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Arthur E. Jongsma, Jr., Series Editor

The Sexual Abuse Victim and Sexual Offender Treatment Planner, with DSM-5 Updates

Rita Budrionis

Arthur E. Jongsma, Jr.



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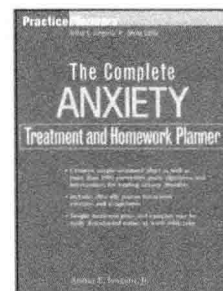
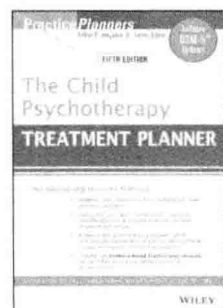
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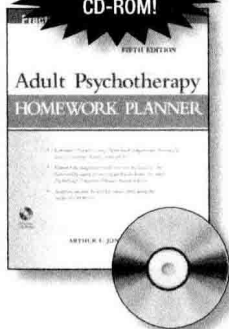
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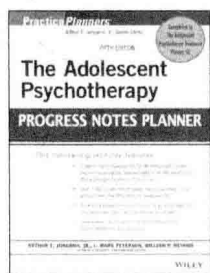
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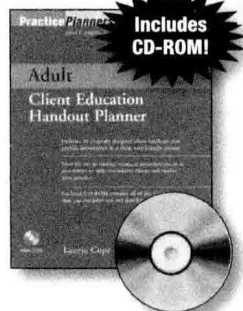
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Couples and Family Client Education Handout Planner

Complete Planners

The Complete Depression Treatment and Homework Planner
The Complete Anxiety Treatment and Homework Planner

To Alfa, Bill, Christopher, Elizabeth, Mary, and Vito. You have all been my shining inspirations, my strong supporters, my gentle critics, and my patient teachers while sharing the joys of our family.

—*Rita Budrionis*

To Peggy Alexander, Cristina Wojdylo, and Judi Knott—a publication team that is unsurpassed in quality, dedication, creativity, and supportiveness.

—*Arthur E. Jongsma, Jr.*

PRACTICEPLANNERS® SERIES

PREFACE

Accountability is an important dimension of the practice of psychotherapy. Treatment programs, public agencies, clinics, and practitioners must justify and document their treatment plans to outside review entities in order to be reimbursed for services. The books in the *PracticePlanners*® series are designed to help practitioners fulfill these documentation requirements efficiently and professionally.

The *PracticePlanners*® series includes a wide array of treatment planning books including not only the original *Complete Adult Psychotherapy Treatment Planner*, *Child Psychotherapy Treatment Planner*, and *Adolescent Psychotherapy Treatment Planner*, all now in their fifth editions, but also *Treatment Planners* targeted to specialty areas of practice, including:

- Addictions
- Co-occurring disorders
- Behavioral medicine
- College students
- Couples therapy
- Crisis counseling
- Early childhood education
- Employee assistance
- Family therapy
- Gays and lesbians
- Group therapy
- Juvenile justice and residential care
- Mental retardation and developmental disability
- Neuropsychology
- Older adults
- Parenting skills
- Pastoral counseling
- Personality disorders

- Probation and parole
- Psychopharmacology
- Rehabilitation psychology
- School counseling and school social work
- Severe and persistent mental illness
- Sexual abuse victims and offenders
- Social work and human services
- Special education
- Speech-language pathology
- Suicide and homicide risk assessment
- Veterans and active military duty
- Women's issues

In addition, there are three branches of companion books that can be used in conjunction with the *Treatment Planners*, or on their own:

- ***Progress Notes Planners*** provide a menu of progress statements that elaborate on the client's symptom presentation and the provider's therapeutic intervention. Each *Progress Notes Planner* statement is directly integrated with the behavioral definitions and therapeutic interventions from its companion *Treatment Planner*.
- ***Homework Planners*** include homework assignments designed around each presenting problem (such as anxiety, depression, substance use, anger control problems, eating disorders, or panic disorder) that is the focus of a chapter in its corresponding *Treatment Planner*.
- ***Client Education Handout Planners*** provide brochures and handouts to help educate and inform clients on presenting problems and mental health issues, as well as life skills techniques. The handouts are included on CD-ROMs for easy printing from your computer and are ideal for use in waiting rooms, at presentations, as newsletters, or as information for clients struggling with mental illness issues. The topics covered by these handouts correspond to the presenting problems in the *Treatment Planners*.

The series also includes adjunctive books, such as *The Psychotherapy Documentation Primer* and *The Clinical Documentation Sourcebook*, contain forms and resources to aid the clinician in mental health practice management.

