1-17-2017

Assessment & Access: Considerations When Working with Sex Offenders

Kaitlin Flesch
Winona State University

Assessment & Access: Considerations When Working with Sex Offenders

Kaitlin “Katt” Flesch

A Capstone Project submitted in partial fulfillment of the

requirements for the Master of Science Degree in

Counselor Education at

Winona State University

Spring 2017

Winona State University

College of Education

Counselor Education Department

CERTIFICATE OF APPROVAL

_____

CAPSTONE PROJECT

_____

Project Title

This is to certify that the Capstone Project of

Student Name

Has been approved by the faculty advisor and the CE 695 – Capstone Project

Course Instructor in partial fulfillment of the requirements for the

Master of Science Degree in

Counselor Education

Capstone Project Supervisor: Dr. Eric Baltrinic

Approval Date: 1/17/17

Abstract

This paper examines studies dedicated to the treatment of sexual offenders (SOs) and other individuals with problematic sexual behaviors, particularly in relation to preventing recidivism, and intended for the purpose of increasing awareness in current and future counselors. Articles include studies examining factors related to offense, assessments available for determining the risk for re-offending for community safety, and models to utilize within the counseling sessions. Sexual offending cannot be said to exist within a vacuum, occurring at random with no stimulus or factors leading up to the crime—as Cognitive-Behavioral Theory (CBT) would suggest, thoughts and behaviors are linked, and this relationship can be used to help discover the source, reasoning, and possible treatment for sexual disorders. By linking factors at the time of offense to the needs of the individual at the time of treatment, key areas for improvement can be determined in order to pave the way to effective treatment planning.

Keywords: sex offender treatment, recidivism, CBT, assessments, treatment planning

Contents

Introduction

Despite the fact mandatory treatment involving mental health counseling is almost always a part of probation, resources and studies dedicated to the treatment of criminal sexual offenders and other individuals with problematic sexual behaviors are comparatively scarce to other populations, such as sexual assault victims. Even within the academic realm of counselor education, this dearth of information persists, its absence potentially aiding in the lack of interest in this sub-field, and furthering the transition of offenders into pariahs. There is no question sexual offending is a sensitive topic--most people have strong feelings regarding those who offend, including counselors. However, one of the greatest myths a mental health practitioner can entertain in their mind is if they do not specifically work in a sexual offender treatment facility, there is a low likelihood they will encounter someone who has offended.

According to the American Counseling Association (2014) Code of Ethics, counselors are encouraged to practice within the boundaries of their professional competence, and to practice specialty areas only after appropriate training and education. Simultaneously, there is an expectation to continuously examine personal bias and make efforts to continue expanding education, prevent impairment, and refrain from discrimination. Referring on a clients who have offended due to unaddressed bias is not only potentially harmful to the client, who may have limited resources to seek out mental health care, but ethically unsound for the counselor.

Considering the factors in sexual-related crime is the first step towards gaining a foothold with better understanding the offender population. While not all those who offend have experienced victimization themselves, whether physically, sexually, or emotionally, there is a substantive percentage of correlation. Similarly, individuals already experiencing some manner of physical or mental disability, or a lack of resources concerning factors of daily living, often

show a relationship between these conditions and offending behaviors. Treatment may also look intimidating to a counselor unfamiliar with the resources available, and so an examination of assessments, treatment models and theoretical frameworks, and the accessibility of resources is crucial. Armed with understanding and resources, counselors can empower themselves to be more confident in their ability to provide professional services to SOs and to engage in sound, ethical practice with a consistent revision of bias.

Review of Literature

In 2012 the Uniform Crime Reporting, a sub-committee of the FBI, expanded the definition of rape to cover more than simply heterosexual, penetrative incidents, and concluded based on the sampling of police reports that up to 40% of rape incidents had not been accounted in annual statistical reports (Bierie & Davis-Siegel, 2015, p. 445). These reports have been utilized to compare research and shape policy for years, and have grossly underestimated the frequency at which sexual crime is understood to occur, and with whom. Though this does not render all past data completely invalid, it does draw attention to the narrow lens through which sex-related crime has been viewed, and emphasizes a strong need to be selective when gathering information related to the treatment and considerations given to treatment with the population.

