

Long Version

Section 5: An Overview of Sex Offender Treatment for a Non–Clinical Audience

What to Look for in a Treatment Provider

30 minutes



TOPIC: INTRODUCTION

(5 minutes)

Learning Objectives

Use Slide #1: What to Look for in a Treatment Provider: Learning Objectives

At the end of this section of the curriculum, participants will be able to:

- Identify basic qualifications of sex offender–specific treatment providers;
- Describe desirable traits of sex offender–specific treatment providers;
- Explain the importance of attitudes and practices supportive of multidisciplinary collaboration in sex offender treatment providers; and
- Identify referral sources to locate sex offender–specific treatment providers.



TOPIC: LACK OF STANDARDIZED CERTIFICATION OR OTHER CREDENTIALING IN MOST JURISDICTIONS (20 minutes)

Use Slide #2: Lack of Standardization

Refer to Handout: Copies of the Colorado, Illinois, Texas, Virginia, and Washington standards and requirements are included in the participant materials.

Note: Ask the audience to brainstorm desirable qualifications and practices in sex offender treatment providers.

We now have established that many sex offenders benefit from appropriate treatment. We've also discussed the effectiveness of warm, empathic, and genuine treatment styles rather than those that are hostile, cold, and deceptive. But how do probation and parole professionals and others identify sex offender treatment providers in order to be able to work effectively with them?

Identifying qualified treatment providers can be a challenging task, in part because there is no standard certification or other universally-accepted credential that ensures the necessary qualifications in sex offender treatment providers (see, e.g., O'Connell, Leberg, and Donaldson, 1990; Sinclair, 1998). Some states, including Colorado, Illinois, Texas, Virginia, and Washington, certify or otherwise regulate sex offender treatment providers. In these states, to become certified or licensed as sex offender treatment providers, mental health clinicians must obtain specific academic training, clinical experience, continuing education, and commit to specified ethical standards.



How do you know what to look for in a treatment provider if you are from a state that has no such regulations? What are desirable qualifications in sex offender treatment providers?

What to Look for in the Absence of Standards

Most community-based sex offender treatment providers have graduate degrees in such fields as social work, counseling and psychology.¹ Some have doctoral degrees, and a few are M.D.'s (psychiatrists). There are not, however, any mainstream degree-granting programs that train students to treat sex offenders. Perhaps the most important thing to understand about degrees is that, while an academic degree in a counseling field is a necessary underlying qualification, simply having such a degree is not sufficient to work effectively with sex offenders. As we've discussed in an earlier section, working with sex offenders typically involves working with individuals who do not want to be treated, at least initially. And many of them are very manipulative. Furthermore, there are specific skills and knowledge that are utilized with these individuals that typically are not used with other types of clients. Graduate school education rarely includes training that is necessary to work with sex offenders. Thus, a degree in psychology or social work is insufficient preparation to work effectively with sex offenders; additional training and supervised experience are required. Experience in working with involuntary clients is particularly important.

Use Slide #3: What to Look For in the Absence of Defined Standards

And as we've noted before, if a treatment provider is ineffective with a typical, non-offending client, the consequences are obviously unfortunate. The client likely will not have her or his presenting problem satisfactorily resolved. With sex offenders, if the treatment provider is ineffective, the consequences are potentially quite serious—there may be additional victimization where effective treatment might have reduced the likelihood of that outcome. Thus, training, experience, and ethical practice are of utmost importance in the field of sex offender treatment.

Helpful Guidance from the Association for the Treatment of Sexual Abusers (ATSA)

As we've noted, most states do not license or otherwise regulate sex offender treatment providers. In part because of the absence of such regulation, ATSA has developed Practice Standards and Guidelines. Strictly speaking, this guide for practice applies only to members of ATSA, but since most sex offender treatment providers are ATSA members, and since ATSA endorses high standards of practice, the ATSA Standards have gained acceptance as defining acceptable practice in the field. ATSA Standards indicate that providers should "have education, training and experience in the evaluation, treatment and management of sexual abusers." They suggest that clinicians should have a relevant graduate degree, and for those who do not, they must have specific training and experience in working with sex offenders and work under the direct supervision of a qualified mental health professional. Further, they stipulate that before providing unsupervised clinical services to sex offenders, treatment providers must have at least 2,000 hours of experience working under the supervision of another skilled provider.

