The Central Process (CP) is an offense cycle model which graphically demonstrates the role of early antecedents in sexual offending. Like the Relapse Prevention model CP is based on the notion that it is useful to learn how inappropriate behavior such as sexual offending is an often predictable part of a process or (offense) cycle rather than an isolated event. Further, CP provides a foundation for integration of later treatment experience into a comprehensive and cohesive model which sets the stage for ongoing recovery. The Central Process includes long and short-term internal precursors to behavior including beliefs, thoughts, fantasies, feelings, and sensations, and external precursors including prior events, relationships, and experiences. Understanding one's process can help to prevent future occurrences of a given behavior (e.g. sex offense) by developing and learning to use a variety of individualized interventions identified or taught during the course of treatment. CP was developed by the clinical staff of the Mentally Disordered Sex Offender Unit of North Florida Evaluation and Treatment Center in Gainesville, Florida between 1979 and 1989, where adult sex offenders were treated in a sixty-three bed maximum security setting while serving their sentences in the Department of Corrections. Through continued modification and refinement CP has served as the integrative treatment structure for the multi-modal treatment program at the Elaine Gordon Treatment Center for young adolescent perpetrators in Pembroke Pines, Florida from 1990 to 1995 as well as the adult and adolescent treatment programs operated by Intensive Treatment Modalities/ AWSO of North Central Florida since 1985. In the 1990’s, it was applied to populations of emotionally disturbed adolescent residential treatment recipients with identified behavioral problems at the Prairie Achievement Center in Gainesville, Fl. As well as the Brown Schools of Florida Day Treatment Offender Programs.

While much of the CP model is similar to Relapse Prevention and self-explanatory, facilitating the process is not. Because CP places great significance on underlying, intrapsychic, traumatic and other "core" issues to understand behavior, it requires careful and sensitive exploration by facilitator and client to develop an accurate process. Experiential therapies including reenacting of sexual offenses are combined with cognitive-
behavioral techniques to facilitate the evolution of awareness of the offender's process. Events, experiences, memories, beliefs, thoughts, fantasies, urges, feelings, and sensations may surface as immediate antecedents to the behavior (trigger) or they may underlie the behavior as conscious or unconscious precursors (precipitating factors and core issues, beliefs and needs). Ultimately, if the core issues and needs are not consciously understood and resolved, and the core beliefs remain unchanged, the offender cannot be depended upon to effectively use his learned interventions when he most needs them. Specifically, he is likely to need his intervention skills when his life is at its worst. Understanding behavior in this way leads to the development of rationally derived interventions. As the Central Process model focuses on underlying issues, it directs the offender and therapist toward interventions likely to impact on core issues which are generally hidden from consciousness. These deeper issues may be related to personality disorders and their symptoms, to victimization trauma, or to any number of personal and/or environmental factors in the offender's life. As the offender's CP diagram becomes richer with detail surrounding his sexual offending and other forms of victimizing, a growing awareness of potential and ultimately useful interventions develops.

Completely consistent with Relapse Prevention models, CP provides a structure for understanding sexual offending, inviting the offender to fill in the process as it really happened rather than "telling" the offender how he went about committing his offense(s). It also allows the therapist to target related processes for both practice and intervening in underlying problem behaviors which in fact contribute to the process of sexual offending.
THE CENTRAL PROCESS

CENTRAL PROCESS describes how we operate. The Central Process model can be used to understand our behavior. It is especially useful for understanding and changing problem behaviors including sex offending.

1. EVENTS TRIGGER PROCESS: Events often trigger memories. Sometimes these memories are about traumatic or significant events. These memories may cause us to have distorted beliefs about the present event. Our thinking, feelings, and behavior are also affected by these memories and beliefs. Sometimes these thoughts, feelings and behaviors are inappropriate and need to be changed.

2. PEOPLE INVITE TRIGGERS: Since these inappropriate problem behaviors are often the most powerful way we know to feel better, we often use them for relief, sometimes by creating more triggers and continuing the PROCESS.

3. THERE IS A CHOICE (INTERVENTIONS): Our Central Process is habit forming. We may think it is automatic, but there are ways to stop it. The fact is that engaging in our process is a CHOICE. The process can be broken by INTERVENTIONS. Interventions can be developed which CHANGE the way we react to triggers. Change is, of course, the primary goal of treatment. Therefore, an understanding of our Central Process of sex offending can be very useful in successfully completing treatment.

USING CENTRAL PROCESS:
Instructions for completing the Central Process Form:

This handout contains a blank process form and one that has been filled out. Before you begin working on your own process, carefully examine the one that is complete.
1. **PROBLEM BEHAVIOR**: Describe your inappropriate behavior, victimization or problem behavior (such as your sex offense) in a brief statement. Do not describe a general behavior but rather one specific event.

