

## **Sex offender treatment skills and approaches: Group Therapy**

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### **Introduction**

In this chapter we present the view that a group therapy modality can be an especially useful medium through which to conduct sex offender treatment and a valuable platform on which to deliver programs. In doing so, we describe some principles from the prodigious literature on group therapy that we consider especially pertinent to sex offender treatment and outline the benefits of a closely and dynamically matched integration of these principles with current sex offender treatment principles.

Following a brief overview of sex offender treatment, we go on to consider this field through the lens of group dynamics and group therapy. Starting with understandings from the general social science of group dynamics, we proceed to review therapeutic applications of groupwork and its relevance to practice with sexual offenders in the context of contemporary perspectives on rehabilitation. We then present our concept of a systematic integration of group therapy and sexual offender treatment more thoroughly, by juxtaposing contemporary treatment goals and programme structure with group process and dynamics, in what we see as a synergistic combination. Finally, we will draw general conclusions, consider implications, and offer recommendations.

## **Approaches to sexual offender treatment: An overview**

The assessment and treatment of sexual offenders is now supported by a considerable volume of theoretical and empirical literature. Early efforts at providing treatment were firmly founded in the psychoanalytic tradition (Marshall & Serran, 2000). The shift in preference, during the 1960s and early 1970s, toward empirically informed practice favoured the development of behaviorally-based programs. This trend itself gradually gave way to the increasingly influential cognitive-behavioral therapy (CBT) approaches (see Abel, Blanchard, & Becker, 1978; Marshall, Jones, Ward, Johnston, & Barbaree, 1991), which subsequently became wedded to the clinically compelling relapse prevention (RP) paradigm (Laws, 1998; Pithers, 1990). The CBT/RP permutation found support from the ubiquitous reach of evidence-based practice that proliferated in the wake of influential concerns raised about the effectiveness of offender rehabilitation in general (Andrews, 1995; Andrews & Bonta, 2003; Hollin, 1999; McGuire, 2001). The tightly structured, highly specified, group-based nature of these treatment programs appealed to treatment providers, and led to this rigorous format becoming an industry standard. Systematic meta-analytic research reviews have resulted in tentative support for this style of program in sex offender treatment. The remaining uncertainty has tended to surround the difficulties in standardising investigations, together with the paucity and variable quality of evaluative studies.

Nevertheless, current standard treatment approaches with this population are generally based on CBT/RP principles (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010). These approaches involve the assessment of a range of aspects of individual personal functioning – deficiencies that are assumed to constitute the reasons for the individual's offending – and the identification of specific situations that are considered to represent elevated risk of relapse. Intervention then targets these deficits and prescribes avoidance of the deduced 'high risk situations'. This formula has become further distilled, prescribed and entrenched with the introduction of the risk-needs-responsivity (RNR) model of offender rehabilitation (Andrews & Bonta, 2010), which is based on the tenets of the Psychology of Criminal Conduct (PCC) (Andrews & Bonta, 2010). While treatment outcome studies and research analysts have lent their cautious support to the RP/CBT standard treatment approach, a caveat is that such programmes do not appear to be *uniformly* successful (see Schmucker & Losel, 2008; Serran, Fernandez, Marshall & Mann, 2003).

Alongside this concern, a new wave of rehabilitative thinking, based on a wider analysis and a broader (complementary) framework has begun to raise philosophical,

theoretical, and practice concerns about the RNR orthodoxy. Ward and others (Ward & Maruna, 2007; Ward & Stewart, 2003; Ward, Yates, & Willis, 2012) have questioned both the sufficiency of the RNR framework and what they see as its overriding concern with program content and technical procedure at the expense of process and context matters (see Frost, 2011; Frost & Connolly, 2004; Marshall, Anderson, & Fernandez, 1999; Marshall & Burton, 2010; Marshall, Fernandez, et al., 2003; Serran & Marshall, 2010). Further criticism levelled at RNR from this quarter points to perceived weaknesses in its conceptual basis and its restrictive adherence to CBT/RP conventions. In her 2012 appraisal of the RNR model, Polaschek (2012) makes this critical point:

The use of overly scripted content-focused manuals cannot make up for a lack of well-trained and constructively supervised therapy staff, but does constrict the application of the responsivity principle (pp. 11-12)

