Developing Holistic Sex Offenders’ Treatment Programs from an Adlerian Perspective

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Abstract

The purpose of this paper is to provide evidence for the need to implement Adlerian holistic treatment approaches for sex offenders in group and individual therapy settings. First the sexual victimization statistics, risk factors, and the current three treatment programs for sex offenders are reviewed. The application of Adlerian holistic interventions to sex offenders’ treatment programs will be discussed. It is concluded that Adlerian therapy can be effective in promoting social interest and community safety in the sex offender population.
Sex Offenders’ Treatment Programs

Developing Holistic Sex Offenders’ Treatment Programs from an Adlerian Perspective

Sexual Victimization Statistics

Statistics Overview

This section will provide a general overview of sexual victimization statistics. Reasons for current misperceptions about sex crimes are reviewed. In addition, general information about sex offenses that are reported to authorities will be discussed.

According to the National Violence Against Women Survey, approximately 302,100 women and 92,700 men are forcibly raped in the United States each year (Tjaden, & Thoennes, 1998). Research studies estimated by the time rapists enter treatment they have assaulted an average of seven victims. In addition, Abel, Becker & Mittelman’s 1987 study concluded pedophiles who molest boys committed an average of 282 offenses against 150 victims before they were incarcerated (as cited in Grossman, Martis & Fichtner, 1987).

Harrison & Beck’s 2006 research estimated over 150,000 sex offenders are incarcerated in state and federal correctional throughout the country facilities (as cited in CSMO, 2007). In fact, Greenfeld’s 1997 study identified that within a fourteen year period from 1980 to 1994, the number of incarcerated sex offenders increased by 300% (as cited in CSOM, n.d). According to the Federal Bureau of Investigation report in 2005, men accounted for 95% of the sex crime arrests (as cited in CSOM, n.d).

The above profound statistics are limited by what is known to the authorities and what sex crimes are reported to the authorities. Surprisingly, the Federal Bureau of Investigation reported in 2005 that arrests for sex offenses account for less than 1% of all arrests because sexual abuse is a hidden crime (as cited in CSMO, n.d). For example, Kilpatrick et al.’s 1992 study revealed 84% of victims did not report their victimization to law enforcement (as cited in
Clinicians must keep in mind the above numbers represent only those offenses detected by the authorities. These statistics are inaccurate and misleading information, which may lead the public to believe in commonly held myths or misperceptions about sex crimes, victims, and the individuals who commit these offenses. The inaccurate statistics lead the public to believe most sex offenders are incarcerated; therefore, the public may believe communities are safer than they are (CSOM, n.d). However, the research data from the studies of Hughes & Wilson, 2003 and Hughes, Wilson, & Beck, 2002 indicated 97% of sex offenders return to the community. Bumby, Talbot, & Carter (in press) identified there are 20,000 sex offenders being released into local communities each year (as cited in CSOM, n.d).

One can see it is difficult to conduct good research on the effectiveness of sex offenders' treatment programs because of inaccurate statistics about sex crimes. Nonetheless, researchers need to study sex offenders' risk factors associated with reduced recidivism rates. To design effective sex offenders' treatment programs, therapists need data from valid current research to develop treatment programs and to understand what has worked in recent past treatment programs.

Risk Factors Associated with Recidivism Rates

Identification of Risk Factors

Before discussing the available sex offenders' programs, the risk factors of the onset and continuation of sexually offending behaviors need to be discussed first. In the Center for Sex Offender Management's article, "Recidivism of Sex Offenders," the authors stated, "The identification of risk factors that may be associated with recidivism of sex offenders can aid practitioners in devising management strategies that best protect the community and reduce the
likelihood of further victimization” (CSOM, 2001, p.4).

Risk factors are generally divided into two sub-groupings. Static risk factors are described as being unchangeable. Dynamic risk factors describe areas which have the potential for change (CSOM, 2008). Static risk or unchangeable factors help clinicians understand etiology and permit predictions of relative likelihood of re-offending behaviors (CSOM, 2008). Dynamic factors take into account changes over time that informs clinicians about the types of interventions that are most useful to lower risk (CSOM, 2008).

