Integrating Adlerian Therapy and Narrative Therapy:

Establishing a Method to Treat Sexual Offenders

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Abstract
Sexual offenders continue to be placed in high security prisons and little is known of effective treatments. This thesis seeks to integrate Adlerian and narrative therapies as to establish a method to treat sexual offenders. This thesis will explore the history of interventions, as well as traits and characteristics of the psychopathic mind, which will aid in development of a foundation towards understanding sexual offenders. Applying this knowledge with Adlerian and narrative therapy key concepts will allow for the development of a supportive therapeutic directive. The application of Adlerian and narrative therapies as a treatment directive is the primary focus of this paper.
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Integrating Adlerian Therapy and Narrative Therapy:

Establishing a Method to Treat Sex Offenders

In the past we have seen sexual offenders committed into high security facilities. At times the reasoning behind their actions or explanations is confusing or unknown. This thesis seeks to explore and develop an understanding of the sexual and psychopathic mind as to provide lasting therapeutic techniques and applications.

What is a sexual offender? What are sexual offenses? And why do the laws take the shape that they do? To address these concerns and build an understanding of sexual offenders, this thesis takes a closer look at the language and historical factors surrounding sexual offenders.

**Terminology**

In order to gain an understanding into the framework of sexual offenders one must know how a sexual offender is defined. A sex offender is an individual who has committed a sexual offense that is punishable by law (Dictionary.com, n.d.). Such offenders are considered a distinct and special population, often associated with antisocial behaviors (Hulme & Middleton, 2013). Antisocial behaviors refer to behavioral traits which may include however are not limited to impulsivity, substance use, unemployment, and aggressiveness (Gottfredson & Hirshi, 1990). Sexual offenders commit what is known as a sexual offense. A sexual offense involves deplorable sexual behaviors deemed illegal by the society in which it occurs. Examples of such deplorable behaviors include but are not limited to rape, violent rape, incest, molestation and voyeurism (Hinds & Daly, 2001).

It is important for this thesis to define empathy as it directly relates to sexual
offenders’ abilities to understand himself or herself and to society as to provide a more therapeutic environment for change. Empathy is applied and defined differently depending upon its contexts. This thesis has adopted Mehrabian and Epstein’s (1972) definition in which empathy is divided into two components: cognitive and emotional. Cognitive empathy is acknowledgement of another’s feelings or perceptions of feelings. Emotional empathy refers to a sharing or engaging in such feelings or perceptions (Mehrabian & Epstein, 1972). In order for empathy to be applied those who seek to reform or apply therapeutic techniques with such sexual offenders, must be able to share, understand, and engage with sexual offenders without stereotyping or enforcing feelings of guilt and shame. This can be difficult as often therapists or individuals that work with sexual offenders find themselves at a cross-road of desiring to aid and reform, and feeling that if they provide true and lasting support they may in fact be condoning such grievous acts (Gilligan, 1997). James Gilligan (1997) stated there must be an understanding between society and imprisoning establishments to seek both safety for society, as well as the reformation of its inmates. Gilligan (1997) felt this could be done by displaying empathy and therapeutic methodology towards inmates, with reformation as its primary outcomes for effective treatment. To understand and show empathy is not to engage and support such sexual offenses. Empathy is, however, imperative in order for such treatments to occur and be successful (Gilligan, 1997). These are the terms which for the duration of this thesis will be applied to understand and define sexual offenders, sexual offenses, and an understanding towards empathy.


Sexual Offender Framework

In order to develop further understanding of the psychopathic mind this thesis has broken down into categories characteristics and traits associated with sexual offenders: environmental factors, childhood abuse, shame, and control.

Environmental Factors

What are environmental factors? Environmental factors according to Sanday (1981) include schools, communities, home environments, fiscal means, and societal statuses to name a few. Environmental factors are external stimuli, outside of the individuals’ locuses of control which influences their growth and development. Sanday (1981) states that such external stimuli play’s a crucial role in the development and growth of our society. Murray, Irving, Farrington, Colman and Bloxsom (2010) support Sanday (1981) stating that early environmental factors greatly influence one’s social and cognitive development. Thus, depending on upon healthy external stimuli or environmental factors one’s development can be stunted, or can develop into antisocial behaviors, or unhealthy behaviors (Murray et al., 2010). When a social environment is unstable it becomes difficult for individuals to engage in healthy ways. When environmental factors remain unstable, such as poor parenting or high crime ridden neighborhoods, individuals and sexual offenders’ interactions develop and remain unhealthy and unstable due to the reinforcement of their external surroundings (Moffitt, 1993). In other words as one develops their external factors including but not limited to an individuals family disposition, parental styles, and external stimuli greatly effect the disposition and cognitive development the individuals. Murray et al (2010) also stated that during individual’s early developmental stages similar factors as mentioned above
also aid in the development youth criminal activities. Research indicates that sexual offenders have a higher rate of poor external supports, higher drop out rates of schools, and hostile home environments (Sanday, 1981). Moffitt (1993) stresses the significance of early influences, providing stable environments and intervention as a means to curb violence and promote healthy interactions. Rhee & Waldman (2002) have found that neuropsychological deficits may also increase the risk for early and persistent antisocial behavior or maladaptive behaviors, especially when combined with adverse social environments. Spending time exploring sexual offenders childhood environments will provide insight into trials they overcame, or where encompassed by. Such knowledge could be applied towards early predictors and prevention techniques, as well as more targeted therapeutic practices.

**Childhood Abuse**

Such adverse social environments can include the presence of childhood abuse. What constitutes as sexual abuse? Sexual abuse is defined as unsolicited or undesired sexual activity. In other words sexual activity, which is forced upon an individual through coercion or threats (Dictionary.com). Lindsay, Law, Quinn, Smart, and Smith, (2001) found that 38 percent of sexual offenders had experienced some form of abuse in their childhood compared to 12.7 percent of non-offenders. Hulme and Middleton (2013) also found that a higher portion of sexual offenders an 87% experienced some form of trauma in their youth, and of that trauma 66% was reported as sexual abuse.

Hulme and Middleton (2013) found that individuals who have experienced childhood sexual abuse often continue into adulthood struggling with daily functioning. Such daily functioning activities can include showering, bathing, following routines,
maintaining a job and or relationships. Sexual offenses continue to disrupt individual’s lives, patterns, and behaviors into adulthood, and may actually continue to stunt development and growth (Rhee & Waldman, 2002). It is important to note that abusive sexual acts continue to damage both the victims and the offenders. With stunted growth comes a lack of self worth, lack of understanding the world around them, and poor daily functioning skills. Often sexual offenders seek out methods to instill control in their lives as a means to instill self-worth and an understanding of the world around them (Gottfredson & Hirschi, 1990). Based on the above observations it is the belief of this thesis that sexual abuse and trauma can be utilized as early indicators of adult deviance and sexual offending.

**Control Factors**

Gottfredson and Hirschi (1990) believe that just as environmental factors and childhood abuse aid in the formation of sexual offenders means to interact in the world, so does the sexual offenders’ abilities or perceived abilities to control such external factors and engagement. Gottfredson and Hirschi (1990) continued to state that self-control is established in early childhood as the result of environmental factors such as effective parenting, along with stable and supportive environments. When ill-effective parenting is applied or external factors inhibit this learning process self-control is not established, or ill established. What happens then when individuals develop low-self control? Individuals with low self-control are subsequently characterized as being impulsive, harsh, aggressive, risk-taking, withdrawn, and nonverbal (Gottfredson & Hirschi, 1990). As previously stated, sexual offenders most often have experienced childhood abuse, poor environmental supports, and limited control, such factors result in
poor development both behaviorally and cognitively (Rhee & Waldman, 2002). Because of this underdevelopment maintaining a job, self-care, and basic relationships, for examples are challenges. Lacking the skills to integrate into society these individuals become prey to deviant activities primarily due to their high impulsivity and low self-control (Gottfredson & Hirschi, 1990). As these underdeveloped individuals continue through adulthood their deviant behaviors, lack of social supports, and lack of healthy relationships result in an intense shame, which perpetuates their criminal activates and sexual offenses; thus forming sexual offenders (Gottfredson & Hirschi, 1990).