These newer approaches to sex offender treatment have tended to rally under the banner of the good lives model (GLM) (e.g., Ward, 2002; Ward & Gannon, 2006; Ward, Mann, & Gannon, 2007; Ward & Marshall, 2004; Ward & Stewart, 2003) and the strengths-based approach of Marshall and others (e.g., Marshall et al., 1999; Marshall, L. E. Marshall, Serran, & O'Brien, 2012; Marshall et al., 2005). Such authors have called for approaches to treatment that are broader in concept and more sensitive to the human condition. They advocate more active attention to process and context features of treatment (Marshall et al., 1999; Marshall et al., 2012; Marshall et al., 2005) and especially more humanistic and relational functions of therapy (Ward & Birgden, 2007; Ward & Connolly, 2008; Ward, Gannon, & Birgden, 2007).

Until recently, however, an integrated methodology specifically incorporating relationally-based practice methods – such as group therapy – has been absent. We suggest here that a thoughtfully conceptualised and consciously applied groupwork methodology might be a key factor in implementing strengths-based thinking and ultimately in potentiating more consistent outcomes from CBT/RP-based treatment programs for sexual offenders.

### **The social science of groups**

For reasons that we will go on to consider, the great majority of programs for sex offenders are conducted in a group setting (McGrath et al., 2010). It is surprising then that,

until recently, this aspect of program delivery has been largely overlooked in the literature. One straightforward but excellent reason for focusing attention on the group context of offender work is that the experience of the members of any ongoing interdependent group involves certain inevitable and predictable dynamics and processes. The multi-disciplinary study of human groups (group dynamics) lays the foundation for group psychotherapy, but also highlights some elementary but salutary messages about the value of the group with respect to therapeutic opportunities and threats.

By paying due attention to dynamics and processes present in treatment groups, they can be harnessed for therapeutic effect (Bloch & Crouch, 1985; Burlingame, Fuhriman, & Mosier, 2003; Doel & Sawdon, 2001; Horne & Rosenthal, 1997; McRoberts, 1998; Yalom, 1985); conversely, ignoring these dynamics and processes can be counterproductive or even harmful (Dishion, McCord, & Poulin, 1999; Mager, Milich, Harris, & Howard, 2005 ). Helpfully, for those of us who practice in this area, group membership in and of itself holds a dual attraction to the individual that might help counter the aversive demands of the program; it offers the prospect of inclusion and fellowship, but is also a forum in which one can claim and assert identity. Group tensions and the strivings of group members as they negotiate the experience of protracted proximity will eventually become manifest, regardless of whether we acknowledge their presence and work with them constructively or not. The therapeutic group is therefore as much a potentially influential ally of the therapist as it is equally a liability. The difference in polarity relies considerably, we argue, on the clinical knowledge, will, and skill that supports treatment provision.

Before going on to discuss group therapy and its particular appositeness to sex offender work, it is worth briefly traversing the not inconsiderable general social science literature on groups, which has a history of some 70 years (Cartwright & Zander, 1968; Forsyth, 1999). A group is a collection of individuals who are to some extent interdependent in the pursuit of shared goals through social interaction (Forsyth, 1999). In terms of primal human survival and development, the value of such association is self-evident, and this value is extant in terms of contemporary human goods and wellbeing. Identified characteristics of groups include structure, cohesiveness, maturation, conflict, and social identity (Forsyth, 1999; Gold & Douvan, 1997). We will return to such characteristics when we consider therapeutic applications. The key point to make here is that the group, when considered an entity in its own right, will inexorably take on a character and properties of its own, for better or for worse. This emergent character will inevitably influence the extent and quality of

participation and conduct of its members. It follows then, if groupwork<sup>1</sup> is to be successful in attaining human service goals, that group character and individual properties must be given due consideration and attention by a group leader. We will go on to consider the properties of small groups with specific reference to the literature on the therapeutic use of groups and more specifically to work with sex offenders

## **The practical utility of groupwork**

While there exists a considerable body of work dedicated to understanding and addressing sexual offending, there is an even more substantial literature on therapeutic groupwork and its relevance to a range of clinical populations. Meta-analytic research (Burlingame et al., 2003; Horne & Rosenthal, 1997; McRoberts, 1998; Smith, Wood, & Smale, 1980) and individual studies (e.g., Toseland & Siporin, 1986) suggest that, in general terms, the group format is at least as effective as individual work in the alleviation of personal and interpersonal difficulties.

