DOWNLOAD PDF SOURCEBOOK OF TREATMENT PROGRAMS FOR SEXUAL OFFENDERS

Chapter 1 : SAGE Books - Remaking Relapse Prevention with Sex Offenders: A Sourcebook

A guide for the design and implementation of treatment programs, the Sourcebook emphasizes clinical issues over research and offers valuable suggestions for dealing with problems that arise in treatment.

This includes programs in prisons, community settings, and psychiatric institutions and programs that deal with differing populations, i. It is clear that there is much worldwide effort and attention being devoted to treating sexual offenders. Canada and the United States appear to be leading the way while many other countries are actively developing treatment programs in their own environments. Much of this activity can be traced to the influence and work of William Marshall, one of the editors, whose example and students have been seminal and guided the progress of sexual offender treatment. Each chapter includes descriptions of administrative concerns, institutional relationships and problems, funding problems, assessment procedures, treatment content, staffing questions, and as much evaluative and outcome information as is available. Any professional establishing a sexual offender treatment program or working to improve one already in place has much to learn from these chapters. While there is not enough outcome information yet available to demonstrate convincingly what works and what does not work for discriminable populations or types of sexual offenders, there are several concepts that appear to have consensual validation across the various reports. There is also modest empirical support for these concepts in the outcome evidence reported. Cognitive behavioral procedures are universally understood to be the most desired and most likely efficacious approaches to sexual offender treatment. Almost all programs also include a relapse prevention element that attends to the process of the individual in committing crimes and reoffenses. Confrontational, hostile, and controlling behaviors are understood to be counterproductive, lead to early terminations, and have little positive effect. Every program description in one way or another asserts that sexual offenders ought be treated with respect and consideration while therapists remain firm and aware of conning and manipulation. Treating sexual offenders as if they were monsters is likely to confirm their own cognitive errors and may increase the likelihood of recidivism. Allowing for development of trust, a realistic basis for improving self-esteem, and modeling a rational and nondestructive use of power and control is presented as essential to a treatment program. There is universal acknowledgment of the importance of therapist factors and hence staffing becomes a crucial issue. Therapist style and therapist actions toward the offenders must be observed and managed. Not everybody can be a good sexual offender therapist. There are also a number of warnings about negative effects on the therapists. In the present climate of budget cuts and greater accountability for funds and effectiveness, staffing decisions become even more significant. There must be ongoing and continuous training and updating of staff skills, consciousness, and awareness. Sexual offenders must take responsibility for their actions and behaviors. All programs seek to insure as an initial step that the offenders accept their individual responsibility for their criminal acts. Then they go beyond this to support and enhance personal responsibility throughout the life of the individual. Many also include training in social skills, intimate relationships, and development of empathy. Denial is recognized as a major issue, however, only one program description, that for clergy, even mentions the possibility of false accusations and false or wrongful convictions. The demonization of sexual offenders and their rejection by society is understood to be problematical. This may well result in increasing numbers of old sexual offenders filling up prison spaces at high costs and little discernible increment in public safety. This book represents the best thinking and practice currently being done in the treatment of sexual offenders. The net result is cautious optimism that there can be effective treatment programs that will reduce the likelihood of recidivism. Whether the costs may be too high remains to be determined. Every professional who has an interest in sexual offender treatments can profit from reading this book carefully and referring to it often as a resource for responding to basic issues about sexual offenders.

Chapter 2 : IPT Journal - Book Review - "Sourcebook of Treatment Programs for Sexual Offenders"

This bar-code number lets you verify that you're getting exactly the right version or edition of a book. The digit and digit formats both work.

