

► Overview

Treatment has been a consistent feature of adult and juvenile sex offender management efforts for decades. However, the underlying structure, delivery, and philosophies of sex offender treatment in the field have been much less consistent. Early treatment methods varied widely, based on theories and techniques that ranged from psychodynamic to strict behaviorism (see Laws & Marshall, 2003 for a review). Programming then became grounded within a cognitive-behavioral framework, and eventually incorporated an emphasis on relapse prevention (see Marshall & Laws, 2003). Even today, sex offender treatment continues to evolve. Indeed, the relapse prevention model, which had been standard practice for many years, has become less influential in favor of more contemporary models of treatment that take into account multiple “pathways” to offending for adults and juveniles (see, e.g., Hunter, 2006; Hunter, Figueredo, Malamuth, & Becker, 2003, 2004; Ward & Hudson, 1998, 2000; Ward & Siegert, 2002; Ward, Polaschek, & Beech, 2006).

Despite these ongoing transformations within the sex offender treatment field, one feature has remained constant – the desire and expectation that through intervention, problem sexual behaviors will be reduced and community safety will be enhanced. And current research suggests that, depending upon the underlying theoretical model and the specific techniques used, some forms of treatment come closer to

meeting that goal than others (Aos, Miller, & Drake, 2006; Hanson et al., 2002; Reitzel & Carbonell, 2006; Walker, McGovern, Poey, & Otis, 2004). Therefore, as stakeholders begin to critically consider the ways in which treatment is approached within their jurisdictions, the following should be taken into account:

- Availability, capacity, and accessibility of programs along a continuum of care;
- Guiding frameworks and goals;
- Modes, methods, and targets of intervention;
- Treatment planning, including documentation of progress and completion;
- Specialized knowledge and experience for treatment providers; and
- Support from key stakeholders throughout the system.

► Availability, Capacity, and Accessibility

Because adult and juvenile sex offenders are diverse populations with varied levels of risk and needs, jurisdictions should have a continuum of treatment services available, ranging from an array of options in the community, to services in group homes and moderate care facilities, and ultimately including treatment in secure correctional or residential facilities (see, e.g., Bengis, 1997; Berenson & Underwood, 2000; Hunter, Gilbertson, Vedros, & Morton, 2004; Marshall et al., 2006a; Schwartz,