The static risk factors. Hanson & Bussiere’s 1998 and Hanson & Morton, et al.’s 2004 research identified the following static risk factors likely to predict re-offending behaviors; 1) A younger age of onset of the sexual offence, 2) Having prior convictions for sex offenses, 3) Targeting male victims, 4) Having unrelated, unfamiliar victims as opposed to victims who are within the family or who are known to the offender, 4) The presence of deviant sexual interests, or preferences, 5) Being unmarried, and 6) Having an antisocial personality disorder (as cited in CSOM, n.d).

The dynamic risk factors. The above researchers described the following dynamic factors likely to predict sexual recidivism; 1) Problems with intimacy, or conflicts in intimate relationships 2) Pervasive anger and hostility, 3) Emotional identification with children, 4) Preoccupied with sexual matters or activities, 4) Lifestyle instability and self-regulation difficulties, such as employment problems, impulsivity, and substance abuse, 5) Attitudes and beliefs that tend to support or justify criminal or antisocial behaviors, 6) Difficulty generating/enacting coping strategies for personal risk factors, 7) Deficits in (personal/interpersonal) problem solving skills, and 8) Dysfunctional schemas, linked to early attachment experiences (as cited in CSOM, n.d).
In Hanson and Harris’s 1998 study, they recognized sex offenders who re-offended had a number of significant differences in their dynamic factors than the non-recidivists. Their research found sex offenders who committed subsequent sex offenses were likely to be unemployed and have substance abuse problems. In addition, they identified sex offenders who re-offended had less empathy toward their victims. The sex offenders who re-offended were described as having more chaotic, antisocial lifestyles and had trouble controlling anger, compared to the non-recidivist (as cited in CSOM, n.d).

Helping the sex offender identify his risk factors is a way to help him understand how many different factors can influence his behaviors. Identifying dynamic factors associated with reduced recidivism, holds particular promise in effectively managing sex offenders. The examination of sex offenders' static and dynamic factors should be encouraged through various supervision and treatment strategies.

In summary, the risk factors described in the above paragraphs include a number of elements; however, there are other static and dynamic factors that have not been mentioned. The major risk factors the sex offenders' therapist must identify to help reduce recidivism rates have been discussed. Hanson and Morton-Bourgon (2009) noted that "no single measure has yet to establish itself as clearly more accurate than other, similar measures" (p.10). Therefore, "a range of risk factors should be considered in competent evaluations” (p.1).

Sex Offenders Three Common Treatment Approaches

The Treatment Approaches

The majority of sex offenders' treatment programs utilized in the United States include; 1) the psycho-educational approach, 2) the pharmacological approach, and 3) the cognitive-
behavioral approach with relapse prevention interventions (CSOM, 2001). Below is a brief description of the above three common therapeutic approaches for treating sex offenders.

*The Psycho-educational approach.* The psycho-educational approach encourages sex offenders to recognize their responsibility for their offenses and increases the offender's concern for the victim. The psycho-educational approach helps the sex offender increase the use of appropriate social skills by learning how to effectively communicate his feelings (NCJA, n.d).

*The pharmacological approach.* The pharmacological approach utilizes medication to reduce sexual response. The pharmacological interventions are essential to control the sexual drives of the sex offender. For example, antiandrogen medication releases hormones to reduce sex offenders' sexual impulsivity (Grossman, Martis & Fichtner, 1999).

*The cognitive-behavioral approach.* While all the above sex offenders' treatment programs promote change, Borzecki & Wormith’s 1987 research cited group cognitive-behavioral programs are the most successful in reducing recidivism rates. They found the group cognitive behavioral approach an appropriate form of treatment in the United States (as cited in Wakefield & Underwager, 1991). The cognitive behavioral approach questions sex offenders' distorted thinking patterns related to sexually offending behaviors. Various cognitive interventions are used during group that could change the sex offenders' deviant patterns of arousal.