Foreword [Page ix] This book contains a wealth of information about the current status of relapse prevention RP in the treatment of sex offenders. Almost 20 years have gone by since the RP model was initially formulated as a cognitive-behavioral treatment approach for individuals with alcohol or drug problems. It was not until the early s that several of us met at Atascadero State Hospital in California to discuss the potential application of RP to the treatment of sex offenders. At that meeting, Bill George and Janice Marques, two former students now colleagues of mine, met with Richard Laws, Bill Pithers, and other professional staff at the hospital and began to develop the foundation of applying RP to the problem of sex offending. As the chapters in this volume clearly attest, we have come a long way from this early work in investigating the parallels and differences between addiction treatment and developing successful interventions for illicit and harmful sexual behavior. It is also clear that we have a long way to go. As stated by many authors, modifications are needed in both the theoretical understanding of the determinants of sexual offending and the development of more effective treatment modalities that are linked to this conceptual underpinning. The same process of reformulating and extending the original RP model in the treatment of addictive behaviors is currently under way. Reviews of RP outcome studies including a recent comprehensive meta-analysis in the alcohol, smoking, and other drug treatment literature have revealed a mixed picture. Most studies do not demonstrate that RP programs are associated with higher rates of abstinence as compared to other treatment approaches. These results are similar to those obtained in other drug treatment studies e. Although these studies show that abstinence rates are not usually significantly reduced by participation in RP treatment, results often show a significant reduction in relapse rates for those who engage in any substance use following completion of treatment e. As such, RP programs appear to be more effective in relapse management than in preventing any relapse from occurring. These findings support the hypothesis that RP may be more effective as a harm reduction approach than as an intervention designed to inculcate total abstinence in drug dependency treatment. Studies comparing pharmacotherapy with RP in the treatment of cocaine dependency have shown that, although both treatment approaches appear to have equivalent effects early in the posttreatment period, more delayed follow-up assessments 1 year or longer tend to show that RP is associated with greater consolidation of treatment gains compared to control conditions. The finding that RP treatment effects may emerge later in time is consistent with a learning-based model in which new coping skills and improved self-regulation are acquired and improve over time with practice, particularly if it is gradually reinforced by the benefits of abstinence or less harmful drug use. Since the publication of our RP book, much new work has evolved in the addiction treatment field. Two developments have had major impacts. Professional treatment matching or consumer choice among various treatment options is also promoted to enhance commitment to the action stage. The model postulates maintenance as a critical final stage in which individuals either successfully maintain treatment gains such as long-term abstinence or become involved in the relapse process. Most addiction clients are [Page xi]unsuccessful in maintaining total abstinence in any one quit attempt, although many are successful in the long run through participation in formal treatment or self-initiated trials over time. It is in the maintenance stage that RP appears to have its greatest impact. As such, RP can be considered as one component of a broad-spectrum cognitive-behavioral approach that also includes relevant interventions for the other stages of change, including MET for clients who are not yet ready or willing to make a firm commitment to abstinence in the action stage. Motivation and skill acquisition are both essential ingredients of behavior change. Whereas motivation addresses the issue of why to change in the initial commitment to action, RP can provide the means of how to change. RP is best described as a self-management approach to behavior change. Therapists who are presenting RP to clients sometimes

