Learning Session 3:

Treatment Methods for Adult Sex Offenders

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Presenters:

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Learning Session 3: Treatment Methods for Adult Sex Offenders

Welcome, Introductions & Overview

Pre-test

Feature Presentation & Q/A

Post-test

Interactive Discussion on Implementation Challenges
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PRE-TEST
COGNITIVE BEHAVIORAL SEX OFFENDER TREATMENT

ONE SIZE DOES NOT FIT ALL!
Paraphilic behaviors are problems with controlling impulses that are characterized by recurrent and intense sexual fantasies, urges, and behaviors involving unusual objects, activities, or situations not considered sexually arousing to others. In addition, these objects, activities or situations often are necessary for the person’s sexual functioning. With a paraphilia, the individual’s urges and behaviors cause significant distress and/or personal, social or career problems.

Obviously, not all person’s engaging in paraphilic behaviors are sex offenders.
Majority of sexual offenders are males

- Although some research studies report that as many as 10% of sexual offenders are women, women tend not to come to the attention of the criminal justice system in the same frequency as males.

- Sex offenders come from all socio-economic levels.

- The majority of sex offenders are heterosexual, Caucasian males.

- Most of the clients who come for treatment are under some sanction by the criminal justice system.
Things to consider prior to beginning treatment:

- Who is our client? The individual or society?
  - Informed consent and confidentiality

- What are the legal/ethical requirements on you as the treatment provider?
  - How to Interact with the Criminal Justice system

- As a treatment provider, can you maintain your professional objectivity with these clients or are these offenses so distressing to you that you cannot maintain that stance? (e.g. counter transference factors).
WHAT TO CONSIDER IN TREATMENT PLANNING:

- 1. Case Formulation
- 2. Individual treatment
- 3. Group treatment
- 4. Behavior Therapy
- 5. Substance abuse
- 6. Psychopharmacological treatment
What do we mean by “case formulation”

- How to arrive at a “case formulation”
  - Take a thorough client’s history: developmental, family, social, educational, medical, psychological and criminal.
  - Carefully interview client to get details of his offenses. Consider the type of victim, environment, etc.
  - Ascertain antecedents to the offense: client’s mood, substance abuse, client’s thoughts, feelings and experience of the offense.
  - Determine the function of the behavior in the patient’s life.
What is function in the client’s life

In psychoanalytic training, we are taught to “uncover” the meaning of the deviant behavior, e.g. “sometimes a cigar is not a cigar”...
Function of Behavior

- In Behavioral theory we are interested to learn what **function** the behavior serves in the client’s life.
- In other words: what does the client get out of engaging in this behavior?
- Don’t automatically assume that it is simply “sexual gratification.”
Examples

- In each of the following offender types we will discuss what are the possible functions that behavior serves the life of the client.
Types of Offenses

- 1. Aggressive sexual Assaults
- 2. Child Molestation/Incest
- 3. Exhibitionism/compulsive behaviors
- 4. Internet offenders
Treatment of Physically Aggressive Offenders

1. Assess impulse control/need for immediate intervention
2. Level of containment needed
   - A. Hospitalization
   - B. Medication
   - C. Incarceration
3. Case Formulation
   - A. History of aggression, abuse, etc
   - B. Pattern of Offenses: victim characteristics
   - C. Antecedents
Treatment needs of Aggressive offenders (cont)

- Treatment Modality
  - A. Individual
  - B. Group
  - C. Behavior therapy

- Treatment Structure
  - Workbooks
  - Homework
  - Anger Management/Impulse control
Treatment needs of Child Molesters/Incest Offenders

1. Case Formulation
   - Typology of Offender – fixated/regressed
   - Presence of deviant arousal
   - Social Adjustment
   - Situational variables

3. Level of containment needed

4. Treatment modality
   - A. Individual
   - B. Group
   - C. Behavior therapy
Treatment needs of Exhibitionism/Voyeurism or other “Compulsive Disorders”

- Case Formulation
  - Function of the behavior for this client
  - Case example – learned behavior

- 2. Impulse Control- Level of containment needed

- 3. Psychopharmacological treatment
Aversive conditioning for Exhibitionism

- Relapse prevention alone may not be sufficient to contain a patient with a high rate of acting out.

- Ammonia Aversion has been shown to be an effective tool in helping patients control the compulsive/impulsive behaviors.

- SSRI’s are also an important component in the treatment plan for such patients.
Internet offenses: Possession of Child Pornography

- Case Formulation:
  - Function of behavior: OCD, hoarding, depression; deviant sexual interest,
  - Situational factors: file sharing software; history
  - History of other paraphilias
Treatment Needs of Internet Offenders

- 1. Presence of deviant arousal
- 2. Past history of other offenses
- 3. Pornography collector and/or Chat room offenses
- 4. Premorbid history of mood disorder
- 5. Individual vs Group therapy
- 6. Length of treatment
Prior to beginning treatment consider ethical and professional issues specific to sex offender treatment.

All sex offenders are not the same – treatment should be focused on the individual’s needs.

Working with sex offenders can be a rewarding career choice – don’t believe the popular myth that “Sex Offender can’t be treated”. That’s not the case and there is more than 30 years of research to back up that statement.
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QUESTIONS
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POST-TEST
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INTERACTIVE DISCUSSION ON IMPLEMENTATION CHALLENGES
Discussion Topics

1. *Since Learning Session #1 (in December), what steps has your agency taken toward implementing assessment and treatment services for sex offenders?*

2. *Describe one clinical challenge you experience when working with clients who have a sex offense history.*

3. *Describe one organizational barrier to assessing and treating sex offenders in your setting.*
LEARNING SESSION 4:
Clinical Issues in the Treatment of Adolescents Who Have Engaged in Sexually Abusive Behavior
Dr. Heather Bowlds
May 8, 2014, Thursday, 9:00 AM – 11:00 AM
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THANK YOU