**Shame Factors**

According to Oxford Dictionaries, (n.d) shame is an intense feeling of humiliation and distress, which is caused by conscious engagement in wrong or reckless behaviors. Shame can be exhibited in two ways, externally and internally. Internal shame stems from a negative view of one’s self (Bierbrauer, 1992). External shame comes from external factors such as a social expectations and the fear of not meeting them. In both displays of shame it is important to note that shame consumes the whole body and the individual’s sense of self, which results in intense feelings of low self-worth and low self-esteem. Society for its own selfish purposes continues to respond aggressively and violently towards sexual offenses and offenders which only perpetuates the shame and abuse cycle they are already exercising, and thus perpetuates the cycle of offending (Bierbrauer, 1992). This dynamic between shame and societal ties creates a dangerous cyclical response, where societies’ stance of hatred towards sexual offenders only acts to continue the struggle and intense shame that surrounds sexual offenders. This externally placed shame is a factor, which cannot be controlled by treatment, as it is outside the
realm of treatment. Due to not being able to control or stop external shame offenders seek behaviors or actions that will provide a sense of pride, accomplishment, and control, which usually results in reoffending (Gilligan, 1997). Gilligan continues to state that shame has in fact become a primary cause in all-violent crimes, stating shame feeds sexual addiction and intensifies such sexual offenses. In order to combat such behaviors there must be room for society to place priority upon supportive and reformatory therapies and environments. This shift requires society to reduce their external shame and apply empathy, instead of continuing the view of negativity which only feeds the shame; we must promote empathy and supportive therapeutic environments (Gilligan, 1997).

**Previous Views and Applications**

With this insight into the development of sexual offenders, take a look at the previous views and applications of laws. Prior to the twentieth century there was not a division of offenders. What this means is that sexual offenders where not punished, separated, or differentiated from any other type of offenders or punishment statutes (Hinds & Daly, 2001). This lack of separation stems in part from a lack of understanding of sexual offenses and the development of stigmas. Separation of laws and statutes began in the 1930’s, in which the states began the separation of sexual offenders and their crimes. At this time the laws were directed towards the dangerous and sexually deviant offenders, who where demand to have mental incapacities (Hinds & Daly, 2001). Jerusalem (1995) as cited by Hinds and Daly (2001) stated the focus was to develop an understanding of crimes, apply effective treatment, and when deemed “cured” release such offenders back into society. This movement became known as the war on sexual offenders. Initially the judgment or justice of these laws seems sound, as their goal was to
create laws based upon the crimes enacted and reserve the rights of the offenders. Applying a punishment justifiable to their crime and exploring and offering treatment options, thus offering the opportunity for reintegration, reserved the rights of the offenders. However, this segregation of laws and identification of offenders instead increased fear and misunderstanding primarily within the public, instead of research and growth on the treatment front. As society moved into the late 1930’s the view of sexual offenders changed from being equivocal to your average robbery or property offense towards a dark, brooding, and evil stereotype of the sexual offenders (Hinds & Daly, 2001). Sexual offenses became identified more and more as the dangerous offenses. Fear and misinformation surrounding sexual offenders changed the focus of the war. The focus shifted from seeking understanding of both the offenders and the offenses, towards a punitive approach that heavily focused on the punishment and incarceration of offenders (Blanchard, 1998). Pratt (1995) as cited by Hinds and Daly (2001) believed this shift also refocused the laws, the laws no longer focused on the offenses, but primarily on the act of punishing the sexual offenders. Laws previously examined the offenses as to decide upon punishment and utilized similar standards across the board. In other words punishments remained more universal. Laws shifted from a reformative approach towards a punitive one. Often such punishments where enacted with little research and actual law application. This thesis notes that this was a lost opportunity to educate society and the criminal system on the characteristics and traits of such sexual offenders, not as a means to ostracize, but as a means to understand their behaviors and promote and apply an effective treatment method. Instead, criminal law formulation shifted from the
intensity of the crime and reformation, to focus heavily upon the punishment and incarceration of offenders (Hinds & Daly, 2001).

**Stages of Law Development**

Sutherland (1950) isolated three stages in the processing of sexual offenders and the development and distinguishing of the laws surrounding offenders. Sutherland found that power in fact shifted from the institutions that regulated laws, to the vigilantism of society (1950). Sutherland found that a crisis would arise, a lost child, or a graphic murder, which would bring about hysteria and fear. This fear would then be militarized throughout the departments of justice, law enforcement, and the media. This militarization includes the spreading of the gravity of the sexual acts committed, thus gaining momentum of hatred, fear, and misunderstanding as it passes from department to department, gaining social hype. Finally a committee is formed to deal with this grave intrusion. Sutherland found that these committees are usually formed out of distress and in a state of emergency. Due the state of distress such committees are formed within, their level of investigation and due-diligence is usually not done or are done sub-par. Sutherland (1950) stated that these laws or statutes hold little merit and become just as dangerous as the initial crimes, due to their lack of knowledge and hasty set up. This lack of knowledge stems in part from the fear surrounding sexual offenders, and the limited due diligence done to look further into their crimes and reformation. This fear also exacerbates stereotypes that all sexual offenders are dangerous offenders, despite that evidence shows this is not the usually the case (Sutherland, 1950).
Justified Deviance

For the comfort and safety of the community as a society, we seek to distance ourselves from these dangerous offenders. However, the truth remains such sexual crimes are most often committed by someone familiar to the victim, such as a family member, friend, or a neighbor (Blanchard, 1998). Society today remains aghast as to how such dangerous and grievous acts continue to be committed. Yet as a society we continue to display and promote unrelenting images of violence and sexual aggression in our social media today; video games, television, art, and fashion to name a few, continue to exploit and display sexually aggressive tendencies. Blanchard (1998) references Freeman-Longo & Blanchard (1998), stating such displays of sexually aggressive tendencies and desires in our media create a confusing dynamic for our upcoming youth as they immerge already struggling to find balance and socially acceptable means on being. The reality is that few sexual offenders in fact display traits of extreme mental disorders or patterns of dangerous offenses, and rather share more then most citizens would like normal characteristics of the average individual (Blanchard, 1998). Most predators according to Groth (1983) as discussed in Blanchard (1998) suffer from problems with their level of emotional immaturity, rather then emotional disturbances. Such immaturity and poor functioning are the results of early childhood trauma, lack of parental guidance, low self worth, a lack of control, and ill supported environments. Additionally these above factors result in intense feelings of shame (Gilligan, 1997). As previously discussed and established, environmental or external factors play a large role in creating a healthy socially embedded individual. Thus, as a society, we must take responsibility for our external part in the development of our youth, and sexual offenders. Currently the
challenge for our youth today remains differentiating between fantasy and reality in a world that blurs the two (Blanchard, 1998). As a society it is easier to say that all sexual offenders are dangerous predators and ignore the facts, which prove that only a small portion of sexual offenders are in fact dangerous predators and our environmental factors play a key role in their development (Moffit, 1993).

Anthropologist Sanday (1981), as discussed by Blanchard (1998), found that rape and sexual abuse are not, as previously thought, a “world-wide phenomenon”. Sanday (1981) stated that there might in fact be cultures without sexual violence. Several traits where identified by Sanday (1981) for cultures which seem to withstand sexual violence. Such traits include, women being treated with respect, women being viewed as significant members, women contributing equally, women having similar employment and labor roles, women being fiscally independent, and having no limits to their mobility. In contrast, Sanday found that sexual abuse-prone societies share the following traits: worshiping male deity/s, women being placed in roles primarily as care givers or nurturers, males being positioned in the workplace and home as the head, males being primary providers, males being taught to be tough and aggressive (Blanchard, 1998). The opinion of this thesis is that such societies as referenced by Sanday (1981) continues to demonstrate that although therapeutic services are greatly needed for the well being of individuals and sexual offenders, without a supportive social and environmental climate lasting change or recidivism is greatly limited (Blanchard, 1998).

Current Views and Applications

Today there is an awareness of the growing incarcerated populations and need for therapeutic treatments for sexual offenders. However laws and therapeutic practices
continue to be left out of the problem solving equation. The laws are meant to act as a mediating force, seeking safety for society and the prevention of recidivism. However, sexual offenses continue to be ill defined and the consequences vary in enforcement and sentencing (Hinds & Daly, 2001). These variations in definitions as well as enforcement hinder the therapeutic applications and ultimately the effectiveness of incarceration, thus perpetuating a punitive and uneducated environment, instead of a therapeutic and educated environment. Prisons themselves focus heavily upon storage of criminal offenders and less on education and therapeutic services. This lack of therapeutic application and limited healing environment is in part due to the increasing number of criminal offenders, increased number of laws now surrounding the reintegration of sexual offenders, limited space to home such individuals, as well as a constant pressure from society to keep them safe (Hinds & Daly, 2001). Brokway (1869) stated that the primary goal of corrections is to protect society; however he believed that the most effective way for this protection to occur is through the “prevention of crime and the reformation of criminals”, not merely incarceration and more stringent laws (p. 6). Today’s legislation for sexual offenders comes in four primary forms: sentencing provisions, predator laws, sexual registries, and community notification. The focus remains not on the development of understanding and application of therapeutic interventions but rather is a punitive one (Blanchard, 1998).

**Sentencing Adjustments**

Sentencing adjustments involves the legal ability to continue or lengthen sentence durations (Hinds & Daly, 2001). Sentencing adjustments allows for longer terms of imprisonment for a variety of classes of offenders and offenses. Sentencing adjustments
are placed upon individuals as a means to contain an un-reformative offender beyond the
standard time allotted for their said offense/s. In other words when sexual offenders are
deemed serious or un-reformative, it is possible that their sexual offenses may in fact
qualify them for permanent or indefinite sentence durations, beyond what is standard for
such offenses (Hinds & Daly, 2001).