Factors in Sex-Related Crime

In a court of law, a lawyer may argue for consideration in regards to a criminal's life situation, their means, motivation, and any other factor that may have potentially contributed to the ensuing scenario. In counseling, these factors are also worth consideration—not as excuses, as some may fear, but as reasons. The action of engaging in criminal behavior is a decision, but it does not necessarily assume the availability or understanding of alternatives, whether due to mitigating factors such as mental health or internalized schemas which have shaped reactions

and mental process (Olver, Stockdale, & Wormith, 2015). The exploration of where an SO was mentally, physically, and emotionally during the time of their offending and in their life up until that point can help both counselor and client to understand what needs were not being met and what changes need to be made to prevent recidivism, or the relapse and repeat of criminal offending (Looman & Abracen, 2013). Though factor examination can play a critical part in the treatment of any client, not just sex offenders, there may be a more pressing need to ensure the secession of behaviors that could lead to re-offending in a timelier manner, and thus understanding of potential risks is critical.

Offender Victimization

In a longitudinal study of adolescent offenders, there was a significant overlap between having been offended on and the decision to offend on others, with less than 15% reporting no history of emotional, physical, or sexual abuse (Jennings, Higgins, Tewksbury, Gover, & Piquero, 2010, pg. 2165). Of the youths who did report of history of being sexually abused, over 70% identified feelings or powerlessness, the desire to harm others as a means of coping, and the understanding of their situation as 'normal' as reasons for their own offending (Jennings, et al., 2010, p. 2169). This line of reasoning is congruous to the idea of a schema. Schemas, described by Olver, Stockdale, and Wormith (2011) are "the mental shortcuts created through experience and understanding" (pg. 12). Through one's experience and understanding of the world, internal laws and fundamental truths develop, which guide reasoning in an instant—this allows people to make decisions quickly based on what they already know, rather than having to think through every problem step-by-step. While being a victim of sexual abuse does not guarantee offending on another person, the experience may have the possibility to influence a person's understanding

of sexual offending as normal, inevitable, or acceptable, especially depending on what other messages are received and internalized.

Mental Health Diagnosis or Disability

According to Olver, Stockdale, and Wormith (2011), prior victimization is not the only relationship strongly associated with sexual offending—there is an overwhelming correlation between sex crimes and co-occurring disorders. Berman & Knight (2015) examine the development of sexually abusive behaviors from the perspective of coping mechanisms developed to deal with a variety of conditions not always sexual in nature. Stress, depression, anxiety, and anger were all commonly identified feelings associated with instances of sexual offending, and the offense itself identified as a way to lessen those feelings (Berman & Knight, 2015, p. 603). Public perception of what may qualify as a mental health condition are not always accurate to the reality, and there is the possibility of an undiagnosed or untreated condition leading to mismanagement via sexual offending—for example, using the rush of viewing child pornography to combat feelings of depression. Risk assessments for recidivism often will score an individual at a greater risk if a personality disorder, depression or suicidal thoughts, or other unmediated conditions are present (Boccaccini, Caperton, Murrie, & Rufino, 2012, p. 528). Other mental health conditions, such an Autism Spectrum Disorder or Bipolar Disorder can have a direct impact on how an individual internalizes the feelings of others, their understanding and execution of empathy, and potential understanding of what may or may not constitute as inappropriate behavior. As when looking at sexual trauma, such conditions do not imply a direct and certain relationship to sexual offending, but warn against a possible environment for greater risk. For example—an individual with a developmental disability may present as being

cognitively and emotionally closer to someone much younger, and because of this, that personal may feel a closer compatibility with children.

Factors of Daily Living

All humans share basic needs—and according to Looman and Abracen (2013), Maslow's Hierarchy of Needs (physiological, safety, belongingness/love, esteem, and self-actualization) can play an influential role in instances of sexual offending. Just as frustrations build upon the absence of needs such as food and shelter can result in the decision to turn to stealing to meet with the need, an absence in sexual expression or intimate relationships may push an individual to criminal sexual offending in order to meet those needs. According to Olver, Stockdale, and Wormith (2011), when looking at the likelihood of recidivism and community safety, factors such as number of close friends/supports and duration of healthy relationships may be present in assessments (p. 9). Those individuals who lack others to whom they can reach out, and have interpersonal relationships with, may be considered a greater risk for re-offense due to a higher risk of isolation and loneliness (Looman & Abracen, 2013).