describe it as similar to driver-training programs. Driving is a unique behavior in that it involves both personal freedom and responsibility: One is free to explore the open road, but one must do so in a responsible manner. No matter what happens on the trip, the driver is always ultimately responsible for his or her actions. As such, RP teaches skills that assist the driver how to proceed safely on his or her journey, with a focus on how to proceed in the ever-changing travel environment by encouraging both enhanced awareness and the learning of appropriate driving skills. In terms of enhanced awareness, drivers are encouraged to keep their hands on the wheel and their eyes on the road ahead as well as keeping an eye on the road behind in the rearview mirror â€"to watch for warning signals, possible sudden detours or dead-ends, and other hazards of the road especially the behavior of other drivers and pedestrians. What is the parallel motivation for engaging in safe and responsible behavior for sex offenders? Although driving is not allowed in prison, one can still learn to walk a new path of personal change. Walking is better than stalking. From a clinical perspective, RP is an individualized approach that varies from driver to driver. The heart of driver training is individualized training with the driver behind the wheel. This is a good strategy to employ in RP programs for either addiction or sexual offending problems. Often, the best clinical results occur when there is an active mutual collaboration between the client driver and therapist trainer: To the extent that the therapist and client can work together as partners in developing an individualized treatment plan, the client is likely to assume a greater stakeholder role in the treatment process. As noted by several authors, RP can also provide a common language for the client and therapist to discuss offending behavior. It also provides a flexible biopsychosocial model of the etiology of the problem, one that fosters both an attitude of acceptance in which it is hoped that the client comes to accept responsibility for causing harm and to accept responsibility for change and optimism for the potential of successful change. Most developed their affliction by some combination of Freudian, Pavlovian, and Skinnerian conditioning. One problem with an individualized RP treatment approach is that it creates problems for treatment outcome researchers who often prefer a standardized [Page xiii]treatment protocol that can be manualized and followed in a systematic step-by-step fashion. Participants can then be randomly assigned to receive RP or some other comparison condition. There is merit to this argument, and it appears that RP means a lot of different things to different treatment providers. To many, RP has taken on the meaning of a treatment goal rather than a specific cognitive-behavioral treatment method. In the addiction treatment literature, many different programs have taken on the goal of RP, including pharmacotherapy, various forms of psychotherapy and behavior therapy, and even incarceration itself. From this broad perspective, anything that prevents relapse could be considered an effective intervention. Here, the use of RP as a goal rather than a treatment model reflects the growing awareness that interventions geared to the maintenance stage of behavior change are necessary. Even within the cognitive-behavioral model of RP, a wide variety of cognitive and behavioral assessment and treatment approaches are described, based on social learning theory and its application to the modification of addictive behaviors. As a result, there is no standard definition of RP, and treatment protocols often integrate several RP treatment approaches into a single package, making it difficult for researchers to tease out effective or ineffective components. Despite these methodological problems, many authors in this book have put forth testable hypotheses about what works and what does not in RP. Future revisions of the model will benefit from this important and needed research. The discussion of the potential overlap between RP and harm reduction HR approaches discussed in this book is both stimulating and controversial. Whereas RP is usually described as an individual treatment approach, HR programs are typically more comprehensive in scope, extending the treatment model by including both environmental changes and public policy approaches. To return to the example of driver training as an individualized approach, HR also focuses on a wider approach to reducing harm, including the provision of a safer environment safer cars and highways as well as establishing policies designed to protect both the driver and the larger community e. A similar comprehensive approach in working with sex offenders is recommended by several authors in this book. RP programs need to be integrated into the larger context associated with posttreatment supervision and a safe return to the community. Another advantage of the HR model is that it

