

## **NEARI Webinar**

# **Pathways 4<sup>th</sup> Ed., An Introduction to Using Pathways with Adolescents with Sexual Behavior Problems**

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# Learning Objectives

- Understand how to use Pathways in treatment programs.
- Become acquainted with additional exercises and resources that will make Pathways more interesting to clients.
- Increase participant's comfort level in guiding clients through the Pathways workbook.

# PATHWAYS

A Guided Workbook for Youth Beginning Treatment



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# Pathways as a Stand Alone Program?

Pathways can provide some structure to the treatment process, but is really a tool in the overall treatment program. Completing Pathways does not mean treatment is completed!



# When to Use Pathways?

Pathways is appropriate for youth between the ages of 11-21. It is designed to be used with both adjudicated and unadjudicated youth. It is appropriate for males and females. It can be used in outpatient or inpatient programs.

Pathways is designed to be used early in the treatment process, sometimes even during the evaluation process.

The chapter structure of Pathways was developed after getting input from many different professionals. It is recommended that clinicians adhere to the structure of the workbook, and go chapter by chapter, except when there are clear reasons for skipping to later chapters.

Pathways may be used with  
clients with diverse sexual  
problems:

Molestation of younger children  
Rape or assault on peers or adults  
Voyeurism or Exhibitionism  
Sexual Harrassment

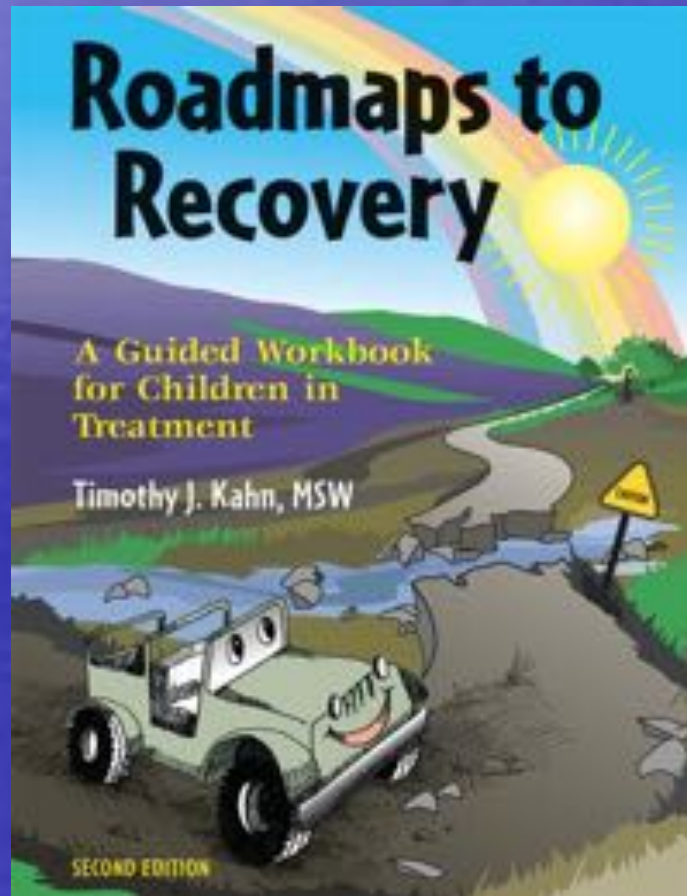


Pathways can be used with clients in individual therapy, group therapy, or a combination of the two.

How long does it take clients  
to complete Pathways?

8 months to 24 months. 12  
months is very reasonable.

# Roadmaps Workbook for Children ages 5-12



# Footprints 2<sup>nd</sup> ed. Workbook for Developmentally Delayed Adolescents and Adults





# Children and Adolescents with Sexual Behavior Problems and Developmental Delays

- Children and adolescents with developmental delays have sexual drives and feelings, just like higher functioning youth.
- Such youth often have impaired social skills, poor judgment, and poor impulse control, which complicates and extends supervision and treatment needs.

# Parent's Guide for Parents and Foster Parents

2012 from Safer Society Press

([www.saferociety.org](http://www.saferociety.org))

## HEALTHY FAMILIES



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# Use of Healthy Families in Treatment Program

- Give parents copies of the book early in treatment.
- Healthy Families provides needed support and guidance for parents in crisis.
- Healthy Families contains information about treatment, reunification, supervision, and the legal process.
- It also contains a parent involvement section for clients using Roadmaps or Pathways.