In correctional and other state-sanctioned systems, groupwork is self-evidently appealing in terms of efficiency and cost (Jennings & Sawyer, 2003). In this sense, groupwork has sometimes been misconstrued simply as ‘working with a group’; that is, convening a number of clients for the purpose of delivering treatment *en masse* (D. Ward, 1998). At the next most basic level of group practice, use is made of sub-groups – meaning the division of the group into pairs or larger elements of the group – for the purpose of conducting parallel functions, such as directed discussion or behavioural rehearsal (see, for example, (Benson, 1987; McMaster, 2003). This is presented, perfectly reasonably, as a practical and efficient way to maximise interaction and participation. Beyond these simple variations there is a wide range of group methods that are applicable to offender work. We shall briefly review some of these applications before considering more sophisticated and more specific applications to the sex offender population.

Under the general rubric of experiential and activity-based groupwork, practitioners use a wide range of exercises and activities. They are employed in the service of activating or stimulating group interaction in pursuit of clinical goals (Benson, 1987; Comer, 2004; Corey & Corey, 1987; J. Donigian & Hulse-Killacky, 1999). In such instances, the therapeutically

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<sup>1</sup> Throughout this chapter we shall use the generic term, ‘groupwork’ to refer to the employment of the dynamics of deliberately convened groups for human service purposes. At this high level of abstraction we would include support groups, community development applications, as well as various treatment and therapeutic in health, welfare and forensic applications.

significant factor is seen to be the insight and meaning making that clients experience. Psychodrama, for instance, has a documented history of specific use as a treatment strategy with sex offenders (Bergman, 1995). Dramatised events are used in a group setting to address real-world problems in much the same way as theatre provides an analysis of life. According to John Bergman, “drama therapy is the therapeutic highlighting of psychological experiences, traumatic events and life experiences in a ‘theatrical space and time’” (Bergman, 1995, p. 17-3). It provides the context for a means of analysis, or meaning investigation, of clients’ lives. By using human and non-human elements, psychodrama attempts to create a microcosm of an individual’s life.

Although empirical attempts to investigate the relative effectiveness of groupwork (as opposed to individual work) are hampered by methodological and practical constraints (Schmucker & Losel, 2008), conventional wisdom suggests clinical advantages in that groupwork offers a broader range of therapeutic opportunity and intensity (see Ware, Mann, & Wakeling, 2009). A group format, it has been reasoned, is the preferred method for RP/CBT work with sex offenders because a collection of individuals in the same treatment forum can provide a collective and an informed understanding of the offense process, and is capable of generating the beneficial blend of plausible challenge and support that is considered beneficial in that setting (Clark & Erooga, 1994). Moreover, sexual offending has been characterised as a “violation of interpersonal relations” (Baker & Price, 1995, p. 19-13) and the benefits of this more ‘intimate’ form of interaction can be seen as is pertinent to both context features and content goals.

Outcomes from research studies conducted in the sex offender treatment field suggest support for the therapeutic nature of uniquely group-related features (for example, Beech & Fordham, 1997; Reddon, Payne, & Starzyck, 1999). The “climate” of the group becomes an issue here and the therapist is responsible for facilitating an environment that is maximally conducive for relevant change to occur. Such an environment is characterised by a warm, positive, encouraging, and supportive ambience, but also by a spirit of enquiry and curiosity. This requires that the therapist vigilantly and actively seeks opportunities to promote a reflective stance within the group and exploits events in order to strengthen the presence of therapeutic factors (discussed below).

We have outlined above some of the practical advantages and therapeutic assets of groups in work with sex offenders. These features are, however, based on somewhat basic conceptualisations of groupwork, such as knowledge pooling or the deployment of sub-

groups, sufficient for promoting insight or for psychoeducative purposes. In this sense they do not rely on knowledge that takes full advantage of the group medium. A thorough appreciation of the relevance and usefulness of group therapy for sex offender work requires a more sophisticated appreciation of group method than has typically been employed in clinical settings. We have argued (Frost, Ware, & Boer, 2009) that while group applications are enthusiastically embraced in this field, the group method is underdeveloped, both conceptually and empirically. In the broader literature on groupwork and group psychotherapy, the utility and efficacy of the group entity is evinced, both as a medium (Douglas, 1993) and as an instrument (Whitaker, 1985) of change. Although unstructured relationship-oriented groupwork cannot be considered sufficient as an independent therapeutic method for addressing criminogenic targets in itself (e.g., Andrews et al., 1990), it is perhaps helpfully characterized as a treatment modality by which structured intervention models in this field are implemented. We advocate thorough and informed exploitation of the latent synergies and resources inherent to the group in the delivery of sex offender programs. In supporting and advancing this position, we will provide a brief history of group therapy in general, before going on to identify concepts of specific relevance to clinical work with sexual offenders.