Use Slide #4 and Slide #5: ATSA Suggests Specialized Training

Use Slide #6: Other ATSA Requirements for Treatment Providers

Use Slide #7 and Slide #8: Ethical Treatment Practice

More specifically, ATSA suggests that treatment providers complete courses and training, and gain experience in assessment, psychometric and psychophysiological testing, psychopathology, risk assessment, counseling and psychotherapy, cognitive therapy, couples and family therapy, family reunification, pharmacological therapy, relationship and social skills training, relapse prevention, sexual arousal control, social support networks, and victim awareness and empathy.

Sex offender treatment providers are expected to participate in continuing education as well. ATSA requires of its members a minimum of 15 hours of such continuing education annually. In addition, sex offender treatment providers are required to be informed about mandatory reporting requirements as they pertain to information obtained during their work.

In order to engage in ethical practice, sex offender treatment providers should adhere to conduct-related requirements, including obtaining informed consent of the individuals being evaluated and treated, maintaining appropriate confidentiality and informing the offenders in their care of the limits of confidentiality, providing for security of others and themselves, taking steps to provide continuity of care for offenders with whom they work, and maintaining appropriate boundaries. In the evaluation of sex offenders, treatment providers must base their assessments on information that is obtained from independent sources.

Note: Alert participants to the ATSA Website where the Practice Standards and Guidelines and the Code of Ethics are available for purchase (currently \$40 for both documents). The Web site address is www.atsa.com.

Use Slide #9: Sex Offender Treatment Providers as Collaborative Partners

The ATSA Practice Standards and Guidelines is a comprehensive document that defines acceptable sex offender treatment provider qualifications and behavior. Although additional specifics of the content of this document go beyond the scope of this training, you are encouraged to review the Standards and Guidelines so you can be familiar with what are considered the standards of practice in the profession.

Sex Offender Treatment Providers as Collaborative Partners

As you have learned throughout this training, in order to be effective, sex offender treatment providers must collaborate with other professionals.² These other professionals include probation and parole officers, other treatment providers (such as those treating the offender's victim(s) and other family members), polygraph examiners, plethysmograph and Abel Assessment evaluators, victim advocates, attorneys, prosecutors and other criminal justice representatives, and others. A willingness on the part of the treatment provider to fully engage in these collaborative relationships and freely exchange information relevant to the effective treatment and management of the offender is, therefore, another important quality to look for in treatment providers.



Learning Activity

Refer to Handout: Learning Activity 5–1: “Case Example of Opportunities for Collaboration”. Allow no more than 15 minutes for this exercise.

To more vividly illustrate the importance of collaboration among these various professionals, we'd like you to engage in a brief exercise. If we had more time we would do a role-play of this staffing. However, given the time available, we want you to review the information on the handout provided that identifies a number of individuals with an interest in a particular case, along with the specific information each has. We will ask you to consider what pieces of information are particularly relevant to share and why, and what the consequences might be if such information were not shared among the team of individuals working with this offender.

Review the handout with me: This case involves a sex offender, Rueben, who was convicted of one count for having sexually assaulted his stepdaughter, Natalia, who was between the ages of 13 and 14 years old at the time of the assault. She is 15 years old now. The assault involved the offender going into the child's bedroom at night and fondling her and stimulating himself as he did this. He denied the offense, but more recently in treatment has acknowledged that “Maybe I might have done some of it, but not the part about touching myself. I really don't remember much from back then—I was drinking a lot at that time.” The offender has been required to live elsewhere since placed on probation.