# Strategies for Encouraging Parental Involvement

- Provide parents with a copy of Healthy Families early in the assessment/treatment process.
- Consider parent support/education groups.
- Reach out to parents, who often feel frustrated and left out of the process.
- Teach parents to ask the questions in the back of Healthy Families after a client completes each chapter.



# Strategies for Encouraging Parental Involvement

- Support/education groups feel more safe for parents than therapy groups.
- Give the parents a role. For example, have graduating clients meet with parent group.
- Format: Give parents check in time to share. Provide educational modules so they feel they are learning something.

# Tips for Using Pathways

- Start with the Introduction.  
Teach clients to sign each page. It gives them a sense of progress!
- Give written assignment sheets.

# Example of Assignment Checklist

## Client's Weekly Treatment Assignments

Next Ind. Appt: 7:00pm Tuesday, March 21, 2017

These assignments are due at your next appointment:

- ☐ **Bring your green folder EVERY time you come to my office.**
- ☐ **Read the Introduction in Pathways, and do what it tells you to do.**
- ☐ **Do a daily journal every day.**

# Introduction

- Helps clients believe that they are not alone.
- Introduces four primary treatment goals:
  - Honesty
  - Responsibility
  - Sensitivity
  - Integrity
- Instructs clients to sign each page.



# Chapter 1

- Introduces clients to evaluation and treatment process, including the court process.
- Introduces generic sexual assault laws.
- Teaches about consent.
- Provides scenarios about legal/illegal behavior.
- Assesses pornography experiences.

# Chapter 1

- Provide list of sexual offense laws for your area.
- Have clients use local laws when doing the laws assignment.
- Provide additional laws assignments. I give laws assignments for at least three months, several scenarios each week.

# Pathways and Group Therapy

- Pathways is easily incorporated into a group therapy program. Here is the progress chart I use:

Treatment Progress													
Name	Chris R.	Brandon S.	Adam K.	Joey L.	Chad C.	Reno D.	Seth R.	Corbin C.	Collin W.	Caleb F.	Kenny G.	Colan H.	Commission
Entry Date	10/16	2-16	2-16	2-16	3-15	6-15	8-15	6-15	3-15	4-15	4-15	7-15	2-11
Room 1	✓	✓		✓	✓			✓	✓	✓	✓	✓	
Room 2	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Room 3	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Classroom	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Meeting	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Room 4	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Room 5	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Room 6	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Room 7	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Room 8	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Room 9	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Room 10	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Room 11	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Photograph	✓	✓		✓	NA	✓	✓	✓	✓	✓	✓	✓	
Addressed	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Notes	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Perceptive	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Room 12	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Testimony	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Room 13	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Letter to Dad	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Box Test	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Room 14	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Meeting with Father	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Current Level	V	A	E	V	V	A	A	V	A	V	V	E	



# Group sharing assignments

- If your client is also in a therapy group, have them share Assignment 1C and 1D, Healthy and Unhealthy Parts of Your Life
- Laws scenario quizzes are also good group activities.



# Chapter 2

First cue to change how they sign each page is on page 35. This will tell you if the client is actually reading the book.

# Chapter 2

Introduces group behavior guidelines.

Development of problem and goal list.

Assesses drug and alcohol experiences.

Introduces daily diary.