### **Group therapy variants and offender work**

In conventional sexual offender work, while an adapted form of CBT/RP under the umbrella of RNR provides the *substance* of treatment, groupwork can be regarded as the primary *context*. The group format is ubiquitous in its application to this work (Clark & Erooga, 1994; McGrath et al., 2010), with an established history in the field (Schwartz, 1995).

The general clinical application of groupwork has a history of some 100 years (Scheidlinger, 2004). Following the Second World War, a broad range of theoretical approaches proliferated, operating under the rubric of group therapy. The common factor in these planned interventions was the use of naturally occurring personal-interactional dynamics of groups.

Scheidlinger (2004) has proposed a broad typology of two contemporary therapeutic groupwork categories: therapeutic groups and group psychotherapy. Both forms are used in contemporary offender work. *Therapeutic group* is a broad term referring to any guided group interaction where human service workers promote the optimal functioning of its

members. This category can be taken to include those formats relying on psychoeducational methods to effect change (Morgan, 2004). Morgan and Flora (2002) reported that research outcomes with general (sexual and non-sexual) offenders tend to favour the use of a structured psychoeducational approach using CBT content. This approach represents a relatively straightforward, easy-to-implement option, delivered by a wide range of staff, including non-specialist and relatively untrained or inexperienced practitioners. A benefit of this form is that it generates minimal defensiveness and resistance (Morgan, 2004). *Group psychotherapy*, in contrast to the therapeutic group, is defined by Scheidlinger (2004) as a self-contained method, involving emotional interaction within small, planned groups, addressing clinically identified issues under the direction of trained mental health professionals.

While the pragmatic methods and structure of the therapeutic group plainly have relevance to offender work, we suggested two broad limitations with respect to its application to work with sex offenders (Frost et al., 2009). The first limitation relates to the notion that we referred to earlier – that social phenomena associated with group dynamics and related processes are inevitable, even if unacknowledged and unintended; that is, where human groups occur there is never a social vacuum – de facto interaction and social learning will occur regardless (Yalom, 1985). In offender work, one unintended consequence of dismissing or ignoring this ‘underlife’ of the group might be to contribute to iatrogenic influences (such as a ‘deviancy training effect’), inimical to prescribed pro-social learning (see, for example, Dishion et al., 1999; Mager et al., 2005 ). A second limitation of non-psychotherapeutic approaches to work with offenders is that such formats do not take full advantage of the unique opportunities presented by groupwork. Offender programs tend to target interpersonal patterns of conduct hypothesised to contribute to the motivation to offend. The group provides a naturalistic social-interpersonal setting where powerful emotional forces and human dilemmas are experienced, played out, and potentially resolved adaptively (Bion, 1961; Yalom, 1985). The capacity of the group to provide a forum where immediate experiences are shared and processed is seen to promote the goals of individual members in therapy, while simultaneously contributing to the cohesiveness and integration of the group as a whole.

We have proposed ( Frost et al., 2009) that most groupwork with sex offenders falls into Scheidlinger’s therapeutic group category, and have suggested that this is largely



because of an absence of appropriate training, knowledge, and expertise. We will take up this point in the recommendations section.

## **Sexual offender work and group therapy**

There are at least two specific aspects of sexual offender programs where the conscious application of groupwork principles is especially relevant (Frost et al., 2009): one relates to the requirement for self disclosure (Harkins & Beech, 2007); the other relates to the enhancement of relationships.

