim empathy should be developed prior to the introduction of Relapse Prevention.

A. RATINGS

0 = Demonstrates no regard for victim/s or others
1 = Able to take another person’s perspective
3 = Recognizes emotional distress in others and takes responsibility for sexual offenses without blaming others
5 = Demonstrates concern for others, including a clear understanding of the diverse impact of his/her actions on victims

B. CURRICULUM OUTLINE (Victim Awareness Components – Sections in Bold from NavconBrig))

Section 1. Introduction
Pathways - Empathy - Chapter 1
  • What is Empathy?

Section 2. Spectrum of Sexual Abuse

Section 3. Victim Knowledge
Pathways - Empathy - Chapter 2
  • How My Sexual Behavior Affects Others

Section 4. Victim Sympathy
Shared Readings (see below)

Section 5. Victim Empathy
Pathways - Empathy - Chapter 3
  • How to Build Empathy
  • Videos

Section 6. The Relationship Triangle
Pathways - Empathy - Chapter 4
  • Four Poisons to Empathy

Pathways - Empathy - Chapter 5
• Compassionate Action
  It's all relative (Jan Hindman)

Section 7. Clarification, Victims' Letters
Pathways - Empathy - Chapter 6
• Becoming a Better Person

Learning Tools
• Pathways – “Empathy and Compassionate Action”

Readings
• Outgrowing the Pain - Survivor of childhood abuse
• I Know Why the Caged Bird Sings - Sex Abuse
• Victims No Longer - Survivor
• I Never Told Anyone - Sex Abuse children
• Men Surviving Incest - Sex Abuse
• Kiss Daddy Goodnight - Incest
• Incest and Sexuality: A Guide to Understanding Healing
• I Never Called It Rape – Date/Acquaintance Rape

Videos
• The Banner Project
• Why God, Why Me
• The Healing Years
• Stories No One Wants to Hear
• 4 Men Speak Out on Survivors
• Melvin Just

Victim Impact Panel

Assessment Tools - Carich, Adkerson
• Victim Empathy and Remorse Scale (Post test)
• Empathy Scale (Post test)
COGNITIVE RESTRUCTURING

This component focuses on the concept that offenders often distort their thoughts about reality in order to avoid the guilt and shame associated with some of their behaviors. They also distort thinking to give themselves permission to act-out in various ways. It is important for offenders to become accustomed to thinking about how they think. Cognitive distortions refer to self-statements made by offenders that allow them to deny, minimize, justify, and rationalize their behaviors. Offenders need to be open to the idea of challenging and changing their thoughts. Inherent in this concept is that thoughts are under voluntary control. They need to learn how to challenge, modify and control their own thoughts. Cognitive restructuring targets perceptions, attitudes, beliefs, and values that are supportive of abusive behavior using established cognitive therapy techniques as part of a comprehensive program. Every aspect of treatment is designed to change typical patterns of thinking.

A. RATINGS

0 = Refuses to accept the principle that others are not responsible for feelings and behaviors
1 = Accepts the principle that others are not responsible for feelings and behaviors
3 = Identifies cognitive distortions that allow offending behavior
5 = Demonstrates the ability to challenge, modify and control his/her own thoughts

B. CURRICULUM OUTLINE (Cognitive Reconstructing Components – Sections in Bold from NavconBrig)

Section 1. Thinking About Thinking
Pathways – Chapter 1 – Why Did I do it Again?
• Understanding Cycles

Section 2. Setting the Stage to Interrupt
Pathways – Chapter 2 – Why Did I do it Again?
• Perceptions: Trigger in your environment

Section 3. Thinking Errors
Pathways – Chapter 3 – Why Did I do it Again?
• Thinking Links

Section 4. Common Cognitive Distortions
Pathways – Chapter 4 – Why Did I do it Again?
• Feeling

Section 5. Identifying Your Cognitive Distortions
Pathways – Chapter 5 – Why Did I do it Again?
• Values Clarification

Section 6. Linking Your Thinking
Pathways – Chapter 6 – Why Did I do it Again?
• Links that Maintain Your Cycle.
Section 7. **Modifying Deviant Thoughts**  
Pathways – Chapter 7 – Why Did I do it Again?  
- Your Deviant Cycle