**Sexual Predator Laws**

Sexual predator laws allow for the detention of sexual offenders beyond their
initial times served (La Fond, 1998). Unlike sentencing adjustments, sexual predator laws
only operate after the offender has severed their initial sentence. These laws operate as a
fail safe to confine the offenders who are deemed un-reformable under a criminal or
mental health law. Predator laws were formulated by exploring psychopathic tendencies,
as to define traits and behaviors suitable for treatment. Today such laws are justified by
providing means to incarcerate the most foul and wicked of offenders (La Fond, 1998).
Current predator laws continue to focus primarily on gaging sexual offenders’ future
threats to society. The extension of sentence durations was put in place to ensure limited
engagement with society and thus safety (Hinds & Daly, 2001). Such laws remain
constitutional due to their definitions; this is managed by utilizing the term predator
instead of psychopath. A predator is considered a nonclinical term, where as psychopath
refers to a clinical assessment of an individual. If a clinical assessment can be made, then
a medical diagnosis can be given. If a medical diagnosis is given and treatment is
withheld, it would be considered unethical (Hinds & Daly, 2001). Thus the
constitutionality of such laws is upheld upon the notion that such sexual offenders are not
being given a medical diagnosis, and thus treatment is not being legally withheld. Such
laws were reviewed in 1996, however were upheld by the Supreme Court. The courts found that such laws are in fact constitutional as long as the purpose behind incarceration remains non-punitive; this is accomplished by applying the term predator instead of psychopath (La Fond, 1998).

**Registration of Offenders**

If release is granted and such predator laws are not enacted, offenders are required to register with the police upon release. Registration laws require offenders to provide a series of identifiable information. Such information includes names, addresses, date of birth, a criminal history photo, fingerprints, and possibly DNA material (Hinds & Daly, 2001). Registration laws are designed as a means to track sexual offenders, and in some jurisdictions this registration is followed by specific restrictions. Individuals who are on probation may also under registration laws be required to follow restrictions that other offenders may not have to follow. Such specific restrictions could include limitations on distances and proximities to schools, minors, or particular places or events, as well as limited to no access to the Internet or a vehicle. The United States is currently the only country to share such information with the public (Hinds & Daly, 2001).

**Notification Laws**

Community notifications laws allow the public access to the personal information of sexual offenders provided on registries. The information provided to the public is similar to the information required of sexual offenders to provide to law enforcement upon release such as names, addresses, and offense histories (Hinds & Daly, 2001). Again these laws are justified as a means to provide necessary safety to society as well as a means to aid local law enforcement in investigations and enforcement of laws.
The notification process can take several forms, first is federal disclosure which allows the public access to offender information, similar to that provided on registries. Second is selective disclosure information which tracks assessments of individuals and organizations. Finally limited disclosure which is considered “classified” information and only limited individuals or governing agencies have access to such information (Hinds & Daly, 2001).

**Law Limitations**

Sentencing adjustments, predator laws, registration laws, and notification laws were put in place to provide comfort and safety to the community. However limitations inevitably remain. One limitation is that such laws target only a small portion of offenses and offenders. Second, due to the variability in enforcement and information provided, such laws are not equally applied and thus not always reliable (Hinds & Daly, 2001). Another limitation is the misinterpretation of information regarding offenders and offenses. It is a myth that if society were completely aware of such perpetrators and their sexual offenses, such offenses would not happen in such communities. Often such knowledge has resulted in crimes of vigilantism on the part of society, wrongful persecution, and even death (Hinds & Daly, 2001). Additionally, notification laws hinder the rehabilitation of sexual offenders. Lewis (1996) as discussed by Hinds and Daly (2001) states that such access to sensitive information by employers, housing facilities, and the general public, exacerbates discrimination and ostracizes offenders. With such discrimination sexual offenders are often released into society with little to no support or means to provide for themselves. Such stability and supports are vital to successful
reintegration. Without these fundamental supports sexual offenders’ chances of reoffending increases and rehabilitation decreases (Hinds & Daly, 2001).

Why then do we continue to enact such laws when they are in fact more limiting then beneficial? Predator laws are supposed to keep society safe yet they do not as they are not attending to all types of predators and factors. Such predator laws also limit the chances of healthy reintegration into society for offenders (Hinds & Daly, 2001).

Although there is need for law enforcement to monitor crime and criminal activity there is also the need for lasting prevention of recidivism. Therapeutic techniques continue to be one of the primary applications resulting in more lasting remission, yet it is these very therapeutic applications which remain left out of the laws and institutions today (Gilligan, 1997).

Societal fear is the primary enforcing factor in continued engagement in such predator laws without also seeking reformation and therapeutic services. The issue remains that recidivism is still happening, offenders are continuing to reoffend and not received the reformation needed. Although society continues to demand control over predators through means of confinement, the majority of convicted sexual offenders actually spend the majority of their lives in society (Hinds & Daly, 2001). Further, despite society’s demand for a “get tough” approach recent studies have shown more lasting outcomes such as lower recidivism rates, when sexual offenders are provided a treatment or therapeutic component (Hogan, Lambert, & Barton-Bellessa, 2012). It is the belief of this thesis that based upon the above statements it only makes sense to create a lasting therapeutic approach as to reform sexual offenders especially if the majority of their time is spent with society. This could be accomplished with the application of a
positive and encouraging therapeutic approach; however without an accompanying incarceration and social environment change is stunted and our laws are ill effective (Blanchard, 1998).

Society’s ability to respond and understand sexual offenses is at the heart of developing lasting and successful rehabilitation for sexual offenders and safety for society. Currently the correctional system continues to focus its lens on a “get tough” approach. Conversely research indicates that prison violence and inmate misconduct has in fact increased with this “get tough” approach (Hogan, Lambert, & Barton-Bellessa, 2012). However, as previously stated by Brockway (1869) although the primary goal remains safety for the public, it can only be achieved through the “prevention of crime and the reformation of criminals” (p. 6). The goal then of such laws and incarceration is reformation; to reeducate and encourage sexual offenders to understand and willingly apply more pro-social thoughts, behaviors, and control, over themselves and their actions (Blanchard, 1998).

**Current Applications**

The “get tough” approach remains the current application of most therapeutic methods for treating sexual offenders. This is clearly evident through the laws and applications currently in action. This “get tough” approach is most often enacted through a cognitive behavioral lens or CBT approach (Waldram, 2010; Dewhurst & Nielsen, 1999). CBT remains a dominant method of treatment primarily in the western countries for sexual offenders (Waldram, 2010). CBT is the therapeutic approach that offenders suffer from cognitive distortions or errors in how they think and process and thus behave accordingly. These cognitive distortions manifest primarily in how the sexual offenders
draw conclusions and then justify, minimize, and often deny their sexual offenses (Waldram, 2010).

**Cognitive Behavioral Model**

CBT derives its nature from the theorists Albert Ellis and Aaron Beck who place a focus on individuals or sexual offenders’ cognitive thought processes’ and how they drive one’s behaviors. It is the primary goal of CBT to change one’s thought processes in order to change their behaviors (Waldram, 2010). CBT methods in prisons often focus heavily upon the sexual offenses, asking the offenders to share at great length and detail their crimes. Such disclosures are scripted and often a mandatory part of the therapeutic process. The sexual offenders are asked to share with the group their life stories, however within a set of rules and parameters set by that facility or practice. As the sexual offenders begin to share most often with distain, the therapist and group members are able to redirect the individuals if they stray from the set structure of their disclosures, or stop the sexual offenders to ask for clarification, or to challenge statements. This is often a struggle for offenders as with most individuals, as humans we seek to explain our decisions and actions through a more collaborative context, instead of a rigid structured one. However, CBT encourages a stricter sense of disclosure viewing the telling and distortions of the individual as the individuals alone, excluding such factors as shame, control, external or environmental, and childhood abuse factors to name a few (Waldram, 2010).

CBT however, remains an effective method of treatment as it provides sexual offenders with techniques to address specific behaviors, which have been empirically associated with behavior adjustments. Such techniques correlate to adjustments with
reoffending, such as poor interpersonal skills, cognitive distortions, lack of victim empathy, and alternate means on interactions (Hanson & Morton-Bourgon, 2005).