Given the complex array of factors involved in sexual offending (Fisher, Beech, & Browne, 1999; W L Marshall, 1997), typical programmes target a wide range of client thinking, feeling, and conduct. In addition to potentially distressing emotions aroused by self disclosure in this context, they require attention to deeply personal matters such as sexual arousal, intimacy, emotional regulation, self evaluation and victim empathy (See also Ware & Mann, 2012). While contemporary thinking prescribes that self disclosure be elicited by non-aggressive means (Kear-Colwell & Pollock, 1997; Marshall, 2005; Marshall, L. E. Marshall, Serran, & Fernandez, 2006; Marshall et al., 2012; Marshall et al., 2005; Ward & Connolly, 2008) the work inevitably involves elements that the client is likely to experience as confronting, intrusive, and invasive. This is particularly challenging to a population characterised by interpersonal difficulties (Kear-Colwell & Boer, 2000). The qualities of the social/interpersonal setting for these experiences is likely to be salient to the individual and influential to outcomes (Frost & Connolly, 2004; Frost, Daniels, & Hudson, 2006).

The second domain in which group therapy is relevant in this work has to do with the rehabilitative goals around interpersonal growth and development. Failure to establish and maintain effective and satisfying lives in appropriate relationships has been identified as an important factor in resorting to aggression or in making an inappropriate choice of partner across categories of sexual offenders (Marshall et al., 1999; Marshall et al., 2005; Ward, 2002; Ward & Marshall, 2004).

With these aspects in mind, there are two critical functions in providing an adequate setting for the work to proceed. First, it must provide a “safe” and containing environment that is conducive to openness, directness and honesty; second, it must create structured opportunities to develop attitudes and learn skills as an expedient forum for addressing disturbed interpersonal relationships ( Marshall, 1989; Marshall, 2005; Ward & Marshall, 2004; Tony Ward, Vess, Collie, & Gannon, 2006).

Correctional work with sexual offenders then requires conscious and active attention to both content and process domains. The approach advocated by Robert Morgan and others (Morgan, 2004; Morgan & Flora, 2002; Morgan & Winterowd, 2002) for the general offender population appears to be especially suitable in this case. According to Morgan's approach, group programmes should tend to be structured and time-limited. He also prescribes an active and directive approach for those who lead groups, advice that is empirically corroborated by Marshall and others who have found that therapists who possess these qualities in their work with sex offenders contribute to better outcomes (W. L. Marshall, 2005; W.L. Marshall & Serran, 2004; Serran et al., 2003).

While a groupwork-oriented approach can usefully address these concerns and considerations we do not think that this is the limit to the value of this approach to treatment of sexual offenders. Beyond the more strictly evidence-based RP/CBT conceptualisation of sex offender treatment, the developments in this literature described earlier (GLM and strengths-based approaches) are gaining increasing interest and attention in the theory and practice domains of the field (Andrews, Bonta, & Wormith, 2011; McGrath et al., 2010). These perspectives prescribe better integration of content and process (e.g., Marshall & Burton, 2010), and potentially offer more effective ways to employ group therapy. We will go on to consider aspects of this literature relevant to the present topic and extend our appraisal of the group therapy application.

### **Recent developments: Alternative and complementary models of offender treatment**

As introduced earlier, the RNR orthodoxy has not prevailed in the absence of dissent. Alternative approaches, particularly in the field of sex offender treatment, have introduced new themes. The emphasis of the traditional RNR-supported RP/CBT framework has been the client's re-working of thinking, practices, and emotions directly associated with his offending. While such modification is still considered a necessary component of treatment, it has been claimed that such highlighting creates a disproportionate emphasis on individual *deficiency*, and unhelpfully directs the client's attention toward *avoidance* outcomes (Mann, Webster, Schofield, & Marshall, 2004). Criticism has also been levelled at the tendency of the classical RP approach to generate an antagonistic and competitive treatment milieu, which, again, is antithetical to rehabilitative ideals (Mann, 2000; W L Marshall et al., 2005). These proposals have gained considerable support both in the literature and in practice

(Andrews et al., 2011; McGrath et al., 2010) and, we argue, make a more compelling case for the systematic incorporation of groupwork principles in treatment.

Authors such as Tony Ward and Bill Marshall (e.g., Marshall et al., 2012; Ward & Connolly, 2008; Bauman & Kopp, 2006) have researched and promoted the advantages of working in more positive ways with sex offenders using a humanistic and person-centred philosophy. The narrative therapy approach of clinician-theorists such as Alan Jenkins and Michael White (White, 2005; Jenkins, 2009) promote the principle of accountability, but in a way which is less to do with confronting denial and more to do with the process of realising social and personal commitment and responsibility toward goals that are, ironically, implicit in their propensity to offend. In these ways, the attention to individual pathology has given way to a more developmental and relational view of offenders and offending.