**Learning Tools** - Pathways Why Did I Do It Again?

**Assessment Tools** - Bumby Cognitive Distortion Scale
MANAGING DEVIANT SEXUAL AROUSAL

The primary focus of this component is to understand the difference between deviant and non-deviant arousal, to dispute common myths offenders often hold regarding sexual arousal, and to understand that arousal patterns can be changed. Utilization of cognitive–behavioral and/or pharmacological techniques have proven effective at reducing deviant sexual interest and arousal, increasing appropriate sexual interest and arousal, improving management and control of sexual impulses and teaching offenders to minimize contact with persons or situations that evoke or increase their deviant interests and arousals. The offender should be taught and encouraged to use strategies that will promote generalization to everyday life.

A. RATINGS

0 = Refuses to utilize techniques to reduce deviant arousal
1 = Agrees to abstain from problematic sexual behavior
3 = Utilizes cognitive-behavioral and/or pharmacological techniques to reduce deviant arousal
5 = Demonstrates no deviant sexual beliefs or problematic sexual behavior for one year and/or a non-deviant arousal as measured physiologically

B. CURRICULUM OUTLINE (Managing Deviant Sexual Arousal Components)

Navcon Brig Deviant Arousal Section

Monarch’s Arousal Reconditioning
RELAPSE PREVENTION

The primary focus of this component is to give offenders a cognitive or intellectual understanding of the Relapse Prevention Model. It is important for offender’s to understand that the goal of treatment is control not “cure”. RPM trains them to reduce their exposure to risky situations, to alter their view in a pro-social direction, to develop more acceptable responses to meet their needs, and to provide them with the skills necessary to enact these alternatives.

Relapse prevention teaches offenders how to analyze the typical pattern of events, including external circumstances, thoughts and feelings, and behavioral responses preceding their sexual offense with cognitive behavioral techniques designed to assist clients in developing individualized plans for avoiding relapse, based specifically upon recognizing the value of working with offenders on goals which they should strive to achieve.

A. RATINGS

0 = Unable to describe basic relapse prevention model
1 = Able to describe the basic relapse prevention model
3 = Can analyze patterns of behavior utilizing the relapse prevention model
5 = Developed and implemented a comprehensive individualized Relapse Prevention Plan

B. CURRICULUM OUTLINE (Relapse Prevention Components – Sections in Bold from NavconBrig))

Section 1. Introduction
Pathways – Chapter 10 – Why Did I do it Again?
  • General Interventions
Pathways – Chapter 1 – How Can I Stop?
  • Building a Foundation for Change
Pathways – Chapter 2 – How Can I Stop?
  • Breaking my Deviant Cycle

Section 2. Case Examples
Pathways – Chapter 3 – How Can I Stop?
  • Containing my Environment
Pathways – Chapter 4 – How Can I Stop?
  • Avoidance Strategies

Section 3. The Cycle of Abuse
Deviant Cycle - Putting it all together
Pathways – Chapter 8 – Why Did I do it Again?
  • Justification Phase

Section 4. Building a Behavior Offense Chain

Section 5. Adding Thoughts to the Offense Chain

Section 6. Adding Coping Responses to the Chain
Section 7. Immediate Gratification

Section 8. Having High Risk Elements

Section 9. Guided Lapse Story

Section 10. Relapse Prevention

Section 11. Relapse

Section 12. Relapse

Section 13. Relapse Prevention Plan - Examples

Learning Tools
- Relapse Prevention - Structured Approach Video
- Pathway - Why Did I Do It Again?
- Pathway - How Can I Stop?

Assessment Tools
- Relapse Prevention Post Test
- Participant Evaluation
- Facilitator Evaluator
- SO Assessment and Treatment Post Test

Video
- The Woodsman
SEXUALITY

The primary focus of this component is to identify core beliefs regarding sexuality that contributed to offending, to increase awareness of the foundations of sexual attitudes, beliefs, and values, and to increase comfort in discussing sexual attitudes, beliefs, and practices. Identifying and overcoming deficits in sexual education, dating skills, and relationship development is necessary to develop a functional lifestyle and avoid re-offending. Many partnered and single sexual abusers suffer from anxiety, lack of accurate sexual information, poor intimacy skills, and sexual dysfunction. Training and practice in these areas are a necessary component of sexual abuser treatment. Sexual dysfunction should be evaluated, accurately identified, and appropriate treatment provided. Emphasis should be placed on achieving and maintaining healthy, respectful and compatible relationships based on mutual interests and affection.

