

Part I

Overview

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# The Continuing Need for Individualized Interventions with Sex Offenders

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## Introduction

Among sex offenders, some do not deal well with the group process, while others can be disruptive in these settings. Still other offenders have complex treatment needs that cannot be fully met within a group treatment program. For this reason, although the authors are altogether supportive of group-based sex offender treatment programs (SOTPs), we consider that there are circumstances where either individualized interventions are required or a combination of group and one-to-one work is needed. For example, individuals with extremely high levels of assessed deviance or risk can, at times, have a marked adverse impact on standard SOTP groups.

Notably, individuals with significant psychopathic, paranoid or borderline personality features can also struggle in group treatment, demonstrating particular difficulties with group engagement concerning offense-related issues. They may also introduce an unhelpful dynamic in terms of inhibiting or otherwise interfering with the participation of other group members. Such offenders may, in the experience of the authors, benefit more from one-to-one sessions to explore their sexual interests and the pro-offending cognitive distortions that supported their offending behavior, or indeed as adjunctive treatment for any identified mental health related issues. However, the same individuals may progress better in a group setting in respect of developing better socio-affective skills and making necessary

self-management gains. In our experience, some offenders are also referred for individualized work because they lack the necessary coping abilities to contend with an SOTP. They may require individual clinical interventions to address inadequate emotional resilience and stress management abilities to be able to engage in an SOTP.

Perhaps unsurprisingly, in view of the unusual referral pathway that such individuals travel along, they almost invariably present as offenders with more complex needs than those taken through standard SOTP groups. In our experience, offenders referred for individualized treatment have more unusual and potentially challenging clinical or forensic histories and personality profiles. As such, even seasoned practitioners may at times be confronted with cases so unique that they would value the knowledge and experience of other professionals who have passed down similar roads before them.

## **Group Treatment**

As a frame of reference, in Part II, Gray and Wilcox provide a summary of the assessment, treatment, and monitoring processes that are typically employed within accredited cognitive-behavioral-therapy-based SOTPs in North America, Europe, Australia/New Zealand and other parts of the world that are influenced by the Association for the Treatment of Abusers (ATSA), the National Organisation for the Treatment of Abusers (NOTA), the Australia and New Zealand Association for the Treatment of Sexual Abuse (ANZATSA), and the International Association for the Treatment of Sexual Offenders (IATSO). Research on treatment outcomes for these group-based SOTPs has consistently shown a significant positive effect, though in general not of a magnitude that would cause most professionals in this field to choose to rest on their laurels yet (Hanson, Bourgon, Helmus, & Hodgson, 2009; Hanson, et al., 2002; Hanson & Morton-Bourgon, 2005).

Over the last quarter of a century, assessment and treatment developments have been introduced and evaluated, giving much-needed structure to our work in this field (Beech, Craig, & Browne, 2009; Hanson & Busière, 1998; Hanson & Morton-Bourgon, 2004; Hanson & Thornton, 2000; Laws, Hudson, & Ward, 2000; Maletzky, 1991; Marshall, Anderson, & Fernandez, 1999; Marshall, Laws, & Barbaree, 1990). However, professionals working with sex offenders in the past have seemingly been as vulnerable to manipulation and grooming as anyone else. Salter (1988, 2004) has tracked and chronicled this phenomenon, noting that even qualified professionals in the field have, at times, characterized sexual

offenders as “harmless, unfairly judged or misguided” while directing a substantial weight of responsibility onto victims, impugning their characters, actions, and reputations. Further, Wilcox (2013) has noted that, even today, some professionals in practice continue to provide such explanations for the behaviors of abusers and victims. Nevertheless, while practitioners working with sex offenders on an individual case basis may be viewed as more vulnerable to manipulation and grooming than within the context of the structured group process (Wilcox, 2013), inevitably, this approach will be necessary in some circumstances to address identified needs and to reduce future risk of offending.

Fortunately, professionals in practice today have more tools available to assist them in maintaining an objective and informed perspective when applying structured professional judgment (Hart, 2013; Hart & Logan, 2011; Wilcox, 2013). From this starting point, sex offender workers may feel more equipped to develop treatment plans for offenders who do not fit into standard group-based intervention programs.

