

FORM 7.1

Emotions: Biology and Learning

Many of our feelings are things we are born with. They come hard-wired into our brains.

This includes emotions like anger, fear, sadness, or happiness. Even babies are able to feel these emotions. The body may react to one of these emotions automatically. For example, think about what your body does when you are very scared . . . or angry . . . or happy.

We also learn about emotions from the environment we live in. How we act when feeling some emotions is mostly learned. We learn from:

1. How others act when they feel that way.
Family, friends, or others who are important to us. *(Ask clients how their family and friends act when angry, sad, or hurt.)*
2. Messages from our culture about that emotion.
Television, movies, video games, and traditions. *(Ask clients what people in movies or video games do when they're angry, sad, or alone. What role does culture play?)*
3. How we are reinforced or rewarded in some way for our own emotional behavior.
(Ask clients how others have reacted when they are upset, afraid, or happy. How do others react to what they do when they're emotional?)

What have you learned about each of these types of emotions?

Emotion	What I learned	How I learned it
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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FORM 7.2

Extreme Emotions and My Behavior

Think about specific examples from your past of how emotions led to impulsive behaviors, poor decisions, or behaviors that may have harmed you or other people.

<u>Emotions</u>	<u>Behavior</u>	<u>Harm caused</u>
1. Anger	_____	_____
	_____	_____
	_____	_____
2. Anxiety	_____	_____
	_____	_____
	_____	_____
3. Excited	_____	_____
	_____	_____
	_____	_____
4. Sad	_____	_____
	_____	_____
	_____	_____
5. _____	_____	_____
	_____	_____
	_____	_____
6. _____	_____	_____
	_____	_____
	_____	_____

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Sexually Transmitted Diseases: Knowledge and Prevention

There are more than 30 types of sexually transmitted diseases (STDs). It is overwhelming to try to know about them all. There are five points you should be familiar with in order to keep yourself and others safe:

1. *Infection.* How does the STD pass from one person to another? Some require contact with bodily fluids, like blood or semen. Others can be spread through genital skin-to-skin contact.
2. *Symptoms.* Each STD has different symptoms. The best way to know something is different or wrong is to know what your body is like normally, when it is healthy. Talk to your doctor or nurse about any changes you've noticed.
3. *Treatment.* Some STD's can be treated with medication, which may or may not get rid of the infection. Others have no known treatment and may become a lifetime problem. Talk to your doctor or nurse about treatment options.
4. *Prevention.* Abstinence from sexual activity is the only 100% sure way to avoid STDs. You can reduce your risk by using condoms or having few sexual partners.
5. *Responsibility.* If you are worried that you might have an STD, get tested by your doctor. If you have an STD, it is your responsibility to talk to your doctor and tell any sexual partners before engaging in sexual activity.

FORM 8.2

Pregnancy and Contraception: Fact versus Myth

Which of the following statements are facts about pregnancy and contraception, and which are myths, or false beliefs?

1. It is possible for a man to become pregnant.
2. A girl as young as age 9 can become pregnant.
3. A woman cannot get pregnant if it is the first time she has ever had sex.
4. A woman can get pregnant if she is raped.
5. Both people are responsible for birth control.
6. Sexual position can determine the baby's gender.
7. Birth control pills work after only one dose.
8. A woman can get pregnant without penile penetration.
9. There is no way to really tell if a man is the father of a child.
10. Oxygen can kill sperm once they leave the man's body.
11. Sperm can live up to five days after leaving the man's body.
12. A woman cannot get pregnant from anal sex.
13. Condoms are 100% effective at preventing pregnancy.
14. Having sex with a pregnant woman will cause her to have twins.
15. The male's sperm determines the baby's gender.
16. A woman cannot get pregnant if she's on her period.

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What Makes Something Pornographic?

The dictionary defines pornography as:

1. Obscene writings, drawings, photographs, or the like, especially those having little or no artistic merit.
2. Sexually explicit pictures, writing, or other material whose primary purpose is to cause sexual arousal.
3. Lurid or sensational material.
4. Books, photographs, magazines, art, or music designed to excite sexual impulses and considered by public authorities or public opinion as in violation of accepted standards of sexuality.

What are some of the factors that make something pornographic?

1. _____
2. _____
3. _____

What is the definition of *obscene*? What would make pornography then *obscene*?