A. RATINGS

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Unable to discuss core beliefs, values and attitudes, which laid the foundation for sex offending</td>
</tr>
<tr>
<td>1</td>
<td>Able to discuss core beliefs, values and attitudes, which laid the foundation for sex offending</td>
</tr>
<tr>
<td>3</td>
<td>Identifies specific beliefs, values and attitudes that resulted in sex offense(s)</td>
</tr>
<tr>
<td>5</td>
<td>Demonstrates concern for others, including a clear understanding of the diverse impact of his/her actions on victims</td>
</tr>
</tbody>
</table>

B. CURRICULUM OUTLINE (Sexuality Components from Navcon Brig)

Section 1. Sex and Sexuality

Section 2. Sexual Anatomy and Physiology

Section 4. Responsible Sexual Behavior

Section 5. Male Sexual Myths

Section 6. Attraction, Infatuation, Love & Intimacy

Section 7. Sexual Dysfunctions and Disorders

Learning Tools - Sexuality Components from Navcon Brig

Readings
- Is It A Choice
- New Male Sexuality

Videos
- Torch Song Trilogy
- Killing Me Softly
- Tough Guise
- Miracle of Life
RELATIONSHIP & INTERPERSONAL SKILLS

The primary focus of this component is to provide offenders with an understanding and the ability:

- to identify the differences between passive, aggressive and assertive behavior
- to be able to articulate the costs and benefits of behaving in each of those ways
- to be able to understand and explain the steps one can take to improve assertive behavior skills, and
- to understand how behaving in assertive ways helps reduce the risk of sexual offending.

In an effort to assist offenders in developing and maintaining stable, pro-social relationships with others who are significant to them, treatment should target modeling of appropriate behaviors and rehearsal of specific skills. If safe and appropriate partners, family members, and other support persons are encouraged to actively participate in the treatment process and to address issues related to risk. Offenders should address patterns of abusive and controlling behaviors with partners and other family members.

A. RATINGS

0 = Unable to identify the key components in effective communication skills, as well as needed lifestyle changes
1 = Able to identify the key components in effective communication skills, as well as needed lifestyle changes
3 = Demonstrates ability to appropriately disclose feelings with others and give, receive and solicit appropriate feedback from others in treatment
5 = Demonstrates effective communication skills, risk reducing lifestyle changes and pro-social relationships with significant others

B. CURRICULUM OUTLINE (Relationship & Interpersonal Skills Sections from Navcon Brig)

Section 1. Passivity, Aggression and Assertiveness

Section 2. Listening Skills

Section 3. Expressing Yourself

Section 4. Social Skills

Section 5. Family Relationships

Section 6. Dealing With Conflict

Section 7. Dating Skills
Learning Tools - Relationship & Interpersonal Skills Sections from Navcon Brig

Readings
- Don't - A Woman's Work
- When Your Wife Says No
- Man to Man - When Your Partner Says No
- Fire In The Belly
- Healing The Shame That Binds You
Emotional Management

The primary focus of this component is to assist offenders in identifying, managing and learning to self-manage emotional states that support or contribute to their sexual offending. Identification and intervention into emotional states such as anger, or underlying mental health concerns such as anxiety or depression, which may have contributed to the sexual offending are important to effective treatment.

A. RATINGS

0 = Refuses to identify or manage emotional states
1 = Able to identify both effective and ineffective emotional management strategies
3 = Utilizes cognitive-behavioral and/or pharmacological interventions for emotional management
5 = Consistently demonstrates a variety of effective emotional management strategies. Is able to demonstrate effective emotional management strategies in new and unique circumstances.

B. CURRICULUM OUTLINE
Family and Other Support Networks

The primary focus of this component is to assist offenders in encouraging partners, family members and other support persons to actively participate in the treatment process and address issues related to risk. The offender should be encouraged to develop a support network which can assist them in attaining appropriate goals.

