COMMUNITY COLLABORATION

Including Concerned Others in the Treatment of Sexually Violent Offenders

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Individuals who commit sexual violence and lack social support are at increased risk for reoffending in the future (Mann, Hanson, & Thornton, 2010). While these individuals are often in relationships at the time of their offences and when they present for treatment, there is evidence of several factors that contribute to relationship distress (Iffland, Berner, & Briken, 2014; Metz & Dwyer, 1993). In particular, Marshall’s (1989) theory of intimacy deficits changed how clinicians and researchers conceptualize motivation for sexual violence. Research on interpersonal difficulties in this population has revealed that intimacy deficits are just one of several additional factors that impede successful interpersonal functioning, with other factors including trauma, substance abuse, poor communication skills, and distortions about healthy sexual behaviours (e.g., Dudeck et al., 2012; Hanson & Harris, 2001). Ensuring clients have the ability to maintain relationships is important, because individuals who recidivate are more likely to have poor social supports (Hanson & Harris, 2000). It is for these reasons that several best practice guidelines recommend that individuals close to the client are included in treatment where possible. However, a review of current research reveals a paucity of specific guidance on how clinicians are to accomplish this task. Most treatments fail to directly specify how to include concerned others (COs) and how to assess the effectiveness of the clients’ use of skills. Clients are encouraged to practice skills they learn in session with COs, but these latter individuals are never actively included in treatment. Moreover, many of the modules covered in intimacy treatment are quite challenging (e.g., sexual relations/dysfunction, jealousy) and are likely difficult for clients to discuss with COs (Castellino, Bosco, Marshall, Marshall, & Veglia, 2011). Therefore, the primary theoretical question of this presentation is not what factor should be targeted, but how to best target these interpersonal factors in treatment.

The thesis of the current presentation is that actively including COs in treatment will improve outcomes by providing opportunities and guidance on how to apply skills learned in treatment. In support of this position, the presentation will be divided into three sections. The first section will include a summary of current research supporting intimacy
deficits and poor social support as risk factors. In the second section, a synthesis of relationship-based treatment models will occur. In particular, it will be made clear what elements from intimate partner violence, sexual dysfunction, trauma, and substance treatments are theoretically related to the treatment models discussed in the first section. The third section will included a detailed examination of process issues that arise when a CO is involved in treatment, including: appropriateness for inclusion; setting and timing of inclusion; mode, format, and length of sessions; and specific goals and interventions to be used in treatment. Audience members will be given opportunities to examine how to include COs in their own clinical practice.

The current presentation is the first to examine how clinicians can incorporate COs into treatment and what factors to target. Discussion will occur about the ethical and practical limitations of including COs in treatment. Specifically, some orientations (e.g. feminist theory) oppose inclusion of COs in treatment when one individual has a history of violence. Also, some clinicians will be concerned about issues of competence that may arise when including a CO in treatment. Still, it stands to reason that inclusion of COs will enhance to treatment gains for sexual offenders. Recommendations for a research program, evaluating inclusions of COs in treatment, will be made.

References
Goals of the Paper:
By the end of this presentation audience members will be able to:

1. Explain the research supporting treatment of interpersonal deficits.
2. Synthesize the contributions of treatments involving intimate partner violence, sexual dysfunction, trauma, and substance use.
3. Evaluate the benefit of including COs in their own clinical practices.
4. Tailor skill training and interventions to include COs.

A Model for Utilizing Volunteer Chaperons in Community Management of Sex Offenders

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Individuals who have offended sexually and been convicted through the criminal justice system generally have significant personal restrictions and regulations when returned to a community based setting. As providers and probation officers we are tasked with the challenge of assisting our clients in addressing their past problematic behaviors while maintaining the primary focus of no new victims and community safety. This can be overwhelming for the professionals involved resulting in the tendency to error on the side of caution rather than seek safe alternatives or explore options for their clients. This model allows for offenders to begin moving back into their community and social networks while they are still in treatment and on probation; while we are still connected with them and can facilitate the learning process and monitor the progress. The exact natures of their contacts are developed individually for each offender based on their patterns of offending and deviant arousal patterns.

This model utilizing volunteer chaperons allows for sex offenders who process successfully through treatment and probation to simultaneously move forward in their contact with appropriate family members and social networks. As providers we recognize that helping our clients achieve joy and success in their life is a vital component for their overall well being and continued success. With a chaperon working with them they can begin to involve themselves again with family and spiritual and social networks. The program assists with developing support systems and accountability partners who will become part of their lives in a positive and enriching manner.

Goals of the Paper:
1. Participants will be presented with an alternative to strict models of community supervision where offenders who are successful in treatment and probation can move forward gradually and incrementally with opportunities to function in social settings where they previously would have been denied access.
2. Participants will begin to view sex offender’s contact with family and community members on a continuum that is individually implemented.

3. Participants will have a better understanding of the positive role chaperons can play in community management of sex offenders.