Yet, Beech & Hamilton-Giachritsis’s 2005 and Garrett, Oliver, Wilcox, & Marshall’s 2005 studies identified cognitive behavioral techniques to be somewhat confrontational, which could increase feelings of shame, helplessness, and powerlessness for the sex offender (as cited in Johnson & Lokey, 2007). In addition, sex offenders' feelings of inferiority create additional range of intervention needs in their life. Most of the time sex offenders need help with
psychiatric, healthcare, family, peer, substance abuse, or educational areas in their lives (CSOM, 2006).

Furthermore, when an individual is labeled a sex offender, there is a tendency for society to define him solely in terms of his sexual abusive behaviors (Johnson & Lokey, 2007). While it is true sex offender’s sexual abusive behaviors need to be corrected, the above psychological issues also need to be addressed. When sex offender’s psychological needs are addressed in treatment, his lifestyle will improve, which will increase his social interest. Perhaps if a sex offender improves his social interest, he might be less likely to re-offend. Contemporary sex offenders' treatment programs need to address these psychological needs by designing treatment in a holistic manner.

Applying Four Phases of Adlerian Therapy when Working with Sex Offenders

Garrett et al.’s 2003 research found that there are sex offenders' treatment programs that have not explored the above psychological needs of the client or tried to understand the development of the sex offender's lifestyle (as cited in Johnson & Lokey, 2007). Sex offenders' therapists need to consider integrating a wide range of interventions into their treatment programs. However, due to the constraints of this paper, only Adlerian interventions for helping sex offenders are discussed. The following Adlerian models can assist therapists in developing refined and tailored interventions for each sex offender.

In this section, the four phases of Adlerian therapy will be discussed. The first phase of the Adlerian model is establishing a relationship with the client. In the second phase, various psychological assessments are discussed. During the third phase, an Adlerian therapist utilizes various techniques to help the sex offender identify his psychological hindrances. Finally, in the fourth stage, the therapist helps the sex offender plan how to live a healthier lifestyle.
Establishing the Adlerian Therapeutic Relationship

The first stage of treatment consists of establishing a mutually respectful therapeutic relationship with the sex offender. Importantly, Carich et al.’s 2001, Newbauer & Blanks et al.’s 2001 and Mosak’s 2005 studies all found that Adlerian psychology views the client-therapist relationship as a key part of therapy (as cited in Johnson & Lokey, 2007). For therapy to be successful, the client must trust his therapist. If the client can trust his therapist, he may be more motivated to want to change. When a sex offender has developed a trusting relationship with his therapist, he will be more cooperative in identifying his deviant sexual patterns (Rosenberg, 2000). Then the therapist can help the sex offender develop healthier lifestyle changes. Being honest and trustworthy is so important in this phase and continues into the subsequent stages of Adlerian therapy as well. In addition, having a positive view toward the sex offenders' ability to change increases the professional therapeutic bond.

Some sexual offenders have been rejected and deprived of positive attention throughout the majority of their lives. The sex offender is able to identify impostors and the moment he feels his therapist is being fake he will shut off emotionally (Rosenberg, 2000). The sex offenders' therapist needs to be genuine. Drapeau’s 2005 study found that when the sex offenders' therapist cared about them and treated them respectfully the sex offender responded positively to treatment (as cited in Marshall, 2006).

Furthermore, the therapist who is direct, confrontational, and authoritative, while at the same time remains compassionate, nurturing, and empathic shows he is non-judgmental to the client. It is likely the client has not experienced this kind of support in his life or has exploited all his supportive resources. The therapist who is upfront with the client encourages honesty in the
therapeutic relationship. Encouragement can offer hope and will help change or improve the sex offender's attitude toward his treatment.

The Psychological Investigation Phase of Adlerian Therapy

The lifestyle analysis and sex offenders' autobiographies should be applied in the psychological investigation phase of Adlerian therapy to uncover the mistaken beliefs the sex offenders hold. The above assessments assist the therapist in exploring how and why sex offenders' criminal behaviors develop.

In this section, there is a discussion about how the lifestyle and autobiography assessments help the therapist understand how offenders might have developed their private goals of superiority. Once the therapist identifies sex offenders' key developmental factors, this aids the therapist in helping sex offenders learn how to change their distorted cognitive beliefs. Most sex offenders' deviant sexual behaviors developed due to inferiority feelings they have experienced in their life.