A. RATINGS

0 = Unable to identify ongoing support system once primary program is completed
1 = Identified ongoing support system including any additional substance abuse/mental health/physical treatment as well as housing and employment once primary program completed.
3 = Provides ongoing updates to their support network maintains regular contact with existing individuals in their support network.
5 = Demonstrates the ability to actively build upon their support network as additional needs arise. Support network is well established and positive in assisting the individual in attaining appropriate

B. CURRICULUM OUTLINE
CONTINUING CARE

Every treatment program should include a plan for behavioral maintenance following primary program completion. The plan should address review of RPM, establishment social support networks, maintenance of employment and appropriate housing. Behavioral maintenance should be a component of all discharge planning.

A. RATINGS

0 = Unable to identify ongoing support system once primary program is completed
1 = Identified ongoing support system including any additional substance abuse/mental health/physical treatment as well as housing and employment once primary program completed.
3 = Provides ongoing updates of relapse prevention plan and continued abstinence from sexually deviant behavior.
5 = Demonstrates an overall effective dynamic relapse prevention strategy.

B. CURRICULUM OUTLINE (Continuing Care Components)

Navcon Brig - Part 8 of Maintenance Section
APPENDIX A

ADDITIONAL SOURCES


“Paths to Wellness” helps individuals learn how to identify unhealthy and problematic cycles, how to identify the detailed parts of these cycles, how to begin correcting unhealthy cycles, and how to get back on the path to wellness and leading a healthy lifestyle. This workbook focuses on ways to improve the quality of one’s life by improving the four aspects of life: the spiritual part, the emotional part, the physical part, and the mental part.


“The Road to Freedom” is the only sex offender workbook to incorporate the latest developments in Relapse Prevention Training. It features the four-path R-P model and invites offenders to examine their own approach to offending, addressing the high risk factors that trigger and maintain that approach. This workbook is comprehensive in scope and looks beyond the cognitive and behavioral linchpins of offending to the powerful emotional needs that energize deviant sex. The authors believe that only by learning to meet these needs in healthy ways can offenders attain the positive reinforcements that lead to maintaining important lifestyle changes.

**Skills Training Manual for Treating Borderline Personality Disorder**. Marsha Linehan, Guilford Press 1995
This is used to teach emotion regulation. Pages 139-179.

Provides good examples of letters that men use to con young teenagers.

This is used to teach sex offenders about sexual abuse affects for the victim, and all the secondary victims.


**Del Camino Relapse Prevention Model (Spanish)**

**Out of the Shadows (Sexual Addiction)**

**Family Fallout (A handbook for families of adult sexual abuse survivors)**
APPENDIX B

TERMS AND CONCEPTS RELATED TO SEX OFFENDER-SPECIFIC TREATMENT

Introduction

This document contains brief definitions of a number of terms and concepts that are referenced and used in the Center for Sex Offender Management’s (CSOM) training curriculum: *Overview of Sex Offender Treatment for a Non-Clinical Audience*. Many of the definitions contained herein have been deliberately tailored specifically to be relevant to the treatment of sex offenders.

**Abel Assessment of Sexual Interest (ASSI):** A visual reaction time test designed to assess the sexual interests of adult males. The examinee is asked to view numerous slides of clothed children and adults of different ages, both genders, and multiple races by pressing a key on a computer keyboard. While doing so, he is also asked to rate his sexual arousal to each slide on a 7-point scale ranging from 1 (highly sexually disgusting) to 7 (highly sexually arousing). For example, if someone spends more time looking at slides with 7-10 year old boys than any other category and rates 7-10 year old boys as "highly sexually arousing", it may be concluded that he has a sexual "preference" for that age and gender. A paper and pencil questionnaire is also coupled with the computerized test to provide details about the examinee's history of sexual interests.

**Aftercare Treatment:** Treatment that occurs in the community after an individual has completed a residential sex offender treatment program. Aftercare treatment can also refer to treatment sessions that are provided on a periodic basis after community-based sex offense-specific treatment has been completed. These are often referred to as "booster sessions."

**Androgen:** A steroid hormone, produced chiefly by the testes, that influences masculine sex characteristics and sex drive.

**Anti-Androgen:** A substance that lowers serum testosterone (male sex hormone) in the bloodstream. The anti-androgens used most frequently in the United States with sex offenders are medroxyprogesterone acetate (Depo-Provera) and depo-leuprolide acetate (Depo-Lupron).

