

## INTRODUCTION

Moving Beyond Sexually Abusive Behavior: A Relapse Prevention Curriculum was written in order to provide a curriculum for treatment providers to facilitate sexually abusive youth in the completion of a written relapse prevention plan. It is designed as an advanced group curriculum.

### COMPONENTS

The foundation for this relapse prevention model draws on cognitive-behavioral theory, developmental-contextual theory, and skills building approaches. Cognitive-behavioral treatment is based on the hypothesis that the individual's emotions and behavior are influenced by their thoughts and perceptions of their environment. The developmental theories help us to understand the contribution that inadequate or dysfunctional growth has on developmental competence and abusive behavior. Contextual theories provide a foundation for understanding the interaction between individual experiences and the environment as it relates to basic beliefs about self and others in our environment<sup>1</sup>. The teaching of new skills is necessary so that youth are able to respond in a new and more adaptive manner when they become aware of high risk factors<sup>2</sup>.

The relapse prevention model assumes that there is a chain of situations, feelings, thoughts, and behaviors that lead to relapse. The model may be utilized throughout treatment, but it is emphasized more during the final stages of treatment, during aftercare, and as a long-term support following treatment. This relapse prevention curriculum includes components designed to help youth:

- Identify the chain of situations, feelings, thoughts, beliefs, and behaviors that lead to relapse
- Learn how to anticipate, avoid, or plan for high-risk situations and factors in the environment that increase the risk of relapse
- Acquire new cognitive, social, and problem solving skills in order to succeed in interrupting the chain that leads to relapse
- Learn how to prevent and control abusive thoughts and fantasies
- Identify an external supervisory dimension

The relapse prevention model stresses “a high level of accountability for thinking and personal choices, recognizing high risk factors, internal and external, and averting the dysfunctional cycle. By examining the choices and decisions that support the client's being in a high-risk situation and cognitively rehearsing ways to interrupt the cycle progression, the youth learns to implement more responsible thinking and foresight throughout daily living”<sup>3</sup>.

This relapse prevention plan is designed for completion in an advanced treatment group. Youth will be expected to have achieved a certain level of treatment progress in regard to ten goals established for sexually abusive youth. Consistent communication between the youth's primary treatment provider and the advanced group co-facilitators will enhance the successful completion of the relapse prevention plan. The relapse preven-

tion plan is a collaborative effort between the treatment provider and the youth that makes extensive use of both internal self-monitoring and external monitoring by the treatment provider, family members, probation and parole officers, and others who can observe changes in behavior which might precede relapse<sup>4</sup>. As with the cycle of abuse, the relapse prevention model can be used in a relatively integrated manner to address sexually abusive and violent behavior, substance abuse, and other unhealthy and dysfunctional patterns of behavior.


The final relapse prevention plan should reflect the new self-awareness and cognitive, social, and problem-solving skills that the youth has gained throughout the treatment process. The relapse prevention plan is completed utilizing many modalities, including individual and group therapy, journaling, homework assignments, skills building classes, and practicing and processing new skills in the milieu.

## **PHILOSOPHY**

It is this author's belief that in working with sexually abusive adolescents, we need to design our interventions so that they address the risk level and treatment and learning needs of the individual youth. One size does not fit all. In applying this curriculum to the youth that we work with, it is important to be adaptable and flexible in our approach. The length of time that it takes to complete each lesson is designed to be flexible in order to allow for processing of issues as they arise. The discussion questions in the curriculum should be viewed as guidelines and it is understood that additional processing may be required based on group responses and needs. For this reason, it is important that the group facilitators have achieved a reasonable amount of experience and clinical competence in treating sexually abusive adolescents.

The final relapse prevention plan should be a living, breathing document that the adolescent can proudly claim. Learning is more likely to occur if the youth is able to learn using real life situations and to integrate what they have learned into their own life experience.

It is this author's belief that whenever we as providers utilize any treatment model or technique, it is important to stress the importance of the therapeutic relationship as a "corrective experience" in the youth's lives. Geral Blanchard<sup>5</sup> refers to the therapeutic relationship as the "power upon which all counseling techniques depend". In addressing relapse prevention, Barry Anechiarico<sup>6</sup> states that "the experience of being listened to and feeling understood in group therapy is often the beginning of an offender's first intimate attachment. In a group that attends to the need to learn about intimacy, members realize how they had given up hope of feeling connected and attached to others, and how alone they have felt throughout their lives". He goes on to emphasize the importance of "the ability to effect interpersonal connections that enhance self-esteem" as an extremely important factor in preventing relapse.



For those youth whose risk and treatment needs dictate the need for residential treatment, it is believed that the residential milieu offers an ideal opportunity for the adolescent to practice and develop self-efficacy in using new cognitive, social, and problem-solving skills. For this to occur, it is essential that the facility provide a therapeutic milieu. It is important to have clearly defined high risk factors for each youth that all youth and staff are familiar with and able to confront. The use of a common language in confronting high risk factors and a common skills based training curriculum that all youth and staff utilize is also very important for learning to be most effective. A number of states are currently utilizing an integrated cognitive-behavioral change curriculum called Thinking for a Change. This curriculum was developed for the National Institute of Corrections by Bush, Glick, and Taymans<sup>7</sup>. Although the curriculum was originally designed for adult corrections, it is currently being successfully implemented in a number of juvenile facilities across the nation.

Finally, the effectiveness of any curriculum is greatly enhanced when good communication exists between the group facilitators, the primary treatment providers, and the milieu staff. If the youth is being treated on an outpatient basis, this communication should occur between treatment provider, case managers, and probation or parole officers.

## **RATIONALE**

The primary aim of the relapse prevention curriculum is the development of relapse prevention strategies and plan in order to decrease the risk for future abusive behaviors. A consensus has developed among multidisciplinary professionals that relapse prevention is one of the components of successful interventions with sexually abusive adolescents<sup>8</sup>. Research to date cited by Ryan<sup>9</sup> indicates that the recidivism rates for sexually abusive adolescents can be significantly reduced by the successful completion of treatments that specifically address the sexual offense issues. Alexander<sup>10</sup> cited significant positive impacts in regard to recidivism for juveniles who were successfully involved in cognitive-behavioral and/or relapse prevention treatment.