**Relapse Prevention Model**

The relapse prevention model, or RPM, came out of the addiction field and is an extension of the CBT method. The RPM became a primary framework for treating sexual offenders (Polaschek, 2003; Dewhurst & Nielsen, 1999). The RPM seeks to teach offenders how to deconstruct their sexual offenses into workable parts such as thoughts, feelings, behaviors, and triggers (Dewhurst & Nielsen, 1999). Offenders are asked to explore and identify both the internal and external factors that promote such behaviors and offenses. The offenders are offered support by a therapist and or a group therapy setting, as to strategize means to effectively reduce such triggers and avoid such internal and external factors. The primary goal of CBT is to masters ones behaviors; this differs slightly with the RPM, as it seeks to primarily promote direction towards skill building with an understanding of the offenders’ external and internal applications (Dewhurst & Nielsen, 1999).

The RPM remains an effective model due to its ability to provide a more positive therapeutic approach while allowing for a semi-structured environment. The RPM’s focus on internal factors as well as the external factors also distinguishes its methodology from that of CBT and is another strength of its practice (Dewhurst & Nielsen, 1999).

**The Good Lives Model**

Another process utilized with sexual offenders is the good lives model. The good lives model or the GLM is a strengths-based method which has been applied to sexual offenders as a means to create a dynamic for which they can develop internal and
external resources and reliance. At the root of the GLM is the belief that individuals innately seek out experiences which are consistent with their personal beliefs and thoughts. The GLM believes that criminality results when individuals do not have the skills internally and externally to satiate their values in a socially embedded way (Ward & Stewart, 2003). Due to the individuals seeking behavior to re-enforce their values, treatment should equally equip individuals with a means to re-enforce their new discovered behaviors. The GLM believes that life is comprised of goods and bards and that with the education and practice of applied goods, sexual offenders can began to develop values and socially embedded means of supporting their goods. To achieve this, an extensive assessment takes place first. Next, the offenders are introduced and educated on the goods which consist of life, knowledge, excellence in play and work, inner peace, friendships, community, spirituality, happiness and creativity (Ward & Gannon, 2006). Discussion brings about insight into the offenders priorities of their own goods. Once a knowledge base has been established and the therapist feels that the sexual offenders have an understanding of their status and interaction into their own goods, secondary goods are explored. These secondary goods are explored as to provide substance for the offenders’ new understanding and growth into healthy goods. For example if an individual seeks work, then completing or exploring a vocational rehabilitation program could be a beneficial secondary good. The idea is that as the offenders become more aware they actively seek and choose to engage in more secondary goods as a means to develop purpose and movement in a socially embedded way (Ward & Gannon, 2006).

The GLM is a lasting therapeutic approach with offenders, as it seeks to separate them from their actions and thoughts which allows for a level of self-awareness and
insight; this is directly contrasting the CBT methodology (Ward & Gannon, 2006).

**Limitations of Current Models**

Several limitations remain within the current models of treatment for sexual offenders. One limitation is the fact that sexual offenders continue to be viewed as pariahs in our society (Waldram, 2008). This lack of understanding and empathy creates a hostile environment both internally in prisons and externally in society. Due to these continued views of negativity, this thesis finds this limitation a pivotal aspect needing to be addressed. It is the opinion of this author that it seems incongruent to ask sexual offenders to redevelop thoughts about their own crimes, behaviors, mistaken beliefs, actions, and other values in an environment which refuses to offer the same re-evaluation. Sexual offenders remain pariahs even as they are undergoing treatment. Such adverse settings continue to shame and bind offenders to their crimes and past ways of interacting and behaving, which only perpetuates sexual offenders lack of control, shame, abuse, and self beliefs. From the beginning of therapy results are already diminished due to the negative external and internal environments; such environments remain restrictive and abusive simply by their nature (Waldram, 2010).

Another limitation is the exclusion of additional factors in the development of cognitive distortions in a CBT approach. Cognitive distortions emerge as landmarks of ones psychological development and application and they are socially patterned and developed through a variety of factors; without the exploration of all factors, review of cognitive distortions is limited and ill effective (Waldram, 2010). This lack of acknowledgement to the development of cognitive distortions halts sexual offenders’ growth and ability to first understand how they developed such thoughts and, second,
stunts the development of a socially embedded ways of re-thinking and re-engaging with society in socially embedded way (Waldram, 2010). This limited view of distortions comes out the CBT practice of scripted disclosure. Scripted disclosure suggests that the behaviors and factors of offenders stem directly and solely from the individual, ignoring external and internal factors. Such omissions only act to perpetuate shame and distaste. This self-loathing perpetuates a lack of motivation to actually change. O’Connor states that when a sexual offender is willing to share a disclosure or distortion, it is in these times that their inner moral standings and distorted thoughts are revealed fully and it is only with this knowledge, unguided, that true change occurs (O’Connor, 1995).

Enhancing an offender’s quality of life or helping him or her reach certain goals is not a focus in this management model; it merely remains changing the offenders’ behaviors (Ward & Stewart, 2003).

A limitation with the RPM is it remains heavily focused on the behaviors of the sexual offenders, so much so that often the offenders become enmeshed with their behaviors and sexual offenses (Dewhurst & Nielsen, 1999). Personal growth, understanding, and strengths are often ignored or not addressed at all. Such lack of personal formation is a deficit and often, due to this omission, sustainability is lacking in long-term change. It remains that change is difficult to maintain when the only motivation or incentives are negative consequences. One’s ability to navigate the world is constricted when such a negative and limited view of oneself remains. Such incentives continue to demean and shame sexual offenders, which only perpetuate the cycle of sexual offending (Dewhurst & Nielsen, 1999).
Lastly the GLM was initially designed to combat sexual offenses, however limitations remain as there have been limited documentation of organized application of the GLM with individuals upon release (Wills & Ward, 2011). It remains that further research is needed to concretely evaluate the level lasting recidivism with the GLM.

The ultimate goal remains the same, to safely reintegrate offenders into society. Without addressing the personal formation and moral application of each sexual offender, true and committed change is hard to come by. This thesis proposes adding a more direct utilization of Adlerian and narrative therapy techniques as to bridge the gap between structure and the moral aspects of human nature to promote lasting change and growth. To explore more fully this proposed directive this thesis first provides insight into Adlerian and narrative therapy.

**Adlerian Therapy**

Adlerian therapy was founded by Alfred Adler, and functions on the belief that there are in fact critical periods in the development of children that constructs their life-long attitudes and behaviors (Carlson, Watts, & Maniacci, 2005). It is these crucial movements and memories which develop into an individual’s private logic. One’s private logic is an individual’s hidden thoughts, self-concepts, self-convictions, and environmental assumptions, which are developed early in childhood (Carlson, Watts, & Maniacci, 2005). Private logic acts as a map guiding one’s actions aiding individuals in sorting and navigating their life events. Mistaken beliefs are notions that eventually trip individuals up, in other words thinking errors or misinterpretations that turn into a belief, hindering healthy decision-making and movement (Ansbacher & Ansbacher, 1956). When individuals trip on their mistaken beliefs within their private logic it is usually
because a mistaken belief has taken precedence and is no longer an effective means to functioning (Carlson, Watts, & Maniacci, 2005). Effective functioning does not necessarily mean a socially embedded means of engagement, although ideally it would be. Effective functioning simply means a way of engaging that serves a purpose successfully, one that is needed by that individual. Adlerians believe that roughly by the age of five an individual’s private logic is developed. It is this private logic which aids an individual in navigating the world. If this process of development is stunted, say due to poor parenting, malnourishment, lack of external supports (such as communities or schools), childhood abuse, shame, and low-control for example, then it is natural that useless behaviors or deviant behaviors will occur (Carlson, Watts, & Maniacci, 2005).

Adlerian therapy seeks to reconnect with sexual offenders as to offer inner knowledge which can provide a sense of health and control to sexual offenders as to actively reconstruct themselves in socially embedded ways. It may seem a far stretch to reform sexual offenders and their sense of being and self-worth, however, Adlerians believe that at the root of all misbehavior is a deep yearning for security, significance and belonging (Carlson, Watts, & Maniacci, 2005). If these deep desires can be gently rebuilt it is possible to reconstruct and reform even a sexual offender.

**Narrative Therapy**

At the heart of narrative therapy is the notion that individuals narrate their life through stories as a means to make sense and seek a sense of the world around them, seeking an effective way to belong, feel secure, and find significance (Goldenberg & Goldenberg, 2006).