**Aversive Conditioning:** A behavioral technique designed to reduce deviant sexual arousal by pairing unpleasant stimuli, such as aversive imagery or an unpleasant order, with the deviant sexual arousal.

**Castration:** Removal of sex glands—the testicles in men and the ovaries in women. "Chemical castration" refers to the use of medications to inhibit the production of hormones in the sex glands.
**Cognition**: Refers to mental processes such as thinking, visualizing, and memory functions.

**Cognitive Distortion**: An irrational thought that a sex offender may use to excuse, justify, or minimize his sexually abusive behavior.

**Cognitive Restructuring**: A treatment technique wherein sex offenders are taught to become aware of and change their distorted thinking and attitudes that support offending behavior.

**Covert Sensitization**: An aversive behavioral technique designed to reduce deviant sexual arousal by pairing deviant sexual thoughts with unpleasant ones. Typically, a sex offender imagines performing a chain of behaviors that are associated with his sexual offending behavior. Prior to imagining the commission of a sex offense, he interrupts the chain by thinking about an aversive consequence.

**Criminogenic Need**: A dynamic risk factor that is a relatively stable, but nevertheless potentially changeable, feature of an individual and closely linked to his offending behavior. Examples of criminogenic needs that are addressed in sex offender-specific treatment include: deviant sexual interests, attitudes supportive of offending, empathy deficits, and difficulty recognizing relevant risk factors.

**Crossover**: A sexual behavior pattern revealing that a sex offender is aroused by—or acts on urges involving—more than one type of deviant sexual behavior (e.g., multiple victim ages, both genders, and multiple paraphilias).

**Detumescence**: The process of a fully or partially erect penis becoming flaccid as a result of drainage of blood from the erectile tissue.

**Deviant Sexual Arousal**: Sexual arousal to thoughts, fantasies, or activities, which—if acted upon—constitute criminal behavior. These include arousal to non-consenting partners, non-age appropriate partners, violence, suffering, or humiliation.

**Disinhibitors**: Internal or external motivators that decrease or lower inhibitions against engaging in deviant sexual activities. An example of an internal disinhibitor is a cognitive distortion (e.g., "that 8 year old is coming on to me," or "she is saying no, but she really wants to have sex with me"). Alcohol and drug use are examples of external disinhibitors.

**Empathy**: The capacity for recognizing, caring about, and properly responding to the feelings of others.

**External, Supervisory Dimension**: The dimension of relapse prevention that, enhances the ability of probation/parole officers and significant others (e.g., employer, family members, and friends) to monitor and respond to a sex offender's risk factors.

Family Reunification: The gradual process of reuniting a family unit after it has been separated because a member of the family committed a sex offense. Reunification should consider the needs of the victim, the needs of the other family members, and the
progress of the offender.

**Family Systems Treatment Model:** The primary emphasis is on family therapy and the inclusion of family members in the treatment process. The approach employs a variety of counseling theories and considers the ways in which interactions among family members are related to their various problem behaviors.

**Graduation or Discharge Readiness:** The stage in a sex offender’s treatment when he has met his treatment goals.

**Grooming:** The process of manipulation often utilized by child molesters to reduce a victim's (or potential victim's) resistance to sexual abuse. Typical grooming activities include gaining the child victim's trust by giving compliments, attention, or presents; or gradually escalating boundary violations of the child’s body in order to desensitize the victim to further abuse.

**Hare Psychopathy Checklist-Revised (PCL-R):** A 20 item clinical rating checklist for assessing psychopathy. It is completed on the basis of a semi-structured interview and a review of available records. The total score provides an estimate of the extent to which an individual’s characteristics match those of a prototypical psychopath. Administration yields two sub-scores, Factor 1 and Factor 2. The sub-score Factor 1 measures enduring interpersonal and affective personality symptoms that are concerned with the selfish, callous, and remorseless use of others. The sub-score Factor 2 measures socially deviant behavior symptoms that are concerned with a chronic and unstable antisocial lifestyle. Higher degrees of psychopathy are associated with higher rates of failure on conditional release, general criminal recidivism, sexual recidivism, and nonsexual violent recidivism.