## **Case Formulation**

The following chapters in this book describe the individualized interventions and the case formulations of acknowledged experts within which their assessment processes, intervention, and supervision plans are developed in relation to specific treatment issues or offender types. The book’s central focus on case studies and case formulation draws from a rich theoretical and clinical/forensic-practice base, identifying the continuing need for individually-tailored interventions and recognizing the interrelationship between case conceptualization, applied behavioral analysis, and risk assessment. This is a rapidly developing field, with important contributions from, for example, Sturmey and McMurrin (2011); Butler (1998); Eells (2007); Nezu, Nezu, Friedman, and Haynes (1997); and Tarrier (2005), which offer practitioners valuable guidance about case formulation in forensic settings.

We believe that case formulation is an essential tool in understanding offenders’ behavior, the underpinning thoughts and feelings that influenced their actions, and those factors which have contributed to their risk of reoffending. This approach provides a structure for organizing and integrating information gained about the individual and about their presenting difficulties, such that causes and precipitating factors may be given full consideration along with the person-specific features that serve to maintain any propensity for offending. Comprehensive case formulation will also reveal protective features, as well as the various resilience potentials

identified in the offender. These factors can be taken into account to provide the most robust assessment of risk possible, as well as an evaluation of desistance capacity (Harrison, 2010). Such a thorough review enables the treatment worker to develop a more comprehensive intervention and monitoring plan based on hypotheses drawn and tested from the case formulation. Eells (2007) has noted that effective case formulation does not concentrate on simply describing the offending behavior, but takes a further step to explain how the offending activity developed and progressed. Furthermore, Rich (2013) asserted that case formulation not only explains what happened, but more importantly offers a theory as to why the individual engaged in the sexually abusive behavior. Rich emphasized that a formulation-based approach to treatment cannot rely on a strict, inflexible, and predetermined strategy for intervention, or a manualized style of working. In a similar vein, Drake and Ward (2003) conclude that effective formulation is idiosyncratic and requires a comprehensive understanding of the underlying psychological characteristics of each individual being treated.

## **The Structure of This Book**

Following this overview chapter, Part II describes the context within which sex offender work is undertaken. Prescott considers what impact working with sexual offenders has on professionals in the field, and focuses on therapist self-care. Ward explores the ethical framework for working with sex offenders, describing tensions between human rights and criminal justice perspectives with regard to treatment provision, and offers suggestions as to how they may be reconciled by professionals. Gray and Wilcox describe the typical journey of a convicted sexual offender by detailing accepted approaches to supervision, assessment, and treatment.

Part III focuses on offender issues, exploring treatment approaches applied with 12 different types of sexual offenders. These chapters variously take account of offender gender, age, deviant sexual preferences, mental state, and cognitive ability. It is hoped that the specificity of these offender-related chapters will assist workers in formulating their treatment approach with new and challenging cases. These chapters direct attention to treating those who sexually abuse children, men who sexually abuse adults, sexually abusive adolescents, intellectually disabled offenders, non-contact sexual offenders, and Internet offenders. A case study of a female sex offender is included, as well as a study of a sex offender with bipolar disorder. Professional sexual misconduct is addressed, as well as interventions with psychopathic sexual offenders, high deviance (zoophilic) offenders, and sexual killers.

Part IV describes specialist interventions employed with sexual offenders, with Ware and Harkins addressing denial issues and Marshall detailing techniques for changing deviant sexual interests. The final chapter in this part, by Winder and colleagues, explores the assistive role of anti-libidinal medication.

Part V of this book addresses future practice from the perspectives of the editors. It considers the training needs of practitioners and the skill base they require, as well as established and emerging assessment and treatment strategies that they may choose to employ. The authors are committed to the continuing development of responsive and focal treatment for sexual offenders and hope that the following chapters will offer novices and seasoned practitioners alike, helpful and relevant guidance tools that they can apply in their work with sexual offenders.

The continuing need for skilled individualized interventions is the central theme of this book and, relatedly, we recall the thoughts of Professor Simon Hackett when addressing the NOTA Annual General Meeting at the Edinburgh Conference in 2007. As the then outgoing editor of the *Journal of Sexual Aggression*, Simon advised, “The case study approach offers professionals in this field unique opportunities to link theory, research and practice”. In support of this guidance it has been our intention, through producing this book, to play a part in forging these links.