Narrative therapy is a post modern theory founded by Michael White, David
Epston, Jill Freedman and Gene Combs to name a few (Goldenberg & Goldenberg, 2006). The Founding theorists sought to explore an individual’s experiences as unique and separate from every other individual’s. It is a unique perspective that each individual or sexual offender in fact sorts and aligns his or her own experiences in a fashion that is uniquely theirs, and supports their values as to provide control and understanding to their own lives (Freedman & Combs, 1996). It is when these experiences or stories begin to clash and no longer fit with one’s dominant narrative that dysfunction arises. A dominant narrative is similar to the Adlerian belief of a private logic. In other words a dominant narrative is the guiding story for which all other stories stem from. This dominant narrative creates and perpetuates an individual’s self constructs, beliefs, their set of must haves and ought tos, and other values. When one’s stories begin to clash, this dysfunction manifests itself as a problem-saturated narrative (Freedman & Combs, 1996). This is similar to how one’s mistaken beliefs begin to cause disruption within Adlerian therapy. Problem-saturated narratives develop when a means of being is no longer working for the individual. This clash usually stems out of the individual’s sets of must haves and ought tos, from which they live by, or as Adlerians would say their private logic (Freedman & Combs, 1996; Carlson, Watts, & Maniaci, 2005). Narrative therapists focus on narrative development with the goal to separate sexual offenders or individuals from their problem-saturated stories and redefine their dominant narratives. This can be accomplished through the telling and retelling of problem-saturated stories as to focus not on solving the dysfunction, but rather the exploration of numerous narratives contributing to individual’s experiences which are currently solidifying their dysfunction/s (Freedman & Combs, 1996). This act of retelling narratives is known as re-authoring. The goal is to
guide sexual offenders through their problem-saturated stories as to locate their dominant narrative, or their private logic. Once the sexual offenders are able to identify their dominant narrative, the sexual offenders and the therapist are able to add new strands or retelling their stores with differing aspects as to develop a new sense of self and means of being and engaging in the world (Freedman & Combs, 1996). Identifying problem-saturated stories from dominant stories can be difficult. Thus narrative therapists seek to separate individuals from their problems to prevent self-enmeshment which halts the ability to develop insight and identify their dominant narratives. The founding theorists felt that primarily individual’s beliefs and language held them captive. Thus the goal was the separation from their dysfunctions by naming and exploring the dysfunctions on its own. With this separation the sexual offenders and therapist are able to introduce new viewpoints or strands into their narratives as to create a preferred narrative, in place of their previous problem-saturated narratives. The preferred narrative allows a more socially embedded means of engagement (Freedman, 2014). The long term goal being to effectively rebuild the dominant story line or private logic to one that is socially embedded and satisfying. Identifying problem-saturated stories from dominant stories can be difficult.

**Transtheoretical Model**

As previously discussed limitations remain with the current standards of practices in prisons. Such limitations include the rigid structures, harsh environments, a narrowed focus on the offenders as to enmesh offenders with their offenses and behaviors, a lack of education on their functioning, and lack of room for the development of skills to function as socially embedded individuals. Adlerian and narrative therapies offer solutions to these
previously discussed limitations and thus could provide a more sustainable therapeutic result.

Adlerian and narrative therapies function within a transtheoretical model which promotes that change consists of five distinct stages (Clark, 2013). The five stages include precontemplation, contemplation, preparation, action, and maintenance (Clark, 2013). To apply such stages towards sexual offenders the stages must represent issues that are pertinent to sexual offenders as to aid in the transition from being a sexual offender into a socially embedded member of society. In other words, although this proposed Adlerian and narrative directive does follow a transtheoretical structure, the setting of this directive must remain one that allows individuality, explanation, and self actualization in order for the most true change. Forced structured change as seen in CBT, RPM, and GLM methods does not allow for this (Dewhurst & Nielsen, 1999; Waldram, 2010).

During the precontemplation stage the sexual offenders are still active in their offending cycle. This behavior creates a resistance and denial cycle which causes offenders to actively choose to avoid information or input that is not congruent with their current offending cycle. As Prochaska and DiClemente (1982) discussed individuals often at this stage use cognitive processes to avoid threatening information about themselves, creating a resistance which is not conducive to a therapeutic setting. External pressures such as the facilities, laws, or sentences being imposed only furthers the fear and shame surrounding the offenders (Dewhurst & Nielsen, 1999). In order to move into the next stage, contemplation, the offenders are encouraged to identify their patterns as to explore that change is a reality (Prochaska & DiClemente, 1982). Next is the
contemplation stage; this takes place as the sexual offenders begin to believe in themselves and entertain the notion of change (Clark, 2013). Here the offenders actively seek to learn and explore change. The third stage, or the preparation stage, takes place as individuals begin to discuss and develop in a sense an outline of goals, and brainstorm methods of support and skills to achieve their desired change. Next the action stage takes place as the offenders began to actively participate and practice new behaviors and skills. Finally the maintenance stage is where the offenders continue to explore internal and external factors that help or hinder their growth as an integrated member of society (Clark, 2013). Often a plan of resources and skills are enacted for the offenders to refer to as this stage, as it is a continued stage of being (Dewhurst & Nielsen, 1999).

The transtheoretical model allows for Adlerian and narrative therapies to be combined in an effective therapeutic and structured model which even within the confines of a prison setting can be applicable and effective.

**Therapeutic Directive**

How does one then reconstruct and develop a structured and effective rubric for sexual offenders? As humans we are active ingredients in what is known as the Change Process. As Mahoney (1991) stated humans are not merely passive players in the data of their surrounding environments; but rather active players in constructing and interpreting this data. This thesis proposes following a transtheoretical structure to combine Adlerian and narrative therapies which will allow for a universal process and application of therapy, as well as allow the sexual offenders to be active players in their own rehabilitation. Both theories propose that sexual offenders are also active agents in their environments and as so, are integral units in their own reality and must be understood in
totality (Carlson, Watts, & Maniacci, 2005). For the purpose of this therapeutic directive this thesis has taken liberties with the below stages and techniques in that they are originally discussed and referenced to be utilized with *individuals*. However this author seeks to extend the definition of *individuals*, to include sexual offenders.

What has proven to be successful in therapy is starting at the foundation and moving forward as to encompass the whole of the parts (Carlson, Watts, & Maniacci, 2005). Below is a break down of each stage and examples of techniques to be applied with sexual offenders. This therapeutic directive combines precontemplation with contemplation, as grouped by Clark (2013). Here the therapist and the sexual offenders take the first step in rehabilitation together, introducing the idea of change and accepting this idea of. In this therapeutic directive this combination of stages is known as establishing the relationship.

**Precontemplation-Contemplation Stage: Establishing the Relationship**

Establishing the relationship is the first step in engaging the sexual offender and the therapist in therapy. Establishing a relationship begins with the first session however it is a continued process. It is important to note that developing a mutually trusting and respectful environment will ensure a lasting relationship and thus more successful progress together (Carlson, Watts, & Maniacci, 2005). Building this relationship indicates to the sexual offender that the therapist genuinely cares about their situation. As we have previously discussed this is a tricky area to navigate, as society’s views and limited ability to empathize with sexual offenders have created a hostile environment (Blanchard, 1998). Understanding and developing a relationship with sexual offenders as with all individuals includes displaying empathy, genuineness, encouragement, hope, and non-
judging advice or support (Carlson, Watts, & Maniacci, 2005). Once a relationship is established it becomes clearer what the sexual offenders goals and hindrances are, and both the therapist and the offenders can actively explore how to break down and aligns goals realistically (Carlson, Watts, & Maniacci, 2005). There are several techniques which can aid in establishing a relationship with sexual offenders such as mirroring and active listening.

Mirroring is an important technique that should be introduced at the beginning of sessions. Mirroring is a method that the therapist can apply to create the feeling of an even playing field and comfort. This is especially important and difficult to do with sexual offenders. Mirroring or utilizing similar body language, such as leaning forward, eye contact, or similar and visible hand gestures, presents an open and familiar setting for the sexual offenders (Boisvert, Wright, Knopik & Vaske, 2012). As previously discussed sexual offenders have not developed as normal individuals have. Often sexual offenders have not developed interpersonal or relational skills and thus connecting on common and a physical ground is more conducive (Blanchard, 1998). Offenders are constantly seeking to find a sense of control as to reach understanding and stability; by providing a mirrored environment the therapist taps into this deep desire to be understood. Or as Adlerians would say an individual’s desire to be significant, secure, and belong (Ansbacher & Ansbacher, 1956). Mirroring is a nonverbal method of presenting ease, encouragement, and familiarity, within a therapeutic environment. This nonverbal connection is highly effective with sexual offenders as they also operate primarily on a nonverbal level of communication (Gilligan, 1997).
Active listening is another technique that can be utilized to display understanding and strengthen the relationship. Active listening involves hearing the situations or narratives presented by the individuals, both their triumphs and frustrations. Upon attentive listening the therapist then repeats back to the sexual offenders their interpretation of the information presented. This validates the sexual offender’s concerns; the therapist then asks for confirmation of the information which continues to establish a sense of balance between the sexual offenders and the therapist (Hulme & Middleton, 2013). This demonstrates that the therapist is in fact paying attention and wants to understand and hear what the sexual offenders are saying. Often this technique furthers trust and offers hope to the offenders that another person in fact cares and understands them. Again tapping into a deep desire to belong, have security, and be significant.