**Incest:** Sexual contact between close relatives, such as a father and daughter, a mother and son, or a sister and brother.

**Individual Treatment Plan:** A document that articulates a plan for addressing a sex offender's treatment needs. It typically includes the problems to be addressed, the treatment methods to be used, the staff that will provide the treatment, and the relevant time frames.

**Internal, Self-Management Dimension:** The aspect of relapse prevention that allows a sex offender to recognize and control his risk factors on his own.

**Lapse:** An emotion, fantasy, thought, or behavior that is part of a sex offender's abuse cycle (or relapse pattern). Lapses are not sex offenses, but they often lead to—or come before—sex offenses. They are used by treatment providers and probation/parole officers as learning opportunities for offenders.

**Maladaptive Coping Response:** An effort to deal with a risk factor or lapse that causes a sex offender to get closer to—rather than further from—a relapse (e.g., an angry rapist who decides to take a drive and picks up a female hitchhiker, or a child molester who knows that he has a problem with alcohol and decides to have a drink because he is upset).
**Masturbatory Satiation:** A behavioral extinction technique designed to reduce deviant sexual arousal. Using this technique, an individual typically masturbates while repeatedly verbalizing his abusive sexual fantasies until the sexually arousing aspects of the fantasies become boring. Often, immediately prior to beginning the satiation procedure, the individual is instructed to masturbate to orgasm using an appropriate sexual fantasy. In so doing, he practices pairing orgasm with appropriate fantasies and begins the satiation procedure when his sexual arousal is low.

**Paraphilia:** A sexual disorder characterized by recurrent and intense sexually arousing fantasies, urges, or behaviors that are illegal or cause the individual significant problems in his (or her) functioning.

**Pedophilia:** A sexual disorder characterized by recurrent and intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with prepubescent children.

**Penile Plethysmograph:** A device that measures changes in a male’s erection response, typically while he views slides or listens to an audio-tape that depicts a variety of appropriate and inappropriate sexual activities.

**Psychopathy:** A personality disorder characterized by enduring interpersonal and affective personality symptoms that are concerned with the selfish, callous, and remorseless use of others and socially deviant symptoms that are related to a chronic and unstable antisocial lifestyle.

**Psychotropic Medications:** Medications that are used to alter an individual's problematic behavior, affect, or cognitions.

**Recidivism:** The commission of a crime after an individual has been criminally adjudicated for a previous crime; a reoffense.

**Relapse:** The commission of a sex offense after an individual has been criminally adjudicated for a previous sex offense.

**Relapse Prevention:** A multi-modal treatment approach designed to help sex offenders and those that are responsible for supervising them to manage offenders’ emotional, cognitive, and behavioral antecedents to sexual offending.

**Risk Factors:** Personal characteristics or environmental conditions that place an individual at increased risk for committing a sex offense.

**Risk Factors-Static:** Risk factors that are based on an individual's past and cannot change. These include number of prior sex offenses, number of prior victims, and a history of childhood problems.

**Risk Factors-Dynamic:** Risk factors that are changeable. Those that are closely linked to an individual's sex offending behavior are called criminogenic needs.

**Selective Serotonin Reuptake Inhibitors (SSRIs):** A class of antidepressant drugs typically used to treat depression and obsessive-compulsive disorders. They can also be
used to decrease an individual's sexual urges and fantasies.

**Sexual Assault:** Forced or manipulated unwanted sexual contact between two or more people.

**Sexual Assault Cycle:** The typical pattern of thoughts, feelings, behaviors, and situations that precede an individual's sex offenses.

**Sexual Predator (or Sexually Violent Predator):** A term typically used to describe highly dangerous sex offenders who are subject to special civil commitment procedures.

**Specialized Assessment:** The process of collecting and critically analyzing information about a sex offender in an ongoing and collaborative fashion so that more informed decisions can be made regarding sentencing, supervision, and treatment. Probation/parole officers, treatment providers, and others who share responsibility for sex offender management are involved in this process.

**Treatment Contract:** A document explained to and signed by a sex offender that outlines the purpose and nature of treatment.

**Victim Impact Statement:** A statement taken while interviewing a victim during the course of the pre-sentence investigation report, or at the time of pre-release. Its purpose is to discuss the impact of the sex offense on the victim.