Treatment

Even after understanding some of the factors that may have played a role in sexual offending, treatment planning may seem a daunting task—especially when the progress in treatment may mean the difference between incarceration or freedom, or a new victim or rehabilitation. According to Ward & Durrant (2013), as with all counseling, empathy is the basis of the treatment relationship when working with SOs, and includes fostering a sense of trust. However, unlike many clients who come to treatment voluntarily, despite not being entirely certain what they need, many offenders are mandated to attend as a condition of their legal requirements. Looman & Abracen (2013) emphasize, "it is not the counselor's job to put more

work into treatment than the client" (p. 20), but Ward & Durrant (2013) encourage practitioners to remember a client who feels they are being heard, and seen as a complete persona rather than a crime, is will be more likely to believe in their own treatment and ability to progress.

Assessment

With an understanding of common risk factors in mind, assessment becomes a crucial factor in the treatment of SOs. According to Jenkins (2010) the role of assessment in the treatment of sexual offenders is an ongoing process, from beginning to determine needs, through the time in treatment to determine progress and whether or not what is being done is working, and at the end, when determining if someone has successfully completely. Stone (2010) asserts some one of the most commonly utilized assessments in the beginning of treatment with sex offenders is the STATIC-99R, static, non-changeable factors to provide a baseline for risk that will never change (p. 230). Next, the STABLE-2007 uses interviews and collateral information (often provided from legal documents) to identify areas where intervention may yield the greatest possible change (Stone, 2010, p. 310).

These two assessments may be useful when writing a treatment plan and setting long-term goals to break into more manageable sub-goals, and in the case of the STABLE-2007 can be re-administered to determine if progress has been made. The administration of both of these assessments requires being trained, but such trainings are offered online and are used the most widely in the United States (Stone, 2010). Clinicians may find this beneficial because there is a higher chance for consistency between providers, and a greater likelihood for finding supervision to be sure they are being utilized correction (American Psychological Association, 2014).

The ACUTE-2007 is a short-term risk assessment tool that measures risky behavior based on client self-reporting or collateral information about incidents, which may provide short-term

warning for larger risk (Jenkins, 2010, p. 308). It is useful in that it can be scored without certification, and administered weekly, allowing frequent data to be collected for risk-areas relating to anger, depression, deviant sexual thoughts, and behaviors (Jenkins, 2010).

According to Scoones, Willis, & Grace (2012), even those who do not have legal charges, but engage in problematic sexual behaviors such as peeping, paraphilic habits, or show an interest in children (but have not acted on desire) can benefit from assessment—seeing progress, especially in identified needs-areas, can be a powerful motivation for clients.

Models and Theoretical Frameworks

Cognitive-Behavioral Therapy (CBT) has been identified in the field of sex offender treatment as one of the most effective theoretical perspectives, given the clear behaviors and/or thoughts sought to be changed—whether sexual offending or harmful sexual thinking (Looman & Abracen, 2013). The Risk-Needs-Responsivity model operates on the principles of CBT, and aims to apply an equal amount of treatment intensity to the risks and needs identified.

Conclusion or Discussion

When examined cohesively, research heavily suggests the treatment of those with criminal sexual offenses or other problematic sexual behaviors is, in most ways, similar to working with a 'regular' client. There has to be an understanding of the individual--how they think and make decisions, their strengths and resources, and how they can best utilize these things to make change in their lives.

One of the limitations in this examination of resources is any information related to the risk of working with sex offenders, whether this is perceived or actual cases of violence, assault, or trauma from working with the population. While it is a population many seek to avoid for reasons that could have to do with latent stereotypes or possible experiences, there is little

information related to counselor population preferences along with their reasoning. Due to the sensitive nature of sexual offending there are no reliable studies at this time that may accurately assess the average number of offenders a counselor may encounter throughout their career, as it is reliant on client exposure.