Narrative therapy combines its joining process with its applications. As therapists seek to join with the individuals they first aid individuals in exploring and externalizing their dysfunctions. This process consists of linguistically separating the individuals from their dysfunctions (Freedman & Combs, 1996). Separation would be an effective technique with sexual offenders because it also removes the intangible (language) and separates (physical) the sexual offenders from their dysfunctions. In other words the therapist plays referee as they coach individuals to gradually move their perception of their relationship with their dysfunction from internal to external. This transition can be accomplished by simply having the mindset and attitude to externalize the problem. Externalizing the problem can accomplished with a conversation which consists of naming the dysfunction and discussing the dysfunction with its own qualities, out side of
the offender. Finally the therapist and sexual offenders are now able to discuss the dysfunction separately (Freedman & Combs, 1996).

**Preparation Stage: Assessment and Psychological Investigation**

Within this newly developed environment assessment takes place as the therapist and sexual offenders explore more in-depth their life stories and dysfunctions. This process provides insight into the sexual offender’s private logic, mistaken beliefs, and dominant narrative. The assessment stage begins as the therapist and sexual offenders explore the current narratives and events in the sexual offenders’ lives as to uncover blockers, stressors, and ultimately the presenting problems. Investigating includes breaking down the offenders’ complaints, beliefs, and denials. Waldram (2010) states that often sexual offenders create narratives or mistaken beliefs with the intent of justifying their actions or to minimize their actions, and in some circumstances to deny their sexual offenses. It is then imperative to the assessment stage that the therapists explore all information pertinent to both the crimes committed and the sexual offenders, as to create an understanding in its totality. As previously stated Murray et al. (2010) supported Sanday (1981) in confirming that early environmental factors greatly influence ones social and cognitive development. In other words another important area to explore is the development of such narratives and mistaken beliefs, which according to Adlerian therapy are formulated in early childhood. Assessing sexual offenders can be difficult as they are already in a restricted environment usually prison, however it is still vital to this therapeutic directive to treat them as a therapist would any other individual or client. This means taking the time to seek as much information as possible, whether that is directly from the sexual offender or additional resources.
Another important aspect in the assessment of sexual offenders is gauging risk. It is the view of this thesis that in order for lasting change to take place the therapeutic tasks must balance the promotion of realistic goal setting and accountability, with the risk the individual poses to themselves and society (Ward & Connolly, 2008). Keeping in mind that to only seek wellbeing without assessing risk, may result in happier sexual offenders however more dangerous offenders. Just as only managing risk would result in unhappy sexual offenders and a purely punitive lens. It is the opinion of this thesis that because Adlerian and narrative therapies take into account the objective with the subjective this therapeutic directive can ensure more fully that interventions are delivered in ways that are more likely to lessen risk and actually promote offenders’ wellbeing. The purpose of therapy then is to add to the sexual offenders’ abilities to function as socially embedded and healthy individuals, rather than a measure to manage a problem for society. In summary a more holistic therapeutic directive such as one with the orientation of Adlerian and narrative therapies, which base their techniques and movement on developing specific methods to reduce risk, and aid sexual offenders to live full and satisfying socially embedded lives (Ward & Connolley, 2008).

Assessment for Adlerian therapy often includes a lifestyle assessment. A lifestyle assessment is a method of uncovering and exploring one’s private logic and its development and direction (Carlson, Watts, & Maniacci, 2005). As a therapist and as a society gaining insight into how sexual offenders cope, develop skills, and process the world around, then can create a way to empathize as a means to rehabilitate (Blanchard, 1998). A lifestyle is composed of thoughts, perceptions, and one’s private logic, which guide individuals in navigating his or her life. These characteristics are developed early in
life. The therapist guides the offenders through a series of Socratic questioning as to explore areas such as, conflict, strengths, values, work ethic, gender roles, friendship, love, and spiritual development to name some (Ansbacher, & Ansbacher, 1956). It is important that a lifestyle assessment be done with the sexual offenders as to gain applicable knowledge and assess appropriately. However it is also important to reach out to other resources to gather further information. Identifying areas of needed or current support and strengths, are also important at this stage; especially for sexual offenders whom are typically in some form of prison or mandated treatment, which creates a resistive attitude, surrounded by a violent and unsupportive environment. Providing insight and offering support by exploring and supporting their strengths and accomplishments continues to build hope and self worth. Sexual offenders often at this stage are not directly aware of all of their presenting problems or symptoms. In other words the sexual offenders are not consciously aware of their thoughts, emotions, and actions, or even how they are responsible for them (Waldram, 2010). Due to this limited self-insight sexual offenders have very limited ability to control or deviate from their normative behaviors, mistaken or not (Gottfredson & Hirschi, 1990). As we have learned that an individual’s private logic is developed in one’s youth, for sexual offenders, as previously discussed such childhoods are ridden with stiff, abuse, lack of control, and a variety of other difficulties. Reinforcing strengths and worthiness through encouragement at this stage builds hope and provides an alternate path for which to move forward; an option which most sexual offenders thought not possible (Murray et al., 2010). In order for therapy to be effective the sexual offenders must feel that they have equal control and latitude within the process, regaining a sense of self worth and stability. A sense of self
worth is built as the therapist and the sexual offenders explore his or her lifestyle together placing the expertise on the offender.

Family constellation can be another step in the lifestyle assessment, creating yet another branch on a road map to an offender’s development and private logic. The psychological position in one’s family influences an individual’s or sexual offender’s ways of functioning and moving forward in life. Characteristics of the sibling positions are useful in discerning how an oldest, second, middle, youngest or only child is unique, and relates to the world around them. As a whole, understanding the behaviors and decisions can aid us as a therapist and as a society towards understanding which promotes reformation and healing. Behavior is best understood in a social context. If we as a society and therapists are able to observe behavior and listen for the private logic, then we are better able to equip ourselves with the tools to actively engage and promote change in our prisons systems and thus lasting change in our offenders.

In narrative therapy, assessment is a more continuous and fluid process. Typically the sexual offenders begin by sharing a problem-saturated narrative and thus it would be ineffective to base an assessment merely off of initial information. Narrative therapy explores individual’s or rather sexual offenders’ lives from their own unique viewpoint. This viewpoint and methods of interaction with others creates their dominant narratives (Freedman & Combs, 1996). This dominant narrative is often hidden in a problem-saturated story line and thus takes more persistent probing to locate and bring to their awareness. Due to this viewpoint each narrative’s dysfunctions or problems are also unique to the offenders (Freedman, 2014). Levels of insight and understanding may be more or less present for some than for others. However to stay true to the transtheoretical
ESTABLISHING A METHOD TO TREAT SEXUAL OFFENDERS

process narrative therapy does begin to make observations from the sexual offenders saturated narratives, offering strands as alternatives or for clarification. This process is accomplished as the therapist aids the sexual offenders in externalizing their dysfunctions by giving names to their dysfunctions. The naming process allows for separation of the problem from the individuals and offenders (Freedman & Combs, 1996). Once the dysfunction is named it is easier to separate from the individual and thus more intently explore. The therapist continues to actively listen and begins to offer new strands or alternatives to their saturated narratives, as to create a more preferred narrative for the purpose of assessment, and to locate their dominate narrative (Freedman & Combs, 1996). The therapist also engages in active listening as a means to hear, then seek verification of what the offenders have said. This allows for the offenders to offer meaning to their narratives while also considering the view of the therapist, as new strands or alternatives to their narrative (Freedman & Combs, 1996). The goal is to aid the sexual offenders in identifying their own sets of must haves, ought to’s, or private logic as to be able to begin the process to move past their dysfunctions and gain control of their narratives. Sexual offenders often at this stage of psychotherapy are not directly aware of all of their presenting dysfunctions, or have a limited understanding of their role in their circumstances. Reinforcing an offender’s strengths and supports by offering encouragement at this stage builds hope. Taking the sexual offenders through a variety of exercises that may include but are not limited to naming and re-authoring, which provides insight for both the offenders and the therapist. In order for therapy to be effective the offenders must feel that they have equal control and latitude within the process. Moffitt (1993) again points out the significance of early influences, providing stable
environments, and intervention as a means to curb violence and promote healthy interactions. Here the therapist has the opportunity to set ground rules and a structure to offer movement and a stable environment for the sexual offenders to engage in therapy.

It is the belief of this thesis that with Adlerian therapy’s life style assessment and family constellation techniques when coupled with narrative therapy’s naming, strand, and active listening techniques, the therapists can began to develop a more complete assessment of the sexual offenders.

**Action Stage: Developing Application and Interpretation**

As the offenders’ dysfunctions are come to light in the assessment phase, insight begins to develop more fully as they move with the therapist into the application or action stage of therapy (Ansbacher & Ansbacher, 1956). Behavior is understood best in a holistic context this means exploring and knowing all thoughts, feelings, wants, values, and motivators that create an individual. Each sexual offender creates a private logic as to function and to cope with his or her individual life. This perspective does not change over time so long as it goes unexamined or the person continues to believe that it is useful in meeting life's demands. Thus offenders continue offending and behaving as they do, because it is what they know and their actions continue to support their dominant narrative (Waldram, 2010). Adlerian and narrative therapists believe that if knowledge and insight can be provided to such individuals, or sexual offenders, then change and growth can occur (Carlson, Watts, & Maniaci, 2005).