2. **TRIGGER EVENT**: Describe what triggered you.
   
   a) **Specific Event/Behavior**: Describe the actual event from the environment that triggered you to react by engaging in a problem behavior including actual statements, behaviors by others or observations you made. For example, a boy threatening you, someone’s wallet lying on the ground with money in it, or someone calling your mother a whore would be examples of events which might trigger you.

   b) **Thoughts**: Your thoughts and beliefs about the trigger event affect how you feel and what you will do. List them here.

   c) **Emotions/Feelings**: List specific feelings you had during the event.

   d) **Sensations**: List any of your senses that were stimulated during the trigger event. For example, if someone passed gas directly in front of you, you might have experienced an unpleasant smell.

3. **PRECIPITATING FACTORS**: Describe what has been happening in your life or elsewhere which led up to the Trigger Event.

   a) **General events/behaviors**: This includes recent events at home, school, work, or anywhere else such as failing an exam, breaking up with a girlfriend, eating a gallon of ice cream, etc., as well as specific behaviors triggered by these events such as looking for a victim or engaging in get back behaviors.

   b) **Thoughts**: Included here are thoughts about the events, problem behavior, beliefs about recent events, memories and images about the past, beliefs or thoughts about you or the environment, conclusions about you or the environment,
expectations about the environment, urges and fantasies.

c) Emotions: Describe the feelings you had leading up to the trigger event; what kind of mood you were in.

d) Sensations: Think of your senses and remember if you were having some particular sensations such as headache or itching or being exhausted.

4. **CORE ISSUES**: This section is very important and equally difficult to be sure about. Your core issues are the basic underlying issues which were dealt with by engaging in the Process of your Inappropriate behavior. For example:

   a) Traumatic or major past events:

   1) Painful events from childhood

   2) Behaviors you engaged in during childhood to feel better about traumatic events

   3) Major events from your past which affect your behavior today (e.g. learning about yourself as a homosexual)

   b) Core beliefs: These beliefs may be based on past events or they may be the result of other types of learning. An example would be a belief you learned from your father that girls can never be trusted.

   1) Conclusions about yourself

   2) Conclusions about past events which affect your experience of present events

   3) Beliefs which you have held for many years

   c) Core needs: This describes the most important and general need(s) being met by the process.
1) The need(s) to resolve some conflict from the past which may be the result of a traumatic or major event.

2) The need(s) perhaps inappropriately met during childhood.

3) The underlying need(s) met by this process. (e.g. power, revenge, etc.)

5. **IMMEDIATE IMPACT** (Short-term consequences including PAY OFF): This section is used both to describe the goal of the process as well as unanticipated immediate consequences to you and the immediate consequences to others including the victim.

   a) On self:

      1) Immediate goal of the behavior or PAY OFF.

      2) Significant change in thoughts, emotions and/or sensations

      3) Need(s) gratified by the behavior

   b) On victim

      1) Immediate experience of victim in terms of feelings, sensations, and overall experience.

   c) On the environment (on others):

      1) Effects of the behavior on the environment:
         a- Physical and psychological pain to others
         b- Victimization of others

      2) Power and control given to the environment
6. **LONG-TERM IMPACT** (Consequences):

a) On self:
   1) Effects such as:
      a) Core beliefs reinforced
      b) Inappropriate sexual behaviors reinforced

   2) Consequence
      a) Natural
      b) Punishment

b) On victim

c) On the environment:
   1) Effects such as:
      a) Pushing peers away
      b) Setting up the environment to trigger you again

   2) Effects of victimization of individuals

7. **INTERVENTIONS**: An intervention is a thought or behavior we choose to use between any two stages of a process to stop or modify it.

   a) Types of interventions:
      1) Cognitive interventions:
         a) Restructuring thinking patterns
         b) Challenging distorted beliefs
         c) Affirmations

      2) Behavioral interventions:
         a) Relaxation techniques such as meditation
         b) Expressing feelings or giving feedback
         c) Diversions such as playing sports
         d) Escape strategies such as leaving

   b) Levels of interventions:
      1) Core issue interventions are designed to
resolve traumatic conflicts or key underlying issues in order to lower their control over our behavior.

2) Precipitating Factor Interventions are designed to resolve conflicts and issues prior to the triggering event.

3) Trigger Interventions are designed to replace the inappropriate thought or behavior with an appropriate thought or behavior that will have the same impact.

c) Guidelines for selecting and using interventions are as follows:

1) Plan more than one intervention at each level in the process.

2) When planning interventions, consider how likely you really are to use them when you need them.

3) Behavioral interventions are more effective when they are simple and specific.

4) When interventions which help you slow down are used first, you are more likely to consider additional interventions.

5) In High Risk Situations avoidance works well as an immediate intervention until more effective measures can be taken.

6) Interventions which address issues as they occur prevent the build-up of precipitating factors.

7) Intervening becomes more difficult as the process progresses.

8) Interventions designed to be used at one level of process are usually ineffective at more advanced levels of the process.

9) Interventions are more effective when they meet the same needs as the problem behavior.

10) In choosing an intervention, your ability to use it is an important factor to consider.