According to Adler (1976), behavior has a purpose. This purpose is driven by goals humans set for themselves in order to overcome feelings of inferiority. Adler proposed that childhood neglect, abuse, or pampering could hinder social interest and result in fictional goals linked to feelings of inferiority that drive an individual and lead to criminal activity.

Adler believed individuals who live cooperative lifestyles were living on the useful side of life. He believed the person who had enough self-confidence would have less of an inferiority complex. Adler proposed the person who contributes to society feels connected; therefore, he feels like he belongs. The feeling of belonging increases one's feeling of security, which increases one's self-confidence and social interest (Ansbacher, & Ansbacher, 1956).

Also, Adler (1976) believed sex offenders lack social interests in conventional society;
they do not approach goals in a cooperative way. Instead, offenders expect to be good in a private and personal manner often at the expense of others in society.

Most sex offenders are unprepared for social living and will not continue their path to self-actualization on the socially useful side of life. Adler believed when someone is not prepared to confront his problems he will try to gain distance from them. The sex offender distances himself from his problems because he is hiding from his inadequacy and inferiority feelings (Mitchell, n.d). He then develops his safeguarding behaviors and private goals of wanting superiority over his victims to make up for his feelings of inferiority.

Mosak’s 2005 research stated, “Individuals seek a sense of power or accomplishment, resulting in feelings of inferiority or superiority. The individual's sense of inferiority or superiority will affect the means they choose to achieve their goals” (as cited in Johnson & Lokey, 2007). Adler stressed the importance of therapists helping sex offenders identify their fictional final goal that gives them purpose to their behaviors (Marshal, 2006). Henry Stein describes the fictional final goal. It is unique to each person and pretty much guides and dictates most of the individual's actions (Stein, n.d).

The lifestyle assessment is important because it helps the therapist explore reasons why sex offenders continue to perform their deviant sexual behaviors. Sex offenders’ current cognitive distortions about themselves and others are explored in the lifestyle assessment. A lifestyle analysis consists of asking sex offenders about their family constellation, how they view themselves, others, and the way the world works. An Adlerian lifestyle analysis consists of assessing the client's movement in three areas of his life. Adler believed there are three life tasks all humans must participate in to help them move forward in society. The three life tasks include 1) work, 2) intimate relationships, and 3) social connectedness which includes friendships
Marshall, Serran & Fernandez’s 2006, and Marshall, Anderson and Fernandez’s 1999 studies identified the autobiography technique helps a therapist identify factors that cause sex offenders to offend (as cited in Marshal, 2006). In this technique, the therapist assists the sex offender with writing his autobiography. The sex offender’s three life tasks, which include; social interactions, work, and intimate relationships, are assessed in his autobiography (Marshall, 2006).

In summary, a thorough lifestyle assessment, along with an autobiography can reveal aspects of the sex offender's behaviors, values, and attitudes that need to be altered to live a healthier lifestyle. In addition, both of the above assessments explore each individual sex offender’s mistaken beliefs.

*The Psychological Disclosure Stage of Adlerian Therapy*

After uncovering the sex offender's mistaken beliefs, the therapist challenges the sex offender’s deviant thought process. In the psychological disclosure phase, the therapist helps clients understand their own development clues that have led to their deviant sexual thoughts and behaviors (Marshall, 2006). Therapists also help sex offenders identify dysfunctions in their lifestyle that might have contributed to their deviant sexual abusive behaviors.

*Adlerian psychological disclosure stage techniques.*

An Adlerian therapist utilizes various techniques in the psychological disclosure stage that focus on changing sex offenders’ beliefs and negative behaviors. This section of the paper identifies three Adlerian techniques, along with other strategies to help sex offenders’ gain a deeper insight to their unconscious goals. First the description of psycho-education strategies to
help sex offenders increase their empathy is reviewed. Next the Adlerian living as if, confrontation, and catching oneself techniques are discussed.