To accomplish change with sexual offenders the action stage is one of the most important stages, as this is the stage for which the offenders make the decision to want to change by actively engaging in exploring, learning, and applying themselves with the
intent to change. To promote a continued desire to change insight and interpretation is key. At the beginning of this paper we discussed the importance of empathy, both cognitive and emotional. In order for empathy to continue throughout therapy those who seek to reform or apply therapeutic techniques with such sexual offenders must be able to share, understand, and engage with sexual offenders without stereotyping or enforcing feelings of guilt and shame (Mehrabian & Epstein, 1972). This means during the action stage therapists and facilities must continue to view sexual offenders as they would any other individual who is seeking meaningful ways to engage in the world around them (Ward & Connolly, 2008). A more realistic approach is to meet the sexual offenders where and as they are, recognizing they are individuals who have committed sexual offenses in the pursuit of common goals shared with the rest of society, just in a maladaptive way (Ward & Connolly, 2008). During the action stage the therapist is able to tailor the therapy to each sexual offender. This Adlerian and narrative environment creates the stability and encouragement needed to manage risk while promoting growth.

The Adlerian technique of early recollections or Er’s are not factual per-se, however memories and their perceptions and misconceptions of past events, or repetitive events, can provide knowledge of ones private logic. ER’s are significant in that they reflect the individual’s private logic and mistaken beliefs. It is not important that the memory be the first or the earliest, however a memory from childhood and with distinction creates fullness of the memory (Ansbacher & Ansbacher, 1964). These ER’s are not a true representation of the past, but rather an expression of what used to be; rather they represent the ongoing challenges and mistaken beliefs currently taking hold in the offender’s life (Carlson, Watts, & Maniacci, 2005). Adler, as referenced by Carlson,
Watts & Maniacci (2005), stated that it ER’s can only represent the here and now struggles to be incongruent is an impossibility and stressed that these recollections be utilized as a map to locate individual’s mistaken beliefs and provide sparkling moments of insight and difference into an individuals private logic. As individuals begin to develop a sense of self-awareness and alternatives it is important to provide encouragement.

Encouragement is an Adlerian technique that can be applied to provide hope and insight to sexual offenders. The Adlerian belief of encouragement is applicable to sexual offenders as Adlerians believe that feelings of inferiority are part of the human condition (Richard & Carlson, 1999). Adlerians encourage and normalize low self-esteem, poor decision-making and additional inferiorities that offenders may suffer from. At the core, these desires are part of our human condition, and separating our thoughts and behaviors allows insight to the offenders and the hope of change. Change is established as the offenders are now able to explore and discuss their inferiorities or mistaken beliefs separate of themselves, without defending or feeling consumed by them (Hinds & Daly, 2001). This provides support and encouragement to those who have spent their lives living and fighting, such as offenders have, and being engulfed by shame and control (Gilligan, 1997). Encouragement is an important factor for effective therapy with sexual offenders due to their incarceration or court appointed treatment facilities, as at times these circumstances promote feelings of stagnancy, shame, and no control; engagement then becomes a constant battle.

In order to continue building trust and providing a sense of self-control and awareness to the sexual offenders it is important to keep them actively engaged. Presenting such offenders with a visual is often a useful and stimulating technique. This
can be achieved by utilizing the life task wheel technique. The life task wheel can be done on a sheet of paper or up on a white board. The idea is to create a visual for the offenders, often this adds extra stimulation and thus involvement and a sense of worth. The five tasks include love, work, spiritual, self, and community, which can be divided into family and friends (Carlson, Watts, & Maniacci, 2005). The therapist draws this wheel for the sexual offenders, taking them through each task area, explaining what is involved. The therapist then asks the offenders to rate each task on a scale of one through ten; rating each area in terms of satisfaction. This often provides insight and displays areas of need and concern (Carlson, Watts, & Maniacci, 2005). This process also displays areas of strength, and the therapist is able to provide encouragement, and hope.

When this deeper level of self-awareness occurs often other information, or “ah-ha” moments occur and deeper private logics or mistaken beliefs are uncovered. Due to the level of involvement required from the individuals and often the difficulty they meet when identifying such information about themselves, this phase can be more difficult. It is important to explore and assess in a visual and open form so as not to overwhelm, confuse, or pass judgment.

The power drive is another Adlerian principle which drives a family to complete and protect themselves as to move forward effectively (Carlson, Watts, & Maniacci, 2005). When this homeostasis is disrupted the family flounders to find meaning and stability, and desperately seeks to bring themselves back to a state of homeostasis. The family accordingly struggles to place boundaries and test parameters searching for safely and a homeostasis in their new and shifting narrative. This is applicable to sexual offenders as often in a prison setting the cell mates formulate a family structure. Upon
identifying this instability, the therapist is able to encourage individuals to impute a different action, behavior, or thought, to reach a new narrative or homeostasis.

The narrative principle of meaning questions is similar to the Adlerian belief of everything can also be different. Here sexual offenders are invited to regard their narratives in a different light with differing emphasis. This process allows for new synthesis and the growth of a new homeostasis (Carlson, Watts, & Maniacci, 2005 & Freedman & Combs, 1996). This awareness of their dysfunctions through externalization, and reauthorizing allows for a more complete separation from their dysfunctions.

Upon sexual offenders being made aware of their dysfunctions through externalization and re-authoring separation from the dysfunctions takes a more firm hold allowing for thickening. Thickening consists of a cooperative relationship between the individuals or sexual offenders and the therapist, or co-authoring, as each seeks to explore and add new strands or solutions to the narratives. Strands allow the offenders to explore alternate narratives in which their story is not saturated by their problems; this provides solutions and hope to the individual. A strand is not a problem free narrative, but rather a new perspective or way to interact with their current dysfunction (Goldenberg & Goldenberg, 2006).

As strands are introduced they provide additional separation and insight into “sparkling events” (Goldenberg & Goldenberg, 2006). These sparkling events are underlying causes or driving forces the individuals live by. These sparkling events are similar to the events pulled from early recollections, and provide the therapist and the sexual offenders’ insight into their narratives.
Mapping is another technique narrative therapy applies as a means to thicken and aid the sexual offenders in exploring their dominant narratives: not simply the presenting or subjective narrative. The therapist guides the offenders to explore how long, or to what extent these dysfunctions have been present or affected their lives (Freedman & Combs, 1996). Next, the therapist explores with the offenders their own role in allowing their dysfunctions to become and remain dominant. It is important during this stage to keep separation of the dysfunction from the offenders or individuals (Freedman & Combs, 1996).

Once the dysfunction has been identified, separated, and mapped, the therapist and the individuals are able to deconstruct the dysfunctions more fully as to delve into solutions or new strands beginning to develop a preferred narrative (Freedman & Combs, 1996). Narrative therapists will began to more pointedly question the sexual offenders by continuing to offer support about the dysfunction using the offenders own words. This process is considered permission questioning as it is deferring to the expertise of the individuals, which allows the relationship to remain of a democratic nature (Goldenberg & Goldenberg, 2006).

Scaffolding questions are another means of questioning that can be applied to aid the individuals in building a sense of understanding surrounding their dominant narrative (Goldenberg & Goldenberg, 2006).

Narrative therapists also explore situational comments as to identify particular times, events or situations, in which the dysfunction was or was not present. This process is known as meaning questions or reflection. Such forms of questioning allows for insight
and growth into their narratives, disrupting the dysfunction and demonstrating that it is not all encompassing (Freedman & Combs, 1996).

For narrative therapists as Adlerian therapists, family plays an integral role in therapy. Family therapy is a context in which a large unit narrative is woven together by the individual members and their own unique narratives. As therapists, we must deconstruct problematic or saturated narratives by telling and retelling preferred stories, as witnesses ourselves, and by placing the family members as witnesses to each other’s narratives. This provides insight and development of new joint strands to weave the narratives back together (Freedman, 2014). For sexual offenders often therapy takes place in a group format, and these additional offenders provide a family structure. Freedman (2014), states that if family members witness each other’s narratives, listening to another member share his or her story can contribute to understanding and meaning. This aligns with the Adlerian principle of social interest; the seeking of personal significance through belonging and connection to a system, in this case a family or rather a group of sexual offenders (Carlson, Watts, & Maniacci, 2005).

As a clearer picture of the sexual offender’s private logic and dominant narratives unfold a deeper self-awareness and change begins. It is as this awareness emerges the therapist and the sexual offenders are able to explore more fully the purposes behind their own behaviors, and what drives that purpose. It is when this deeper purpose and driving is revealed and made known to the offenders that the therapists will challenge and engage more directly with the offenders in their statements and beliefs as to promote a more solid awareness of their conflicting beliefs (Carlson, Watts, & Maniacci, 2005).
As self-awareness develops asking and often contracting with the sexual offenders for a commitment to change is a must in order to create lasting healing and reformation. If there is lack of commitment or a limited and hindered understanding of their mistaken beliefs, private logic and saturated narratives, it will be difficult to instill a commitment, and thus a change (Carlson, Watts, & Maniaci, 2005).