## References

- Beech, A. R., Craig, L. A., & Browne, K. D. (2009). *Assessment and treatment of sex offenders: A handbook*. Chichester, UK: John Wiley & Sons.
- Butler, G. (1998). Clinical formulation. In A. S. Bellack & M. Hersen (Eds.), *Comprehensive clinical psychology* (Vol. 6, pp. 1–24). Oxford, UK: Pergamon.
- Drake, C. R., & Ward, T. (2003). Practical and theoretical roles for the formulation based treatment of sexual offenders. *International Journal of Forensic Psychology*, 1, 71–84.
- Eells, T. D. (2007). *Handbook of psychotherapy case formulation*. New York: Guilford Press.
- Hanson, R. K., Bourgon, G., Helmus, L., & Hodgson, S. (2009). The principles of effective correctional treatment also apply to sexual offenders: A meta-analysis. *Criminal Justice and Behavior*, 36, 865–891.
- Hanson, R. K., & Bussière, M. T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology*, 66(2), 348–362.
- Hanson, R. K., Gordon, A., Harris, A. J. R., Marques, J. K., Murphy, W., Quinsey, V. L., et al. (2002). First report of the collaborative data outcomes project on the effectiveness of psychological treatment of sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 14, 169–194.

- Hanson, R. K., & Morton-Bourgon, K. E. (2004). *Predictors of sexual recidivism: An updated meta-analysis*. Retrieved March 26, 2014, from <http://www.static99.org/pdfdocs/hansonandmortonbourgon2004.pdf>
- Hanson, R. K., & Morton-Bourgon, K. E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology, 73*(6), 1154–1163.
- Hanson, R. K., & Thornton, D. (2000). Improving risk assessments for sex offenders: A comparison of three actuarial scales. *Law and Human Behavior, 24*, 119–136.
- Harrison, K. (2010). *Managing high-risk sex offenders in the community: Risk management, treatment and social responsibility*. Cullompton, UK: Willan.
- Hart, S. D. (2013, September) Understanding, assessing and managing violence risk: The movement from formula to formulation. Keynote presentation at the European Association of Psychology and Law (EAPL) Conference. Coventry, UK: Coventry University.
- Hart, S. D., & Logan, C. (2011). Formulation of violence risk using evidence-based assessments: The structured professional judgement approach. In P. Sturmey & M. McMurrin (Eds.), *Forensic case formulation*. Chichester, UK: John Wiley & Sons.
- Laws, D. R., Hudson, S. M., & Ward, T. (2000). *Remaking relapse prevention with sex offenders: A sourcebook*. Thousand Oaks, CA: Sage.
- Maletzky, B. M. (1991). *Treating the sexual offender*. Newbury Park, CA: Sage.
- Marshall, W. L., Anderson, D., & Fernandez, Y. (1999). *Cognitive behavioral treatment of sexual offenders*. New York: John Wiley & Sons.
- Marshall, W. L., Laws, D. R., & Barbaree, H. E. (1990). *Handbook of sexual assault: Issues, theories and treatment of the offender*. New York: Plenum Press.
- Nezu, A. M., Nezu, C. M., Friedman, S. H., & Haynes, S. N. (1997). Case formulation in behavior therapy: Problem-solving and functional analytic strategies. In T. D. Eells (Ed.), *Handbook of psychotherapy case formulation* (pp. 368–401). New York: Guilford Press.
- Rich, P. (2013, September). The role of case study in work with sexually abusive adolescents. In “What we can learn from case studies in sex offender treatment?”, Symposium for the National Organisation for the Treatment of Abusers (NOTA) National Conference. Cardiff City Hall, Cardiff, UK.
- Salter, A. C. (1988). *Treating child sex offenders and victims: A practical guide*. Newbury Park, CA: Sage.
- Salter, A. C. (2004). *Predators: Pedophiles, rapists and other sex offenders: Who they are, how they operate and how we can protect ourselves and our children*. New York: Basic Books.
- Sturmey, P., & McMurrin, M. (2011). *Forensic case formulation*. Chichester, UK: John Wiley & Sons.
- Tarrier, N. (2005). *Case formulation in cognitive behaviour therapy: The treatment of challenging and complex cases*. Hove, UK: Bruner Routledge.
- Wilcox, D. T. (2013). A forensic psychologist’s involvement in working with sex offenders. In K. Harrison and B. Rainey (Eds.), *Legal and ethical aspects of sex offender treatment and management*. Chichester, UK: Wiley & Sons.