*Description of the psycho-education process.* First sex offenders must learn the importance of developing empathy toward their victims. One such technique to help sex offenders increase their empathy include educating them so they can begin to understand the effects of abuse on victims. During the psycho-education section of groups, therapists educate clients through worksheets and videos about the effects sexual abusive behaviors have on others. "The psycho-education group process can be very helpful in practicing empathy" (Adler, 2007, p. 20).

Johnson & Lokey (2007) found when sex offenders develop empathy for victims it improves the sex offender’s social interest. In addition, Daugherty et al.’s 2001 and Crandall and Reimanis’ 1976 research found a significant relationship between offender’s social interest scores and recidivism rates (as cited in Novell, 2008). Significantly, psycho-education strategies used during the group process can increase sex offenders' empathy, which improves their social interest.

*Applying the Adlerian living as if technique.* A related method to help sex offenders deepen their understanding of empathy is the Adlerian living as if technique. In 1989 Carich stated there are "several variations of the as-if technique that can be adapted to clients' particular needs” (as cited in Oberst & Stewart, 2003, p. 82). He continued to explain how the role-playing strategy helps clients to think and feel differently about new situations (Oberst & Stewart, 2003). The role-playing technique allows clients to practice how to respond effectively in new situations. Sex offenders learn new ways to respond empathically toward group member’s emotions and needs in the role play exercise. Therapists can utilize role-playing activities to help
sex offenders learn how to interpret feelings and experiences of others.

The Safety Center in Bloomington, Minnesota employs a role playing exercise called the empathy game to help sex offenders improve their reflective functioning abilities. The steps of the empathy game include clients picking a card that describes a feeling. While the sex offender acts out the feeling that was on the card through role playing facial expressions, other group members try to guess what the person is feeling. Next the therapist asks other group members if they had experienced that same feeling at some time in their life.

Increasing the sex offender's empathy toward others occurs, when the other sex offenders in the group connect their same feelings with the person who is acting out his feelings. As the group members learn to identify the different feelings and emotions of others, they are able to respond more empathically toward others in new situations. Role-playing various incidents of acting differently in new situations teaches sex offenders how to regulate their emotions, which helps decrease their deviant sexual impulsivity.

*Applying the Adlerian confrontation technique.* The other goal in the psychological disclosure phase requires clients to take responsibility for their sexual abusive behaviors. However, sex offenders' cognitive distortions are hard to break. To help sex offenders break denial and learn to take responsibility for dysfunctional behaviors, they must identify mistaken beliefs that lead to their deviant sexual abusive behaviors.

To promote changes in sex offenders' cognitive distortions, therapists should utilize the Adlerian confrontation technique. In 1973 Dr. Bernard Shulman described the Adlerian confrontation technique where therapists challenge clients about their misguided beliefs (as cited in Oberst & Stewart, 2003). Challenging sex offenders' mistaken beliefs help them examine their behaviors that cause problems in their lives (Oberst & Stewart, 2003). Once sex offenders
identify their mistaken beliefs, they can find alternatives to change their negative behaviors.

One such technique to help sex offenders identify various sexual abusive thinking errors is the implementation of the revised Samenow and Yochelson's Thinking Error chart. Appendix A shows a modified list of the Thinking Error chart developed by Tim Horton (2001) that identifies eleven of the thinking errors sex offenders use. Throughout the sex offenders’ treatment the therapist explores and challenges offenders to identify thinking errors they use from the revised Samenow, and Yochelson's Thinking Error chart. The next step for this technique requires the therapist to confront sex offenders with a question or a statement about their sexual mistaken beliefs. Then the therapist continues to challenge sex offenders to recognize additional characteristics that lead to their maladaptive ways. As sex offenders identify their mistaken beliefs, the therapist confronts and challenges all clients in the group to help each other find alternative ways of thinking and behaving.

Before sex offenders can move on in treatment, they must accept responsibility for their sexual abusive behaviors. As stated above, sex offenders hold on to their denial to feel as if they have control in their lives. Therefore, breaking through sex offenders’ original denial may involve using other Adlerian techniques to help them understand characteristics of their maladaptive behaviors.