The goal of our series is to provide practitioners with the resources they need in order to provide high-quality care in the era of accountability. To put it simply: We seek to help you spend more time on patients, and less time on paperwork.

ARTHUR E. JONGSMA, JR.
Grand Rapids, Michigan

ACKNOWLEDGMENTS

First, I would like to thank Art Jongsma as the originator of this truly valuable series of *PracticePlanners* books. Before working on this project, I frequently used his books to assist with treatment options, and particularly as documentation demands on clinicians continued to increase. I thought I did a good job of writing behavioral objectives, and then I met Art. Both Art and Jen stuck by me through my difficulties with “Plannerese” and my ADD style. Thank you!

It was particularly difficult with the sexual abuse topic to address treatment issues for victims and offenders in the same book. This was not my original plan, but the suggestion of Peggy Alexander at Wiley. With the change of plans, my focus became “No More Victims,” and it became easy to conceptualize the structure of this Treatment Planner that included objectives for both victims and offenders. Peggy, thank you for your wisdom and grace.

I owe a debt of gratitude to a number of professional colleagues and friends for their support and critiques: my dear buddy, Jane Hollingsworth, Psy.D., who tirelessly gave research information, feedback, and friendship through this project and others; Sue Casselman, Psy.D., through short and long distances before and during this project was supportive, insightful, and my very good friend; Geoff Ludford, Ed.D., for his clinical wisdom and sense of humor; and Tom Plante, Ph.D., and Tim Horton, LCSW, both gave invaluable insight into their own treatment experiences with priests and other clerics. The Female Offenders chapter was enriched by the insights provided by Julia Hislop, Ph.D. (personal communication) and Barbara Schwartz, Ph.D. (conference presentation entitled “Looking Forward: Critical Issues in the Management of the Sex Offender,” March 2002). David Cohen, M.A., at Magen Prison in Israel gave me his insights on Yetser HaRah. Two Virginia Beach probation officers par excellence, John Williams and Kate Shellman, also gave me useful feedback. And finally, credit is due to Bill Marshall for his pioneering work with sex offenders, along with other researchers and clinicians such as Tony Ward, Ph.D., Richard Laws, Ph.D., Steve Hudson, Ph.D., and Anna Salter, Ph.D.

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In many ways, this was a family book, where all members contributed. Elizabeth and Christopher were understanding about changes in their routine and mostly understanding when they had to share the Internet with their mom. My husband, Bill, in his inimitable style reassured me many times, "Just go do it, I'll take care of dinner." And dear Mary, thanks for the weekends and doing the laundry. And thank you to Mom and Dad, who showed me right from the very beginning how to solve problems, how to heal, how to have joy, and how to love.

Finally, I'd like to thank all of the patients who have taught me, challenged me, and surprised me.

RITA BUDRIONIS

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INTRODUCTION

ABOUT PRACTICEPLANNERS® TREATMENT PLANNERS

Pressure from third-party payors, accrediting agencies, and other outside parties has increased the need for clinicians to quickly produce effective, high-quality treatment plans. *Treatment Planners* provide all the elements necessary to quickly and easily develop formal treatment plans that satisfy the needs of most third-party payers and state and federal review agencies.

Each *Treatment Planner*:

- Saves you hours of time-consuming paperwork.
- Offers the freedom to develop customized treatment plans.
- Includes over 1,000 clear statements describing the behavioral manifestations of each relational problem, and includes long-term goals, short-term objectives, and clinically tested treatment options.
- Has an easy-to-use reference format that helps locate treatment plan components by behavioral problem.

As with the rest of the books in the *PracticePlanners®* series, our aim is to clarify, simplify, and accelerate the treatment planning process so you spend less time on paperwork and more time with your clients.

ABOUT THIS FIFTH EDITION ADOLESCENT PSYCHOTHERAPY TREATMENT PLANNER

This fifth edition of the *Adolescent Psychotherapy Treatment Planner* has been improved in many ways:

- Updated with new and revised evidence-based Objectives and Interventions
- Revised, expanded, and updated Appendix B: Professional References
- Many more suggested homework assignments from the companion book, *The Adolescent Psychotherapy Homework Planner*, have been integrated into the Interventions