**Maintenance: Reorientation and Commitment to Change**

The final phase is that of reorientation and maintenance. This author feels that this stage also constitutes a continued commitment to change. This phase is increasingly important because this is where the sexual offenders decide to fully commit. It is here that the sexual offenders began actual movement with a true understanding of their needed commitment, and with an idea on how to move forward to correct their interfering beliefs and behaviors. During this phase the therapist strongly states and challenges the offenders interfering mistaken beliefs, saturated narratives, and behaviors attributing to their continued struggle (Ansbacher, & Ansbacher, 1956). The therapist seeks direct engagement and interaction from the sexual offenders as they move forward towards their goals and break down the steps and objectives to reaching and maintaining their new goals. It is here that the therapist reinforces commitment and the development of realistic goals orientated towards social interest (Ansbacher, & Ansbacher, 1956). Through this process the sexual offenders are able to come up with their own new ways, different thoughts, and behaviors they can choose to partake in to develop new habits and methods. Contracting for commitment encourages the individuals to add new strands, which provide solutions and balance to the narratives. From this point on the therapist and the sexual offenders may continue to explore feelings of inferiority and worthlessness that
may still remain or present as challenges as they move forward developing new habits in a socially interested way (Carlson, Watts, & Maniaci, 2005). In the commitment stage the aim is to ensure that the gains made in therapy, the growth and redirection, is applicable to the daily lives of the offenders once back in society. The goal is that when in high intensity situations, the sexual offenders are able to rely upon their skills and apply them (Ward & Connolly, 2008). Due to maladaptive skills, as previously discussed, sexual offenders do not have a means for which to provide a sense of wellbeing or healthy self esteem, thus they revert back to maladaptive patterns to gain a sense of control and stability in their lives (Hanson & Morton-Bourgon, 2005). Developing a safety plan provides sexual offenders with a sense of control, and a means to accomplish tasks such as daily living skills outside of prison, thus eliminating the shame and fear that perpetuates them to commit such sexual offenses (Gilligan, 1997). With skills learned in therapy and an action plan, sexual offenders have a sense of security, significance and belonging. It is the opinion of this author that in order for sexual offenders to truly feel safe to commit to change a safety and integration plan be set in place as to continue the maintenance in daily living as well as high stress situations. Typically, this plan will include individualized external supports, areas to monitor, and needs that may arise or did arise through out treatment. It is important to note that this is not a final and ending stage but a continued place of practice and commitment.

At this stage continuing to utilize encouragement and exploring new strands as motivators is key. Sexual offenders often seek out therapy initially because they are hoping for a magic answer, for someone else to change their problem, or because they are mandated to. This lack of motivation develops a resistance, or useless behavior (Carlson,
Watts, & Maniacci, 2005). In order to redirect their motivation the therapist must encourage and keep goals closely aligned with the sexual offenders’. The change to motivation occurs when the offenders and the therapist stop focusing on the behaviors, and shift focus rather onto understanding the mistaken beliefs, dysfunctions, and new behaviors and goals (Nystul, 1985). Motivation is achieved through several steps, first through establishing a relationship, second by providing hope and insight and finally by exploring alternatives for the offender (Watts & Carlson, 1999). With encouragement the therapist and the sexual offenders can create a step by step plan as to define their ambitions, occupations or sustenance outside of prison, resources and supports, coping skills and purpose, as to establish a structured plan of maintenance and sustainability outside of prison.

A unique way to promote commitment and challenge old habits is with the deathbed technique. The therapist encourages the offender to imagine dying, which is often a real threat to those incarcerated. Allowing for the offenders to see their major life events flash before their eyes (Nystul, 1985). The therapist encourages the offender to state and experience the negative or sad feelings several times. The therapist at this point may make the reference that unless the offender commits to change or in fact changes his or her ways, behaviors, etc., death may become an actualization (Nystul, 1985).

Another technique is that of the bow and arrow technique. For this technique the therapist represents the bow, and the sexual offenders the arrow. Through this metaphor the therapist is able to demonstrate to the individuals whether or not their short-term goals align effectively with their long-term goals. The therapist is able to layout the trajectory of the offender’s actions and behaviors, utilizing the arrows, and maps to
outline the trajectory, level of success, and level of wellbeing. The therapist and the sexual offenders are then able to break down mistaken beliefs hindering them from taking a new trajectory (Nystul, 1985).

A final commitment skill is the “acting as if” technique. The idea is that the sexual offenders and the therapist reflect on a situation. The therapist and the offenders take a “reflective” approach. This approach allows the movement forward through the task with less hesitation, and self-doubt or judgment (Mosak & Maniaci, 1999). By setting up a task in a reflective way the individuals or sexual offenders are able to slowly walk through the task or situation, and weigh each choice or action, as if they were the person they wish they were or could be. Through this process the therapist is able to assist and encourage the sexual offenders by offering alternatives, for which the client can implement and maneuver through the task with (Mosak & Maniaci, 1999). The benefit is that the individuals, since the situation is “reflective” or hypothetical, cannot fall back upon self-doubt, mistaken beliefs, or defenses because they have the opportunity to play the situation out in the way the wish it could be. This sense of accomplishment and ability to promote change encourages the offenders and instills commitment.

**Therapeutic Directive Summary**

The importance of Adlerian and narrative therapies is the focus on the offenders as a whole entity. This therapeutic directive aims to identify the reasoning behind sexual offenders behaviors, and separate the sexual offenders from their dysfunctions instead of focusing on the individuals themselves or their actions alone. This separation provides the sexual offenders with a sense of worth, hope, and purpose. This approach allows offenders the time and ability to discover their past and re-narrate a new story and sense
of self as to move forward. This holistic approach towards positive regard and encouragement, as well as developing a sense of self-awareness has proven to show successful results within the incarcerated populations (Maslow, 1962, 2011).

**Conclusion**

How long will violence be the response to violence? It would appear to this author that a more effective approach would be to instill a sense of logic with a vision of self-awareness, acceptance, and an encouraging environment. The increase of such a positive and humanistic approach can produce results; however without an accompanying supportive incarceration environment and social supports, change is stunted or ill effective (Gilligan, 1997). The success and efficacy of therapy in treating diverse and differing psychological disorders and populations has been proven (Hogan, Lambert, & Barton-Bellessa, 2012). Several studies have shown that therapeutic applications are more effective than applications of common or generic treatments (Hogan, Lambert, & Barton-Bellessa, 2012).

Providing support, encouragement, insight, and challenging change is the Adlerian and narrative approach to therapy. This therapeutic directive allows for a holistic view of the sexual offenders encompassing all areas and facets; seeking the purpose behind their behaviors instead of only focusing on the behaviors or on the offenders (Ansbacher, & Ansbacher, 1956). To accomplish this, this author promotes as previously discussed, applying Adlerian and narrative therapies key concepts as to build the groundwork for a supportive therapy directive. The first step is utilizing the above frame work, a transtheoretical structure to first establish the relationship, then apply assessment and psychological investigation, next aiding in the development of self
awareness and interpretation, and finally establishing a commitment to change. These are
the stages towards compassion, understanding, awareness and lasting change. It is
important to note that the information documented above in the therapeutic directive’s
techniques and stages is referenced by the cited resources as being available to and
utilized with individuals, and not specifically sexual offenders; it is the liberty of this
thesis that it can be applied effectively to sexual offenders as they are also individuals.

Each individual, even those who have committed grievous acts such as sexual
offenders are a combination of their private logics, saturated narratives, and mistaken
beliefs. Whether the issues developed in childhood stem from childhood trauma, shame,
lack of control, or fear or anger, they continue to be misleading factors in their lives
today. This knowledge does not excuse such acts, however it does provide insight and
hope for change.

Community awareness is another integral part of an effective therapeutic directive
and a necessity for lasting change. Communities need to be educated as to themselves
better understand both the communal factors and characteristics that make up a sexual
offenders and offenses. A socially interested community promotes and builds healthy
individuals.

It is our own safety, peace, and happiness that lie in our own determination and
willingness to grow in the ways of support and care for such sexual offenders. For lasting
change and healing to occur, society and the imprisoning facilities must display empathy
and commitment to a healing environment. Only with this commitment can we ourselves
expect hope and change. We must start the change and actively be the change we so
desire to see in sexual offenders. It is the opinion of this author we can not ask or expect
change in sexual offenders, if we have not first sought reflection and change ourselves. Only once we have done this can we began to instill a therapeutic directive as the one discussed in this thesis effectively.
References