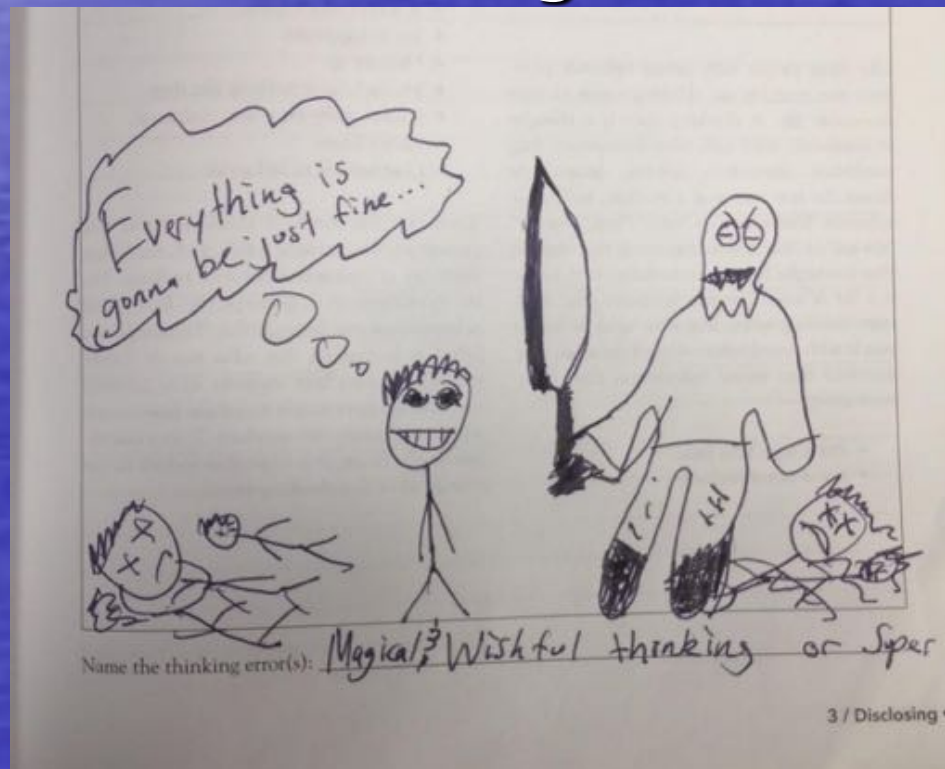
Provides anger management ideas.

# Group Sharing Assignments

- My problems and goals list on pages 39 and 40.
- Problem Barrels assignment on page 41.

# Chapter 3

- Asks clients to disclose sexual history.
- Teaches about thinking errors.





# Chapter 3

- Clients share sexual history outline with therapist and group. The idea is to provide a summary of their sexual experiences without too much arousing detail.

Sexual History Outline

My Age	Partner's Age	Name	Specific Behaviors#	Grooming/How I Did It	Where it Happened	Reaction: How I Felt?	Life Events

# Group Level System

- 4 Levels
- Entry Status: New clients start here.
- Voting Status: Eligible after Chapter 3 and sexual history is presented. Voting Status test.
- Advanced Status: 3 months and complete through Chapter 11. Advanced Status test.
- Graduate Status: Requires 3 months on Advanced Status, and completion of Pathways and Healthy Life Project.

# Chapter 4: Learning about Victims

Teaches about direct and indirect victims.  
Myths and truths about sexual abuse.  
Empathy building exercise.

Require 2 weeks of daily boundary forms in this chapter. (Page 102) Boundary forms can also be shared in group.

# Chapter 5

Teaches about four preconditions for sexual abuse, a framework for treatment.

Group sharing assignment: 5A, 5B, 5C, 5D.



# Chapter 6

Teaches about grooming and maintenance behaviors.

Group sharing assignment: 6B, 6D, 6F.

Barriers chart on page 133 can be difficult.

# Thinking Error Hall of Fame:

"I am not going to molest my brother again for a long time, until I am gone." (16 year old boy, 7-16-14)

"I had a different prostitute at my sentencing in court yesterday." (15 year old boy, 5-23-14)

"I made a fantasy of me and my step-sister having sex, and yes, there was rape in there too." (18 year old boy, 3-12-15)

# Chapter 7

Teaches about events and experiences that contributed to choice to act-out sexually.

Cycles are out, Offense Behavior Chain is in.

Group sharing assignment: 7A, 7B, 7C, 7J.

# Chapter 8

Teaches about arousal control, positive sexuality, masturbation and healthy sexual fantasies, and inappropriate sexual fantasies.

For youth with recurrent sexual acting out, this chapter can be completed earlier in treatment sequence.

Group sharing assignment: 8A and 8B.



# Chapter 8

Require 1 CS form each day for two weeks as a general guideline. Youth with very deviant arousal patterns may need to do more, and may benefit from voice recording rather than written version.

# Chapter 9

Teaches about lapses and relapses.

Introduces SUDS and HRS's.