2 THE SEXUAL ABUSE VICTIM AND SEXUAL OFFENDER TREATMENT PLANNER

- Extensively expanded and updated self-help book list in Appendix A: Bibliotherapy Suggestions
- Appendix C: New Recovery Model listing Goals, Objectives, and Interventions allowing for the integration of a recovery model orientation into treatment plans
- Addition of a chapter on Overweight/Obesity
- Renamed chapter titles including the changing of Mental Retardation to Intellectual Development Disorder, Mania/Hypomania to Bipolar Disorder, Depression to Unipolar Depression, Sexual Acting Out to Sexual Promiscuity, Autism/Pervasive Developmental Disorder to Autism Spectrum Disorder, Anger Management to Anger Control Problems, Social Phobia/Shyness to Social Anxiety, and Chemical Dependence to Substance Use
- Integrated *DSM-5* diagnostic labels and codes into the Diagnostic Suggestions section of each chapter
- A new Appendix D presenting location and availability information in an alphabetical index of objective assessment instruments and structured clinical interviews cited in interventions

Evidence-based practice (EBP) is steadily becoming the standard of care in mental healthcare as it has in medical healthcare. Professional organizations such as the American Psychological Association, National Association of Social Workers, and the American Psychiatric Association, as well as consumer organizations such as the National Alliance for the Mentally Ill (NAMI) have endorsed the use of EBP. In some practice settings, EBP is becoming mandated. It is clear that the call for evidence and accountability is being increasingly sounded. So, what is EBP and how is its use facilitated by this *Planner*?

Borrowing from the Institute of Medicine's definition (Institute of Medicine, 2001), the American Psychological Association (APA) has defined EBP as "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (APA Presidential Task Force on Evidence-Based Practice, 2006). Consistent with this definition, we have identified those psychological treatments with the best available supporting evidence, added Objectives and Interventions consistent with them in the pertinent chapters, and identified these with this symbol: ▽ As most practitioners know, research has shown that although these treatment methods have demonstrated efficacy (e.g., Nathan & Gorman, 2007), the individual psychologist (e.g., Wampold, 2001), the treatment relationship (e.g., Norcross, 2002), and the patient (e.g., Bohart & Tallman, 1999) are also vital contributors to the success of psychotherapy. As noted by the APA, "Comprehensive evidence-based practice will consider all of these determinants and their optimal combinations" (APA, 2006, p. 275). For more information and instruction on constructing evidence-based psychotherapy treatment plans, see our DVD-based training series entitled *Evidence-Based Psychotherapy Treatment Planning* (Jongsma & Bruce, 2010–2012).

The sources listed in Appendix B: Professional References and used to identify the evidence-based treatments integrated into this *Planner* are many. They include supportive studies from the psychotherapy outcome literature; current expert individual, group, and organizational reviews; as well as evidence-based practice guideline recommendations. Examples of specific sources used include the Cochrane Collaboration reviews, the work of the Society of Clinical Psychology (Division 12 of the American Psychological Association) and the Society of Clinical Child and Adolescent Psychology (Division 53 of the American Psychological Association) identifying research-supported psychological treatments, evidence-based treatment reviews such as those in Nathan and Gorman's *A Guide to Treatments That Work* (2007), and Weisz and Kazdin's *Evidence-Based Psychotherapies for Children and Adolescents* (2010), as well as evidence-based practice guidelines from professional organizations such as the American Psychiatric Association, the American Academy of Child & Adolescent Psychiatry, the National Institute for Health and Clinical Excellence in Great Britain, the National Institute on Drug Abuse (NIDA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Agency for Healthcare Research and Quality (AHRQ), to name a few.

Although each of these sources uses its own criteria for judging levels of empirical support for any given treatment, we favored those that use more rigorous criteria typically requiring demonstration of efficacy through randomized controlled trials or clinical replication series, good experimental design, and independent replication. Our approach was to evaluate these various sources and include those treatments supported by the highest level of evidence and for which there was consensus in conclusions/recommendations. For any chapter in which EBP is identified, references to the sources used are listed in Appendix B: Professional References and can be consulted by those interested in further information regarding criteria and conclusions. In addition to these references, this appendix also includes references to Clinical Resources. Clinical Resources are books, manuals, and other resources for clinicians that describe the details of the application, or "how to" of the treatment approaches described in a chapter.

There is debate regarding evidence-based practice among mental health professionals who are not always in agreement regarding the best treatment or how to weigh the factors that contribute to good outcomes. Some practitioners are skeptical about changing their practice on the basis of research evidence, and their reluctance is fueled by the methodological challenges and problems inherent in psychotherapy research. Our intent in this book is to accommodate these differences by providing a range of treatment plan options, some supported by the evidence-based value of "best available research," others reflecting common clinical practices of experienced clinicians, and still others representing emerging approaches so the user can construct what they believe to be the best plan for their particular client.