

Successful Premises of a Healing and Therapeutic Childcare Orientation

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The Phoenix Adolescent Sexual Offenders Program has been having interesting successes where other programs, both residential and outpatient, appear to have had limited therapeutic success.

As a clinician and therapist, I have reflected on what is unique and distinct about the Phoenix Program. I thought it would be useful to share some ideas that appear to “make a difference”.

1. Thought is not the same as action.

This is perhaps the most important “healing” distinction. It initially appears overly simple; however, we often act *as if* a thought will **necessarily** result in its being acted out.

Despite the fact that we often think anger thoughts while driving appropriately or think sorrow thoughts while speaking hopefully, and at times think sexual thoughts while showing respect interpersonally, when it comes to issues of adolescent genital offending (commonly, but mistakenly, called “sex offences”), we often forget our own experience. We then wrongly assume that if an adolescent thinks a thought that would be socially inappropriate if engaged in, he (or she) is either necessarily going to or highly likely to actually engage in the thought as acted out. Nowhere is this more evident than in sexually arousing thoughts to children where our whole culture, even including therapeutic programs, appears to believe that by thinking these thoughts, the adolescents are therefore going to do them.

We’ve come to recognize at Phoenix, specifically in regards to sexuality, a boy can think one thought while doing another action. For instance, he can be thinking of having sex with another person while self-stimulating privately in his own room, and so on.

2. Persons have rights to their genitals and genital responses in private.

Here, at Phoenix, we believe that self-stimulation is healthy as well as therapeutic - that self stimulation, occurring in private, helps boys as growing men to take ownership for their own urges and bodily needs rather than erroneously expect others to manage their sexual urges and feelings. By taking responsibility for themselves, they increase the likelihood of eventually learning to responsibly share intimacy and respect with a mutual partner.

3. Sexual assault is a misnomer since what is actually occurring is assault mediated genitally.

We have come to realize that the use of genitals for an activity does not make it sexual. We help the young men, and of course their larger social systems (families, health care providers, social support systems, legal institutions), recognize that there is a difference between mutual sexuality and the use of genitals as weapons such as in assault.

4. Understanding self through affiliative orientation rather than sexual behaviour.

Here at Phoenix we’ve come to understand that whether one is gay or straight is more dependent upon heartfelness. and its congruence with eroticism and action, than it is on simply what one does with one’s body. The tradition in most fields has been to define orientation through behaviours alone and thereby often miss the heartfelness.

5. Violence is experiential, not simply physical.

Phoenix primarily uses a definition of violence as being “the holding of a belief to be true such that another’s is untrue, and that the other’s opinion must change.” This is a very

different way of understanding violence than the more traditional view of violence as being simply excessive physical imposition. Our experiential definition of violence has helped us understand gender violence, homophobic and heterosexist violence, and racial violence. We have been inviting our adolescent males into more respectful and less impositional views, languaging, and actions.

6. Behavioural consequencing separates the adolescent from the behaviour.

Increasingly, we have been employing a concept of anticipatory consequence for inappropriate behaviours that separates the person from the behaviour. In other words, we try to help the adolescent recognize his behaviour as inappropriate while he, himself, remains valued. We like to do this through anticipatory consequencing as opposed to after-the-fact punishment.

7. Adolescents must experience interpersonal safety.

This premise goes along with an experiential definition of violence. Experiences at Phoenix have shown that adolescents need to experience interpersonal safety with respect to common differences such as gender, affiliative orientation, race, age, physical disabilities, appearance, religion, and so on. Such safety, of course, also needs to occur in the context of the larger campus where our adolescents require ensured safety and respect at school and in other campus interactions.

8. Interpersonal intimacy is indispensable for health.

We have come to see that one of the greatest deficits our residents have is a lack of meaningful and safe intimacy with persons who matter to them in their immediate environments. The milieu of Phoenix Program has been established to try and provide effective and appropriate intimacy, openness, and acceptance of that openness both between peers and peers and staff.

9. Distinguishing family of choice from family of origin.

This is a distinction that we have yet to implement more effectively, but it entails the idea that those relationships in a person's life that are affirming and of value usually make a better family than those relationships which are legislated either through genetics (such as the biologic family) or by law (such as a social services' family). Although a biologic family and/or a legislated family may have persons in it who become family of choice by experience, they may not, by default, be the most effective family.

10. Sex is defined by the experiential.

Sex is defined by an experiential definition using the five words of free choice, interpersonal mutuality, selfful and selffelt arousal with sharing, openness, and trust for both.

11. Positive noticing is more healthful than negative noticing.

As a Program we have begun relying more on positive noticing rather than negative noticing; however, some of the practices of our Program such as negative noteworthies, Program reports, testing procedures and reports, have relied more on the "pathologic" tradition of negative noticing.

12. A larger system conceptualization is fundamental.

As a Program, we try to include a larger systems conceptualization in understanding and trying to help our residents. This includes the influence of gender and gender differences, culture, and family environment in shaping adolescents' behaviours, opportunities, informations, and hopefulneses.