Group sharing assignment:  
Relapse Prevention Plan

# Chapter 10

Teaches about trauma and encourages learning about impacts of sexual abuse.

Starts work on Healthy Life Project.  
10 pages related to victim impacts.

Group sharing assignment: One page about victim impacts.

# Chapter 11

Help prepare clients for clarification or reunification process. Clients may work on this chapter earlier if victim and victim's therapist want contact.

Group sharing assignment:  
Clarification Letter and Parent  
Clarification Letter.



# Advanced Status

- Follows Chapter 11. Note that advanced status also include behavioral requirements that include parent feedback, responsible and honest behavior, and evidence of delaying gratification.

# Chapter 12

Consists of 12 distinct steps. Usually 1 step per week is assigned. There are many parental feedback assignments, which some clients need help with in sessions.

Step 7 sensitivity assignment must be done every day for 2 weeks.

# Chapter 12

Group sharing assignments:

Step 8: Victim Perspective.

Difficult assignment.

Step 12: Truth Story.

# Chapter 13

Living a Responsible and Healthy Lifestyle.

Group Sharing Assignments:

Barriers charts on pages 329 and 330 goes into HLP.

Self-letter on page 331-334 is shared in group and goes into HLP.



# Chapter 13

The Are You Ready for Sex Test on pages 335-342 can be completed any time a client wants to be sexually active with a partner. For younger clients, they complete everything except the partner questions.

# Chapters 13 and 14

The Final Exam and the STOP Plan both go into the HLP. The HLP page requirement is now at least 60 pages. Each page requires an explanation page.

## PIG

Here is my drawing of a PIG. This assignment has me show a healthy and unhealthy example related to delaying gratification. PIG refers to Problem with Immediate Gratification. In treatment, I have been encouraged to delay gratification as much as possible.



# Weekly treatment strategies for counselors

- Review diaries or get feedback from parent.
- Discuss activities with friends.
- Discuss movies, T.V., video games, and media. Find out what the client is seeing.
- Discuss sexual feelings and masturbation. Learn about client's relationships.
- Teach/review something from treatment workbook.

# Weekly treatment strategies for counselors

- Teach about feeling expression, and support expression of feelings.
- Challenge distorted thinking (thinking errors) and irresponsible behavior.
- Support delaying of gratification.
- Ask about pornography involvement, urges.
- Teach and discuss healthy sexuality and relationship skills.



# Weekly treatment strategies for counselors

- Support physical activity and physical health.
- Monitor school behavior and performance.
- Give written assignments for next session, and provide written checklist with appointment time. With younger clients, give copy to parents.
- Prepare client for their treatment group.

# Group Therapy



# Open vs. Closed Groups

- Most groups for juvenile abusers are open- ended
- Open-ended groups allow new clients to join immediately with no waiting period.
- Open-ended groups take full advantage of having established group rules and norms
- Open-ended groups put the burden of doing treatment work on the client, not the therapist.



# Effective Group Therapy Structures

- Size: 3-12 group members (8-10 is ideal)
- Group therapists: Two or three therapists, depending on outpatient or inpatient group.
- Group room should be private.
- 1 ½ hr groups generally work best and are most common in the field.
- Group member progress chart on the wall is helpful.
- Group level system can work well in outpatient programs: 4 levels, Entry, Voting, Advanced, Graduate. Consensus unanimous vote is needed for advancement.



# Effective Group Therapy Structures

- Homework such as daily diaries are only required until Advanced Status. This is a huge motivator for clients.
- Parent's group is run concurrently with one adolescent group, and no extra fees are charged for the parent's group.
- All graduates present their work to the parent's group.

# Reflection: Rebuilding Self-Esteem

Rebuilding an adolescent sexual offender's self-esteem is one of the most important treatment challenges!



Kara, a UW junior who wished to remain anonymous, has lost friends and job opportunities and had to overcome her past, all because of something she did when she was 15 years old.

Source: UW Daily, May 23, 2012 "Overcoming the Conviction"

Thank you for working in  
this interesting, difficult,  
and important field!

Comments or Questions: [Timothykahn@cs.com](mailto:Timothykahn@cs.com)



# Participant Questions

- Type in any questions you would like to ask about the use of Pathways with your clients!