*Applying the Adlerian catching oneself technique.* Another technique that helps sex offenders explore their maladaptive behaviors is the Adlerian catching oneself technique. Oberst & Stewart (2003) stated this technique is "the collection of techniques that focus on catching oneself ... making clients aware of the interpersonal or situational triggers that lead to maladaptive behaviors” (p.81).
One such technique that helps sex offenders recognize situational triggers that lead to their maladaptive behaviors is employed by The Safety Center in Bloomington, Minnesota. At the center, the staff assigns men to complete their daily journals. In the journal, sex offenders identify what type of events, places, or people will trigger their re-offending behaviors. Once sex offenders identify what triggers start their sexual assaultive cycle, they can learn alternative behaviors.

Ryan, Lane and Davis (in press) stated "The goal of this technique is for the offender to become so aware of the triggers which start his cycle that he will be instantly alerted and employ new behaviors to interrupt his cycle before he gets to the deviant sexual behaviors" (para 17).

The above authors cite a similar technique that has been successful working with adolescent offenders that could be employed with adult male sex offenders. In this technique, the therapist explores with sex offenders their Dysfunctional and Sexual Assaultive Cycle charts as showed in Appendices B and C (Ryan, Lane and Davis, in press). As adolescents explore the charts, they identify situations which trigger their feelings of poor self-esteem (Ryan, Lane and Davis, in press). Then the therapist challenges the sex offender’s feelings of poor self-esteem to help him find appropriate ways to take control of his situation or feelings (Ryan, Lane and Davis, in press).

The Dysfunctional and Sexual Assaultive Cycle charts could be an additional tool to help sex offenders identify feelings of inferiority that lead to their assaultive behaviors. When sex offenders identify their feelings, it is easier for them to identify different behaviors they could use. The charts help sex offenders learn to recognize and accept feelings instead of denying their feelings.

Integrating the above mentioned treatment techniques helps therapists assist adult sex
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offenders to understand themselves better and find alternatives to their negative behaviors.

Ryan, Lane and Davis (2009) identified, "The ultimate goal is to help sex offenders interrupt the rape cycle before arriving at the isolation and withdrawal stage, which signals real danger" (para 19). They continue to state in order for sex offenders not to slip into an isolation period, the therapist needs to help sex offenders develop long-term "relapse prevention" plans before they progress into deviant sexual abusive behaviors (Ryan, Lane and Davis, in press).

Applying the Adlerian Reorientation and Reeducation Phase

The objective of the reorientation phase of Adlerian Therapy for sex offenders is to find ways for them to live healthier lifestyles. As stated above developing long-term relapse prevention plans are so important, to decrease sex offenders' sexual abusive behaviors. Relapse prevention help sex offenders practiced and learn to control themselves with using alternative behaviors.

In this phase, sex offenders are taught conflict resolution and anger management skills. Therapists help sex offenders find different ways to conduct themselves. During the group process, the therapist continues to challenge sex offenders to identify their anger and negative communication patterns.

Employing the I statement exercise, is another excellent technique used at the Safety Center in Bloomington, Minnesota. This technique helps sex offenders practice and improve their conflict resolution and anger management skills. The I statement technique allow clients to learn how to give mutual respect to their group members. Sex offenders' new skills should be transferred to other areas in their life to further develop their social interest.

In summary, the development of long-term relapse prevention plans for sex offenders promote community safety. Relapse prevention plans allow sex offenders to learn what risks are
involved in their offending cycles. As sex offenders learn to respond appropriately to their offending cycles and accept responsibility for their past behaviors, they will develop more tools to help them decrease their sexual abusive behaviors toward society.

Future Research

In future research, researchers can minimize uncertainty in study results by clearly defining measures of recidivism factors, along studying sex offenders' different subtypes characteristics, and the development of their lifestyle.

It was found in this study that meta-analysis studies, have focused mostly on static risk factors. Therefore, it is critical that more research be conducted to identify dynamic risk factors associated with sex offender recidivism. The examining of the different dynamic risk factors have had on the sex offenders’ lifestyle will assuredly provide a foundation for developing more effective intervention strategies for sex offenders’ treatment programs.