1. Obscene means: _____

2. Pornography is obscene when: _____

FORM 10.1

“It’s Not My Fault . . . It’s Yours”

What we believe about our own behavior depends on the situation or environment. We look for other explanations for what we just did. But our beliefs about others’ behavior depends on what we believe about them *personally*. This affects how we see others and their motives, and affects our judgments about them.

Some examples:

1. If you do badly on a group assignment, you might think:

- It was too hard.
- I didn’t have enough time to finish it.
- _____

But if a peer does badly on a group assignment, you might think:

- He is just lazy and didn’t try.
- He’s just dumb.
- _____

2. If you are in a bad mood and snap at someone who asks you a question, you might think:

- I didn’t get enough sleep last night.
- He should see I’m in a bad mood and leave me alone.
- _____

But if someone is in a bad mood and snaps at you, you might think:

- She’s always mean to me.
- What’s his problem? He’s just being rude.
- _____

(cont.)

3. If you’re late for an appointment, you might think:

- Traffic was just terrible!
- Too many people kept stopping me to ask questions, so I was late.
- _____

But if someone is late for an appointment with you, and you’re left waiting on them, you might think:

- He is *never* on time.
- She is so irresponsible to leave me waiting like this.
- _____

4. A friend asks you to help her move, and you say no. You think:

- I have too much going on this weekend. I can’t do it.
- I have a bad back, so I really shouldn’t be lifting heavy boxes.
- _____

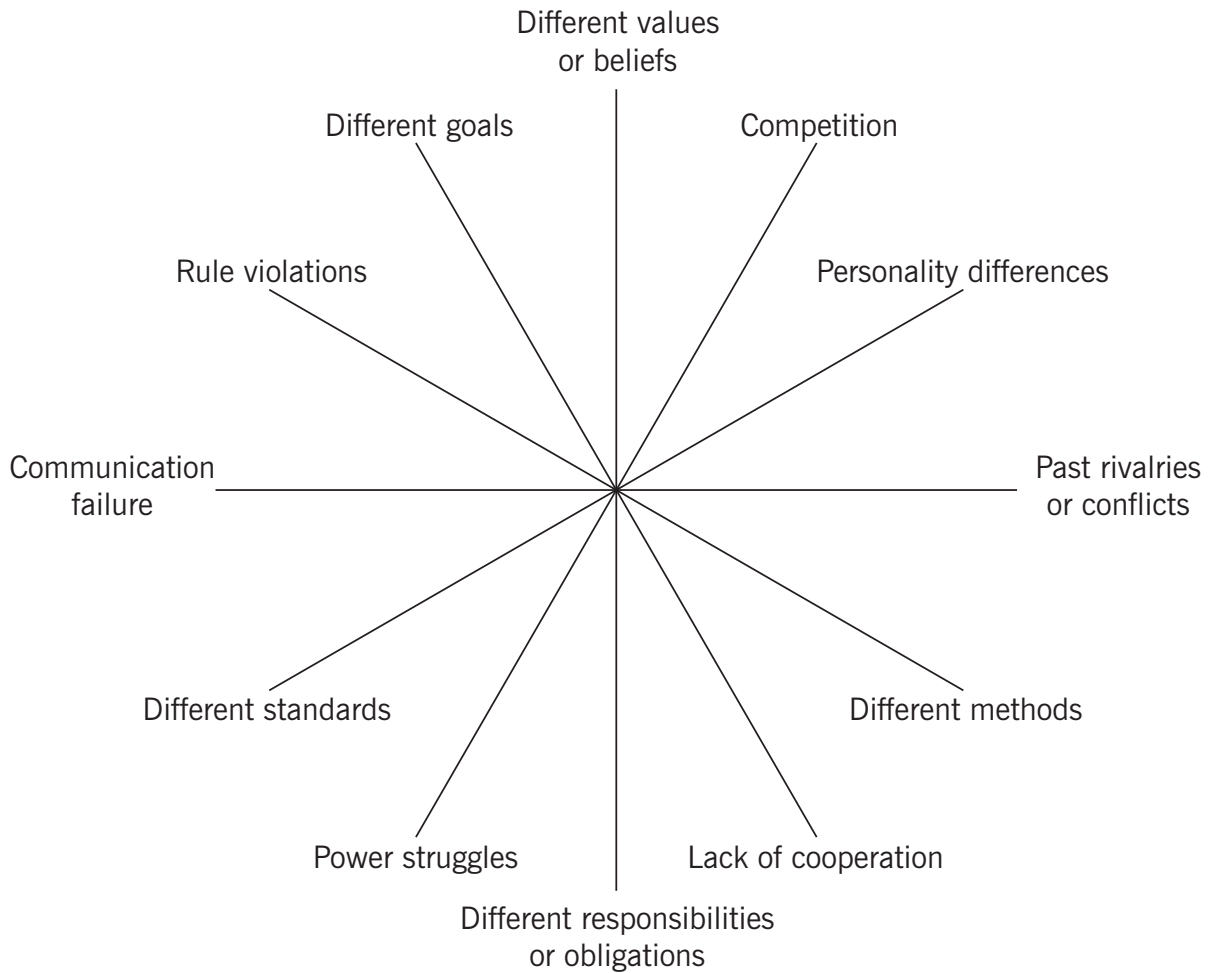
You need help moving some furniture, and you ask a friend, who says no. You think:

- She just doesn’t like me.
- I always help him out, and he never has time to pay me back.
- _____

FORM 11.1

Sources of Interpersonal Conflict

Below is a wheel representing 12 factors that can lead to differences of opinion, disagreements, or actual interpersonal problems.



Think of examples from your own experience involving these sources of conflict or disagreement.

1. Different values or beliefs— _____

2. Competition— _____

(cont.)

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Sources of Interpersonal Conflict *(page 2 of 2)*

3. Personality differences—

4. Past rivalries or conflicts—

5. Different methods—

6. Lack of cooperation—

7. Different responsibilities or obligations—

8. Power struggles—

9. Different standards—

10. Communication failure—

11. Rule violations—

12. Different goals—

FORM 12.1

Stressful Life Experiences

Below are listed a number of life experiences that may cause some people stress. Some of these are negative life events, while some of them are positive life changes. Even positive changes may cause some people to feel stress. Think about your own life and check whether or not this is a current or past stressor, or both.

	In the past year	More than 1 year ago
Death of a close family member (e.g., parent, spouse, child, or sibling)		
Divorce or marital separation		
Detention in jail or other institution		
Major personal injury, illness, or change in mental health status		
Marriage		
Being fired from work		
Major change in health or behavior of a family member		
Sexual difficulties		
Major change in financial state		
Death of a close friend		
Moving or changing living conditions		
Having troubles with family members		
Major change in type or amount of recreation		
Major change in church or spiritual activities		
Major change in social activities		
Change in medications or daily schedule		
Major change in sleeping habits		
Major change in eating habits		
Being a victim of violent behavior		
Witnessing violent behavior		

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What Is Forgiveness?

Many different cultures have defined forgiveness—sometimes using religious or spiritual meaning and sometimes focusing on human relationships. Some thoughts on forgiveness are described below. Discuss these as a group and learn what forgiveness means to you.

- Letting go of anger or resentment when you or someone else does something you think is wrong
- Accepting that you and others are not perfect, and not dwelling on their imperfections
- Letting go of hatred or the desire for revenge
- Showing mercy, compassion, and understanding
- Peace and contentment with what you or others have and have not done
- Accepting the apology of another
- Accepting someone's attempt to right a wrong
- A sense of spiritual peace and acceptance toward yourself or another after a wrong has been committed
- To let go of negative feelings toward yourself or another person

How Can I Reach Acceptance?

Many forms of therapy and treatment, as well as spiritual traditions, suggest that healing happens through a process of *acceptance*. But there are varying beliefs about what acceptance is and how to get there. Below is a discussion of what acceptance is, as well as what it isn't—removing many of the value judgments (good vs. bad) that are linked to this concept. This discussion can help you figure out how to reach acceptance about your own past and past behaviors.

What *is* acceptance?

- Taking something that has been given to you
- Believing something to be true
- Completely understanding and accepting reality as it is

What *isn't* acceptance?

- Trying to change the way things are
- Refusing to believe reality or what you have been given
- Feeling good or bad about the way something is

How is acceptance different from forgiveness?

- Acceptance is part of forgiveness. You have to accept in order to truly forgive. But you don't have to forgive in order to accept.

How do I get there?

- Look at what you have in the present, without dwelling on the past or worrying about the future.
- Find your compassion.
- Look for your denial, and let go of it.
- Be open to what others have to teach you.
- Separate acceptance from the emotions you may feel about the situation. Getting “stuck” in a state of anger will prevent you from being able to accept the situation by itself.
- Let go of judgment and accept the situation as it is.

FORM 13.1

On the Lookout for Maladaptive Behaviors

Sometimes people do harmful, dangerous, or risky things when they feel strong emotions, are in unhealthy relationships, have problems with their thoughts, or experience intense urges. Below, list several maladaptive or problematic behaviors from your past that may be connected to these. Some examples are provided from prior modules to help you out.