Author's Note

Through my practicum and internship experience, I have had the privilege to work at a clinic specializing in the treatment of individuals diagnosed with sexual and co-occurring disorders. During this time I became increasingly aware of the difficulties these individuals faced through the treatment process--simply put, the system is stacked against them. Whether talking about the psychological effects of registration, the difficulties faced when applying for employment or housing, or finding probation-compliant forms of pro-social community activities, the system appeared to seek eradication of these individuals from society rather than reintegration. Even within my own educational experience there was little to find about sex-offender treatment and considerations without sifting through outdated, stereotype-reliant studies. Perhaps worst of all, reactions to my chosen site garnered reactions proclaiming my evident saintliness in the face of such 'difficult' clients—clients who, to my understanding, struggled with many of the same things an average client might: self-esteem, acceptance, depression, anxiety, learning disabilities, trauma, and ultimately, lack of healthy coping and problem-solving skills, to name a few. That anyone might believe they can avoid working with sex offenders simply by not working in a specific clinic is worrisome to me, but an even bigger fear is that the clients could potentially be referred on and on due to a counselor's fear of lack of knowledge. While it is ethical to not counsel outside one's scope of competence, avoiding

becoming competent due to fear, misunderstanding, or selective empathy is something I wish to help others avoid.

References

American Psychological Association. (2014). American Psychological Association ethical principles of psychologists and code of conduct. Retrieved March 19, 2017, from https://www.counseling.org/resources/aca-code-of-ethics.pdf

Berman, A.K & Knight, R.A. (2015). The relation of familiarity with sexual abusers to subsequent developmental adaptation in youths who have sexually offended. Sexual Abuse: A Journal of Research and Treatment, 27, 587-608.

Bierie, D. M., Davis-Siegel, J. C. (2015). Measurement matters: comparing old and new definitions of rape in federal statistical reporting. Sexual Abuse: A Journal of Research and Treatment, 27, 443-459.

Boccaccini, M. T., Caperton, J., Murrie, D. C., & Rufino, K. (2012). Field Validity of the Psychopathy Checklist--Revised in Sex Offender Risk Assessment. *Psychological Assessment*, *24*(2), 524-529.

Jenkins, J.A. (2010). [Test review of Level of Service/Risk, Need, Reintegration]. In Carlson, J.F., Geisinger, K.F, & Spies, R.A. (Eds.), *The eighteenth mental measurement yearbook* (306-308). Lincoln, NE: Buros Center for Testing.

Jennings, W.G., Higgins, G.E., Tewksbury, R., Gover, A.R., & Piquero, A.R. (2010). A Longitudinal Assessment of the Victim-Offender Overlap. *Journal of Interpersonal Violence*, *25*(12), 2147-2174.

Kavan, M.G. (2014). [Test review of Offender Reintegration Scale]. In Carlson, J.F., Geisinger, K.F, & Jonson, J. (Eds.), *The nineteenth mental measurements yearbook* (pp. 499-501). Lincoln, NE: Buros Center for Testing.

Looman, J., & Abracen, J. (2013). The Risk Need Responsivity Model of Offender

Rehabilitation: Is There Really a Need for a Paradigm Shift?. *International Journal Of Behavioral Consultation And Therapy*, *8*(3-4), 30-36.

Offender Reintegration Scale (2014). In Carlson, J.F., Geisinger, K.F, & Jonson, J. (Eds.) *The nineteenth mental measurements yearbook* (pp. 499-503). Lincoln, NE: Buros Center for Testing.

Olver, M. E., Stockdale, K. C., & Wormith, J. S. (2011). A Meta-Analysis of Predictors of Offender Treatment Attrition and Its Relationship to Recidivism. *Journal Of Consulting And Clinical Psychology*, *79(1*), 6-21.

Scoones, C. D., Willis, G. M., & Grace, R. C. (2012). Beyond Static and Dynamic Risk Factors: The Incremental Validity of Release Planning for Predicting Sex Offender Recidivism. *Journal Of Interpersonal Violence*, *27*(2), 222-238.

Stone, M.H. (2010). [Test review of Level of Service/Risk, Need, Reintegration]. In Carlson, J.F., Geisinger, K.F, & Spies, R.A. (Eds.), *The eighteenth mental measurements yearbook* (308-310). Lincoln, NE: Buros Center for Testing.

Ward, T., & Durrant, R. (2013). Altruism, empathy, and sex offender treatment. International Journal Of Behavioral Consultation And Therapy, 8(3-4), 66-71. doi:10.1037/h0100986