

12: Treatment – The *Four Pillar* Model

NOTE:
This guide should be read in conjunction with the following guide:

- **7: Assessment and treatment for SABs: An overview**

What is the *Four Pillar* Treatment Model?

The *Four Pillar* model:

- Describes **principles** for the treatment that is:
 - Undertaken with Sexually Abusive youth by the Sexually Abusive Behaviour Treatment service (SABTs), and
- Is a framework for you to ‘hang’ your own therapeutic techniques on. It does not tell you how to do the work. Rather, it guides you on what needs to be achieved along the way.

Characteristics of the model

Key characteristics of the model are:

Characteristic	Description
It is trauma centric	Assumes that the behaviours stem from trauma/s experienced by the young person engaging in SABs
It incorporates a trauma/attachment/ brain development perspective	Assumes that trauma will impact attachment relationships and brain development, in a multi-directional mode, which may either increase or moderate the impact of the trauma.
It is a sanctuary -type of model of trauma treatment	A ‘four-pillar’ treatment model, with four separate phases called pillars because they evenly support treatment, and each is as important as the others.

Therapists working within the TTO system should have, over and above their professional discipline training, solid knowledge of therapeutic principles about:

- Developmental trauma,
- Attachment,
- Brain development, and;
- Child development.

12: Treatment – The *Four Pillar Model*

The four pillars/phases of the model

Phase 1: Affect regulation and emotional awareness:

Phase one focuses on:

- Increasing the client's awareness of what emotions are,
- How emotions are demonstrated,
- Increasing of the client's *bandwidth* of emotional awareness.

When clients initially attend treatment, it is likely they will have a poor grasp of the breadth of potential emotions. Clients learn to recognise emotion through role play, experiential exercises and games, and to manage their emotionally charged moments and issues. Clients are taught strategies such as breathing, simple yoga methods, and connection strategies to use with others (such as caregivers/family, friends, and romantic partners).

Phase 2: Good Way Bad Way:

In phase two, clients use narrative therapy techniques and are taught to set up dichotomous situations so as they can look at how their 'bad' side has been able to overcome their 'good' side.

At the end of this section of the work clients are then able to undertake 'offence-process' work, as they should now possess a more-than-adequate level of emotional awareness, both of their own internal world, and of those around them. Practically, they can now link verbal, body and facial cues to inferred emotions from others (e.g.: a woman or man crying might imply sadness, pain or grief).

Phase 3: Healthy sexuality:

As we know, the role and goal of SABTs therapy is to assist the young person to:

- a) Understand that the SABs they have engaged in are unacceptable and 'wrong',
- b) Understand that the SABs may have occurred and continued because they were using them as inappropriate tools to manage difficult or 'unbearable' emotional states, and;
- c) Assist the young person to explore other, healthier and legal ways of reacting and managing difficult and uncomfortable internal emotional states.

If we take away something valued by the youth, something that has been helpful but unhealthy (i.e.: Sexually abusive behaviours), we must assist the youth to replace it with something equally helpful, but something that is healthy, socially acceptable and legal.

In this case, work focuses on healthy and legal models of sexual behaviour and understanding romantic relationships.

12: Treatment – The *Four Pillar Model*

Phase 4: Future:

In Phase 4, clients and their families are in the process of ‘moving on’ from treatment. Having been assessed over a period of 5 to 6 weeks, and then having undertaken therapy for between one and two years (in general), it is time to continue practicing new, effective, appropriate ways of being in the community, without the support of the therapist, the service, and others involved in treatment. At this time, both the client and their family should be celebrating success.

Why is phase four appropriate and important?

- Because in most cases the work has taken 12 to 24 months to complete,
- The commitment shown by the young person, their family (and you as the therapist) should be celebrated,
- Celebrating the end of treatment is a formal and appropriate way of ending one life chapter and beginning another. Our young clients have often not been ‘good’ at this in the past.
- Whilst this phase – celebrating success and moving on into the future may not seem to be therapeutic, it is. Endings can be hard, so practicing them in safe and appropriate ways is helpful.
- Encourage your young client and their family to celebrate:
 - Their successful experience, and
 - Moving on to something else, naturally and easily.

Family

Current treatment theory says that SABTS involvement with a young person’s family is logical, important, therapeutically helpful and ethical. There is currently no (ethical) treatment program across Australia, New Zealand, the UK or the US that does not recommend the inclusion of family work in the treatment protocol. This is because the SAB is thought to be a developmental issue, embedded within the family system.

Parents, and caregivers should be included in treatment unless they are:

- Responsible for causing harm to the young person, or
- Seen as being at risk of causing harm.

Where a young person is in residential care, it is important to identify a staff member who can take on a ‘caring’ role in the treatment process. *Someone* in the residential unit must be able to assist the young person to take on the treatment messages and strategies by being:

- An *alter-ego* (supporting the young person emotionally as well as physically),
- A confidant of the youth,
- A surrogate family member.

12: Treatment – The *Four Pillar Model*

Aims of Therapy

Therapy is not about challenging clients to admit *badness*. They have strayed from a positive development pathway, and therapy aims to:

- Enlighten them about their behaviour,
- Provide them and their families with strategies to manage their internal worlds that have supported their sexually abusive behaviours,
- Assist each client back onto a positive developmental pathway.

Unless assessment is occurring, this is not a process of investigation. You are not an investigator.

The principles of 'RNR'

Remember the principles of 'RNR': Risk, Need, Responsivity (Bonta & Andrews).

- *Provide* the right treatment for the right client at the right time,
- *Match* risk with resources such that low risk clients get less of your precious resources than moderate clients who get less resources than high risk clients.

Here it is:

Low risk client (GETS LESS THAN) moderate risk client (GETS LESS THAN) high risk client (GETS THE MOST)

- *Remember*, recidivism rates are extremely low for our SABTS client group. Caldwell's (2016) research found a 2.75% recidivism rate between 2000 and 2015 – incredibly low and lower than any other criminal behaviour known.

This gives us great hope that with ethical, quality treatment, the majority of our clients will go forward without engaging in these behaviours again. *You* have a strong role to play in these young peoples' lives.

Important considerations

Any therapeutic treatment must:

- Be flexible enough to accommodate the developmental needs of all children and young people and their families,
- Be able to include children with learning and language disabilities/difficulties, developmental delays and intellectual disabilities,
- Accommodate both mandated and non-mandated clients – it is not practical or financially sustainable to run two systems,

12: Treatment – The *Four Pillar Model*

- Provide the same broad treatment model to both mandated and non-mandated groups (this does not mean, rigid, manualised program responses, but recognition that developmentally appropriate treatment applies to both groups),
- Address the relational dimensions of sexual harm,
- Recognise the gendered nature of sexually abusive behaviour,
- Understand both cultural diversity and the relative disadvantage of most young people who are identified as sexually abusive (Pratt et. al., 2010).

Final considerations

Remember – you are a powerful agent in the change process. Understanding the four-pillar model is important for you to assist the client to move from using sexually abusive behaviours in response to difficult internal states and feelings to using healthy and appropriate strategies.

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