This case is being staffed by an interdisciplinary team who have developed a practice of meeting regularly to exchange information among themselves in order to assure a successful

treatment and supervision approach. The various professionals are listed below, along with some interests and information unique to each. Please read each carefully.

Treatment provider: Although Rueben was timely and attentive in group treatment during his early involvement, lately he has been coming to group late, doing his homework with haphazard quality, and has been complaining cynically about having received a “raw deal,” having been “railroaded into a plea.” He frequently expresses how much he has been looking forward to “going off paper” so he can go back to living his life without being “hassled by his P.O.”

Probation officer: Rueben has been living in a small apartment with a male roommate, and when the officer last visited, he noticed a lot of beer in the apartment. Rueben has been instructed not to drink, and he stated that the beer all belonged to his roommate.

Polygraph examiner: Rueben is scheduled to participate in a polygraph examination shortly. What issues will be important to address in the evaluation?

Plethysmograph/Abel Assessment evaluator: Recently, both the penile plethysmograph and Abel Assessment of Sexual Interest were administered at the joint request of the treatment provider and supervision officer. His test results indicated that he was most erotically aroused and had the longest visual reaction time to depictions and descriptions of consenting sexual activities with adult females, followed by such activities with adolescent girls, with little interest shown for pre-pubescent children or force and violence. When told of these findings, Rueben made much of how these results “vindicated” him.

Natalia’s therapist: Natalia has been seen for several sessions in outpatient treatment. She feels very guilty that her father has been forced out of the home and she thinks her mother holds that against her because her mother is overwhelmed emotionally and physically with caring for the two younger children in the household.

Rueben’s wife Claire’s therapist: Claire believes “the system” has overreacted to Rueben’s offense. She reports that she and Rueben continue to see each other outside of the family home, which typically involves Rueben bringing Claire home late at night after they’ve been together. Natalia babysits her younger siblings on these occasions.

Victim advocate from the prosecutor’s office: Although the victim advocate has not seen the family members since the case was litigated, at that time it was obvious how dependent Claire was on Rueben and how tenuous Natalia’s courage was to speak the truth about having been assaulted. Natalia came close to retracting her allegations during the investigation because people were blaming her for tearing the family apart.

Alcohol or Drug Addiction Counselor: After one cancellation and another missed appointment, Rueben completed his alcohol and other drug abuse assessment. He has had a pattern of alcohol dependence for over ten years, engaged in binge drinking approximately twice a month over the past two years, and was convicted of drunk driving five years ago. He denies that alcohol is a problem, however, and states that he has “just stopped” drinking. In the brief time available, please discuss the following questions:

1. What might the benefits of collaboration be in this case?

2. Consider each of the professional roles outlined above along with the specific information each person possesses on this case. What information might be exchanged to facilitate better management of this case? How would this information change the course of supervision or treatment?

Processing of Learning Activity

Note: Ask participants to share a few of their answers to these questions. Take no more than 3–5 minutes for this discussion.



Now that you've all had some time to discuss this case, what do you see as the benefits of collaboration among the professionals working with Rueben and his family? Can you foresee any barriers to collaboration in this, or other, cases? Do the benefits outweigh the barriers in your opinion?

Collaboration comes with complexities that working alone simply doesn't present. Collaboration requires communication, recognition of and respect for others in their roles, taking time to meet and talk, and flexibility in sharing the management of these challenging cases. But as we hope the brief role-play has illustrated, sex offender management is a far too large, complex, and important task to successfully accomplish single-handedly, and therefore, well worth overcoming the challenges collaboration presents.



TOPIC: LOCATING SEX OFFENDER–SPECIFIC TREATMENT PROVIDERS (5 minutes)

Use Slide #10: Locating Sex Offender–Specific Treatment Providers

Some of you might be wondering how to locate qualified and competent sex offender–specific treatment providers in your jurisdiction. If you live in a state where treatment providers are regulated in some way, your task might be quite simple. A list of treatment providers, typically referred to as approved or certified providers, is usually available from your state or local regulatory body (typically a sex offender management task force or council). However, this is likely to be the case in only a minority of states. If you live in a state without a regulatory body, you may have to look further to identify well qualified sex offender–specific treatment providers. There are two national sources of information that might be of help to you.

