Sexual Offender Treatment: a Positive Approach

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KEYWORDS

- Sexual offending • Treatment • Cognitive/behavioral
- Effectiveness

While there were quite early reported attempts (even in the late nineteenth century) to modify the interests and behavior of people with sexually deviant tendencies,[1] most of these interventions were either quite limited in their scope or based on theoretical orientations that differed from most current approaches. Strictly behavioral approaches, popular in the 1960s and early 1970s[2–5] assumed that deviant dispositions were the result of simple conditioning processes.[6] It was thought, therefore, that procedures derived from animal learning studies would be sufficient to reduce these tendencies by both suppressing deviant interests[7] and enhancing appropriate sexual desires.[8] It soon became apparent that a more comprehensive approach was necessary.[9]

In North America, and in most other English-speaking countries, the currently accepted approach to the treatment of sexual offenders is some form of cognitive-behavioral therapy (CBT) with a relapse prevention (RP) component. While CBT/RP approaches have been adopted in some European countries, psychoanalysis forms the basis of treatment programs for sexual offenders in other European locations.

The specific form of CBT/RP varies considerably across programs in North America. The targeted skills, behaviors, and cognitions vary, as do the ways in which the components of treatment are presented. Some programs target a comprehensive range of issues while others have more limited goals. A review of the literature reveals that more than 50 different features of sexual offenders have been targeted in treatment across various CBT/RP programs with some programs having more, and some having fewer, RP components.

Perhaps most importantly are the quite different approaches in delivering treatment. For example, some CBT/RP clinicians advocate a strong confrontational approach to

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Psychiatr Clin N Am 31 (2008) 681–696
doi:10.1016/j.psc.2008.06.001 psych.theclinics.com
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treatment delivery,[10,11] whereas others employ a more motivationally based approach that involves some degree of challenging but done in a caring and respectful way.[12,13] Some North American programs require the therapist to follow a highly detailed treatment manual while other programs have at most a "guide" for treatment providers. A psychoeducational approach, where the treatment facilitator presents the issues in a didactic format and encourages limited discussion among the clients, is adopted by some programs,[14] whereas other programs are far more psychotherapeutic in their approach.[15] Common to almost all CBT/RP programs, however, is group treatment with little in the way of individual "one-on-one" treatment.

We have attempted to overcome the problems associated with some of these approaches in devising our treatment program. We now turn to a description of our program.

THE ROCKWOOD APPROACH

The first report of our program (now called "The Rockwood Program") appeared in 1971.[16] It derived from the nascent behavior therapy approach although it also included training in relationship skills and more general social skills. Subsequently, a series of reports[13,15,17–22] illustrated the evolution of our program over the past 36 years. We have implemented this program in several Canadian federal prisons, in an outpatient community setting, and in a secure facility for mentally disordered offenders.

The evolution of the Rockwood Program continues based on available research and our clinical experience. We now address the following topics: difficulty accepting responsibility, a lack of empathy, deficient coping skills, low self-esteem, distorted beliefs and perceptions, inadequate intimacy, emotional loneliness, poor attachment styles, various general social deficits, deviant sexual interests, and how to attain a fuller, more satisfying life.[15] Many of the changes in our program, particularly over the past 15 years, have been in response to our sense that most current CBT/RP programs have at least six sets of problems: (1) a "one size fits all" approach; (2) a primarily cognitive approach; (3) a disregard of the role of therapeutic processes; (4) an exclusive focus on past history, particularly past offense history, and on developing a set of avoidance strategies for each client; (5) a failure to build the skills, attitudes, and self-regard necessary to develop a better life; and finally (6) an absence of concern about emotional issues. We discuss each of these issues separately before turning to a more detailed description of the Rockwood Program.

One Size Fits All

This involves the design of a program that is applied in the same way to all sexual offender clients. Typically such programs require therapists to follow a highly detailed treatment manual[23] and too often these programs are presented in a psychoeducational or didactic style.[14] There is now considerable evidence demonstrating the heterogeneity of sexual offenders on all issues that have been examined; as a result it is inappropriate to require all sexual offenders to rigidly follow the same treatment program. Furthermore, there is evidence indicating that therapists who adhere to a detailed treatment manual diminish their effectiveness by doing so.[24]

In the general offender treatment field, Andrews and his colleagues[25,26] have employed meta-analytic techniques to identify effective treatment principles. One of these is the *responsivity principle,* which requires the style and mode of service to be matched to the individual's abilities and learning styles. Essentially this is what the general psychotherapy literature identifies as the need for flexibility in applying

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