To continue to improve community safety, future studies need to focus on researching the different subtypes of sex offenders such as; the exhibitioners, child molesters, rapists, and the high risk sex offenders. Categorizing the sex offenders' characteristics, will help the clinician develop the right treatment interventions for this high risk heterogeneous population. Studies focusing on the above sex offenders' subtypes are necessary for the safety of mankind.

As researchers continue to do studies on the different subtype of sex offenders’ characteristics they also need to include studies in sex offenders’ lifestyles. Additional research on the sex offenders' developmental pathways would also be beneficial. There has been insufficient research on the lifestyle factors that could have contribute to the sex offenders' cognitive distortions. Future studies should include examining all areas of the sex offender's
lifestyle development. Exploring the sex offender's lifestyle, will help the therapist find individual appropriate treatment interventions.

Conclusion

Since research has demonstrated punitive approaches have limited impact on enhancing community safety, it is important to explore all key areas in the sex offenders' lifestyle. Going forward, Adlerian therapy allows therapist to examine holistic perspective treatment applications for the sex offender that address his wide range of psychological and developmental individual needs. Adlerian therapy allows the therapist to treat sex offenders effectively because it requires the therapist to establish a non-judgmental relationship with clients. In the psychological investigation phase, the lifestyle analysis helps the therapist recognize sex offenders' flawed private logic and mistaken beliefs. Then, in the psychological disclosure phase, the therapist helps clients understand their own development clues that have led to their deviant sexual thoughts and behaviors. The reorientation phase helps the sex offender develop productive coping responses.

The four Adlerian phases help therapists find effective strategies to manage sex offenders' treatment programs. It is through the four phases of Adlerian therapy that sex offenders learn the reasons for their sexually offending behaviors in attempt to prevent offenders from relapsing. The future of sex offenders' treatment needs to reflect more holistic and effective interventions that include the four phases of Adlerian therapy. Adlerian interventions hold promising results to help sex offenders' decrease their sexual abusive behaviors. The decrease of deviant sexual abusive behaviors enhances community safety. Treating sex offenders with holistic interventions saves innocent people who might otherwise suffer abuse.
Appendix A

The Revised Samenow and Yowkelson's Thinking Error Chart.

1- **Blaming/Making Excuses** Putting your problem off on someone else. Saying things like "But - she made me mad" or "But - he was flirting with me".

2- **Smoke Screen** (Side Tracking) This Thinking Error is used when someone is trying to talk to you about something you don't want to hear - so you change the subject.

3- **Denial** Saying "I didn't do it" or "It wasn’t me” when you know you did.

4- **I'm Slick** Thinking you can get away with negative behavior and not get consequences. Many times this involves sneaky behavior and lies.

5- **I'm Special** You're playing the “I’m Special” game, when you think rules do not apply to you, or rules are not for you. You might also think you should not get consequences for your behavior.

6- **Playing Dumb** Saying "I don't know" when you really DO know and don't want to try. Not trying hard enough to find the answer.

7- **I've Got A Secret** (na-na-na-na boo-boo) Keeping secrets because you think it is fun. Sometimes you might keep a secret because you want to be friends with that person. Sometimes you make your victim keep a secret.

8- **Poor Me** (Victim Stance) When you use this Thinking Error, you want people to feel sorry for you. You might do this when you are trying to not get consequences.

9- **I Want It Now** (Entitlement) Thinking you should get something without working for it. Sometimes you ask for something over and over again instead of waiting patiently.

10- **I Don't Care About You** (No Empathy) Not caring about other people and only caring about you. Not caring about the things you do to other people and how it hurts them.

11- **It's No Big Deal** (Minimizing) Thinking like something is not a big deal when it really is. You might be using words like ONLY or JUST when talking about your behavior.

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Appendix B

The Dysfunctional Cycle

From: Ryan, Lane and Davis, in press
Appendix C

The Sexual Assault Cycle

From: Ryan, Lane and Davis, in press
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