The Association for the Treatment of Sexual Abusers maintains a state–by–state list of all of its members, which numbers well over 2,000 nationally. Most states also have active State Chapters. ATSA can provide you key contact information for its membership in your state.

The Safer Society Foundation is another source of information and is particularly helpful in identifying treatment programs, both outpatient and residential (you’ll recall that Safer Society conducted the national survey we reviewed earlier).

The contact information for both of these organizations is on the slide.

Here are a few other suggestions and ideas about locating sex offender–specific treatment providers and building treatment capacity in your jurisdiction:

ATSA
4900 S.W. Griffith Drive, Suite 274
Beaverton, OR 97005
(503) 643–1023
atsa@atsa.com
www.atsa.com

Safer Society Foundation
P.O. Box 340
Brandon, VT 05733–0340
(802) 247–3132
www.safersociety.org

- Success in finding and courting potential providers can be enhanced with the appropriate incentives. If there are trained and knowledgeable treatment providers and probation/parole agents in your area, those individuals might offer free training, and ongoing supervision and consultation services, to other providers who are interested in working with this offender population.
- When reaching out to potential treatment providers, supervision agencies will want to emphasize the notable goal of preventing sexual abuse and be as reasonable as possible in terms of the number of referrals and payment for services. That is, it is

unlikely that treatment providers will want to work with large numbers of sex offenders for minimal (or no) payment.

- Treatment providers who work in the area of substance abuse and domestic violence often can make a relatively easy transition to working with sex offenders. Many of the treatment principles and approaches are similar, though sex offender–specific training is still entirely necessary.
- You may also want to consult O’Connell’s, Leberg’s, and Donaldson’s book (1990) entitled “Working with Sex Offenders: Guidelines for Therapist Selection.” It provides an excellent description of treatment provider qualifications and attributes.



TOPIC: SUMMARY

Use Slide #11: Summary

To sum up this brief section on what to look for in a treatment provider, please remember that:

- ATSA and Safer Society are very helpful resources.
- Treatment providers must be willing to collaborate with the other stakeholders who share responsibility for sex offender management.
- In your efforts to identify potential treatment providers in your jurisdiction, you will want to think creatively about incentives to make this work appealing to those who might be interested in doing it.



TOPIC: TRAINING SUMMARY

Use Slide #12: Training Summary

We have covered lots of ground today. Let's spend a few minutes summing up some of the critical take away points that we have discussed. They are as follows:

- The primary goal of sex offender–specific treatment is the protection of the community.
- The most recent, largest scale, and best designed treatment outcome study to date (Hanson et al., 2002) found that, overall, there is strong evidence that treatment works.
- The four domains of sex offender–specific treatment are: sexual interests, distorted attitudes, interpersonal functioning, and behavior management.
- The most widely accepted form of treatment used around the country is cognitive–behavioral treatment.
- For sex offender–specific treatment providers to be as effective as possible, they must work in close collaboration with other professionals who are involved in the management of these offenders.

REFERENCES AND RESOURCES

Association for the Treatment of Sexual Abusers (2001). *Association for the Treatment of Sexual Abusers Professional Code of Ethics*. Beaverton, OR.

Association for the Treatment of Sexual Abusers (2001). *Practice Standards and Guidelines for Members of the Association for the Treatment of Sexual Abusers*. Beaverton, OR.

O'Connell, M.A., Leberg, E., & Donaldson, C.R. (1990). *Working with Sex Offenders: Guidelines for Therapist Selection*. Thousand Oaks, CA: Sage Publications.

NOTES

1. McGrath, Cumming, and Burchard, 2003.
2. Association for the Treatment of Sexual Abusers, 2005; Carter, Bumby, and Talbot, 2004; Center for Sex Offender Management, 2000; Cumming and McGrath, 2000, 2005; English, et al., 1996, 2003.