facilitates both primary and secondary prevention goals and may provide access to active offenders by increased outreach and intervention. Overall, this book is a rich source of information on the application of RP with sex offenders. It presents readers promising directions for change and areas that need revision based on new research findings and the integration of emerging theoretical models that show considerable promise in this field especially harm reduction and behavioral economics, both of which are covered in different chapters. I like to [Page xiv]think of the original statement of the RP model in the book as a prototype, a vehicle the RP model that was designed to introduce a cognitive-behavioral approach to the addiction treatment field that was previously dominated by a biological disease model of etiology and a strict adherence to step groups such as Alcoholics Anonymous as the only acceptable approach to treatment. Although there have been essentially no changes in the step approach since its origins more than 50 years ago, RP continues to evolve and change based on research findings and clinical experience. This material in this book should help us construct a better, safer vehicle for the treatment of sex offenders in the new millennium. He is now retired and self-employed as South Island Consulting. He received his Ph. While completing his doctorate, he was employed as a medical research associate at the Behavior Research Laboratory, Anna, Illinois. After graduating, he moved to Atascadero State Hospital in California, where he was an experimental psychologist and director of the Sexual Behavior Laboratory from to On receipt of a grant from the National Institute of Mental Health, he moved to the University of South Florida, where he was a professor in the Florida Mental Health Institute and director of an outpatient treatment program for child molesters from to He is well known in the field of sexual deviation as an innovator in the development of assessment procedures and in program development and evaluation. He is the author of 50 articles and book chapters and an equal number of professional presentations. Theory, Assessment, and Treatment He has worked as a clinical psychologist in both mental health and forensic settings since His clinical and research interests include social competency deficits in offending and offense processes, as well as issues in health psychology. He currently serves on the editorial board of the journal Sexual Abuse: A Journal of Research and Treatment. He has published more than 75 articles and book chapters. His research interests include the area of attachment and intimacy deficits in sexual offenders, cognitive distortions, sexual offending theory, and relapse prevention treatment models. He has presented at many international conferences, run workshops, and has approximately 80 publications. He is a coeditor with W. She completed her clinical internship at Patton State Hospital, a forensic mental health hospital, and has worked as a clinical psychologist at Atascadero State Hospital since She has provided court testimony, supervision, and training on the treatment of sex offenders. She is an active researcher, and among her publications, she is the coauthor of a book on the treatment of sexual offenders. She is also the co-editor of Paths to Wellness: In addition to her work with offenders, Jacqueline has worked with women and [Page]children survivors of sexual abuse for more than 10 years. After his doctorate and postdoctoral investigations into the mechanisms underlying schizophrenic symptomatology at Oxford University, he moved into sex offender research. Over the past 8 years, he has been involved in treatment evaluation and the development of systems to look at treatment need and treatment change in sex offenders. He has written papers on these and other related projects. He is a clinical assistant professor of psychiatry, medical psychology, at the University of Missouri-Columbia School of Medicine. He earned his doctorate in forensic clinical psychology at the University of Nebraska, Lincoln, specializing in the assessment and treatment of sexual offenders. He has presented at numerous conferences and has published several articles and book chapters on sex offenders and other forensic issues. He has worked with sex offenders since and regularly trains sex offender treatment providers in both the United Kingdom and Scandinavia. He is engaged in doctoral study of risk assessment and prediction of sexual murderers and has developed considerable expertise in working with this client group. Prior to this she worked at Stony Mountain Institution, where she specialized in the provision of culturally appropriate healing for Canadian Aboriginal offenders. Shirl received her bachelor of arts degree from the University of Manitoba in She is a woman of Ojibwe and French ancestry who has put to use her Traditional teachings and gifts along with her counseling skills to support the wellness of offenders. She has worked with

sex offenders for most of her career and played a central role in establishing the Sexual Murderers Unit at HMP Brixton. This unit specializes in the assessment, treatment, and research of this complex client group, and Jo Clarke has presented both nationally and internationally on the work of the unit.

Chapter 3 : Sourcebook of Treatment Programs for Sexual Offenders - Google Books

Enter your mobile number or email address below and we'll send you a link to download the free Kindle App. Then you can start reading Kindle books on your smartphone, tablet, or computer - no Kindle device required.

Chapter 4 : Sourcebook of Treatment Programs for Sexual Offenders : Stephen M. Hudson :

Sourcebook of Treatment Programs for Sexual Offenders / Edition 1 A guide for the design and implementation of treatment programs, this book emphasizes clinical issues over research and offers valuable suggestions for dealing with problems that arise in treatment.

Chapter 5 : CEBC Â» Sexual Abuse Family Education And Treatment Program â€º Program â€º Detailed

Sourcebook of Treatment Programs for Sexual Offenders Edited by William Lamont Marshall Yolanda M. Fernandez Queen's University Kingston, Ontario, Canada.

Chapter 6 : Bill Cosby's Sex Offender Treatment Depends on Danger Level | blog.quintoapp.com

Sexual offenders would be concentrated in a smaller number of prisons that would offer a unified group treatment program that would be designed in line with research about effective treatment for.