Strong emotions—anger, loneliness, boredom, paranoia, etc.

- _____
- _____
- _____

Problems with my thoughts—blame, judgment, racing thoughts, or delusional beliefs

- _____
- _____
- _____

Uncomfortable interactions or unhealthy relationships—arguing, manipulation, lying, or isolation

- _____
- _____
- _____

Intense or uncomfortable urges—sexual urges, aggressive urges, self-harm urges, etc.

- _____
- _____
- _____

Reviewing My Treatment Progress

My main treatment goals were:

1. _____
2. _____
3. _____

Things I monitored each week were:

_____	_____
_____	_____
_____	_____
_____	_____

How did my behaviors improve?

1. _____
2. _____
3. _____

Something others noticed about me as I made progress in treatment:

1. _____
2. _____
3. _____

I struggled most with:

1. _____
2. _____
3. _____

(cont.)

Reviewing My Treatment Progress *(page 2 of 2)*

Goals or behaviors that might not have improved much:

1. _____
2. _____
3. _____

Some of my setbacks were:

_____	_____
_____	_____
_____	_____
_____	_____

What do I still need to work on?

1. _____
2. _____
3. _____

APPENDIX A

Client Aftercare Packet

Clients and treatment providers should think about the “end” of treatment, even as early as Module 1. Anticipating the completion of treatment will cue clients to develop a plan and know what they need as Module 10 nears. Whether clients go into the community or other residential placements, treatment providers can prepare them for aftercare services. In this appendix, we have listed materials and information that treatment providers should collect and give to clients to ease their transition and ensure continuity of care. Many of these materials are individualized to the client, and although we have provided references here for finding generic forms within the text, treatment providers and clients should develop a plan unique to each client’s needs.

TREATMENT

- Copies of self-monitoring sheets (refer to sample self-monitoring sheets in Table 6.9)
- List of client’s common forms of dysregulation
- List of adaptive skills (refer to pp. 276–280 of Chapter 13)
- List of maladaptive skills (refer to Form 14.1)
- Personal goals and strengths
- Signs or symptoms of worsening mental illness

RISK MANAGEMENT

- Name and contact information of supervisory agents (e.g., probation and parole officers, forensic management agents)
- Name and contact information of case manager
- Basic plan for coping in the community or another placement
- Plan for dealing with harassment and stigma
- Information for securing a job, residence, and continued treatment services (for sex offender treatment, mental illness, etc.)
- Jurisdictional and federal sex offender registration and notification requirements, and information about where the client needs to go to do this
- Any special restrictions, like prohibitions on alcohol use, victim contact, affiliation with other offenders, or certain job types

(cont.)

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SUPPORT

- Information for health care and insurance coverage
- Medication refills
- Emergency information
- Supportive people who are models of adaptive skills use
- Benefits paperwork, if eligible for state or federal assistance
- Contact information for local support and service agencies (e.g., day programs, community assistance programs, residential and food support agencies)
- Vocational rehabilitation services
- Educational opportunities
- Spiritual or religious support groups
- Contact information of anticipated treatment providers
- Contact information of current treatment providers (if appropriate)
- A quick reference list or programmed cell phone list of immediate contacts

APPENDIX B

Additional Client Handouts

FORM B1

My Treatment Progress

My goals for this group are:

1. _____
2. _____
3. _____

Things I have learned in this group during Module _____:

About dysregulation: _____

About my self-monitoring practice: _____

About how my dysregulation affects my sexual behavior: _____

(cont.)

My Treatment Progress *(page 2 of 2)*

About adaptive skills: _____

Other things I have learned in this module: _____

How's my treatment progress?

1. How have my behaviors improved?

2. How am I meeting my goals?

3. What do I still need to learn?

FORM B2

How Do I Feel about Being in Sex Offender Treatment?

Everyone reacts differently when they think about being in treatment, whether they have been in treatment for a while or just a short time. Think about your own emotional reaction to being in this group. Circle the emotions below that best describe how you feel RIGHT NOW about being in a sex offender group.

Angry

Ashamed

Disappointed

Enthusiastic

Afraid

Hopeless

Resentful

Suspicious

Hostile

Nervous

Desperate

Safe

Curious

Confused

Relieved

Annoyed

Disinterested

Excited

Hopeful

Frustrated

Sad

Betrayed

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