Perhaps the most comprehensive and explicitly documented manifestation of the challenge to the RNR dominion, however, is that of the ‘good lives model’ (GLM) of rehabilitation, mentioned earlier. Presented as a comprehensive rehabilitative framework, this model directs attention toward consideration of the advantages of working in more constructive ways (e.g., Ward & Stewart, 2003; Marshall, et al., 2005).

Overall, these approaches place less emphasis on intrapsychic pathology and more on a developmental, ethical, and relational view of offenders and offending. This change in emphasis has been largely driven by a re-consideration of the offender as one who has used sexually exploitive means in order to meet universal human needs. By this argument then, improving the individual’s capacity to identify appropriate goals and to satisfy them by developing functional interpersonal strategies is likely to erode the motivation to offend. This has prompted calls for a change in the emphasis of the treatment context to one that is accepting of the person of the offender and that is conducive to helping him explore alternative, non-abusive, ways of meeting his needs and living a rewarding life.

A rehabilitation framework needs to incorporate a theory of process as well as a theory of content. As well, the formation of rehabilitative goals and the components necessary to realise them (readiness, skills, attitudes) requires a treatment modality for their development and implementation. Research supports a positive relationship between therapeutic alliance and sound treatment engagement and retention (Hovarth & Symonds, 1991). Adherents of the GLM approach have made reference to the importance of the process and context of rehabilitation, as well as the critical ‘mechanisms’ of change. In doing so the emphasis has been on the practitioners; their style, attitudes, qualities, and relational approach

of toward their clients (Ward & Maruna, 2007). Groupwork literature, by definition, moves beyond the practitioner-client dyad to emphasize the potential therapeutic active contribution of systemic elements, including participants. This analysis generates a matrix of possible interactions involving individual group members, sub-groups of members, therapists, and the group as a whole (Donigian & Malnati, 1977). On this basis we have advocated (Frost et al., 2009) expanding this framework from one that is merely *descriptive* of the worth of the group, to one that is *prescriptive* in terms of the systematic involvement of the ‘therapeutic social system’ (Yalom, 1985) in activating GLM goals.

Guided by these developments in thinking about sex offender treatment we now turn our attention to some key concepts, mechanisms, tools and techniques from across the groupwork literature in general, that, given the foregoing, are seen as especially relevant to work with men who have offended sexually.

### **Therapeutic factors in groupwork**

A set of uniquely therapeutic factors that distinguish the clinical value of the group method has evolved from research over some 80 years. While the relative merit of these factors and their translation into practice remain the subject of debate (Dies, 1997; Fuhriman, 1997; Scheidlinger, 1997), there is a consensus in the literature that certain processes and dynamics common to human groups who share a sense of collective identity are able to be harnessed for the purpose of therapeutic yield (See the review by Scheidlinger, 2004). Originally coined “curative factors” by Irvin Yalom (1985, and subsequently), these have been widely cited or paraphrased elsewhere (e.g., Benson, 1987; Coulshed & Orme, 1998; Scheidlinger, 1997). The literature is replete with combinations of factors proposed as definitively therapeutic (see Bloch & Crouch, 1985; Scheidlinger, 1997; Yalom, 1985) etc) and the studies from which they are generated and refined (e.g., Kivlighan & Holmes, 2004).

An overview of three of these factors (cohesiveness, universality, and catharsis), that we have deduced to be especially relevant from studies into sex offender groupwork, is presented below (see Frost et al., 2009 for a description of an expanded list of factors). In considering these it is important to bear in mind that each factor should be viewed not in isolation, as if having some linear impact or separate influence, but in interactive combination with the others.

### ***Group cohesiveness***

Considered both a quality of the group as a whole, and a therapeutic element in itself, cohesiveness is an approximate synonym for ‘therapeutic alliance’. With respect to groupwork, however, it refers more specifically to the relational matrix of the group – the relationship both between individual group members and between the group member and the group as a whole. As a developed quality it promotes a sense of acceptance and belonging. Referring to the quality of human connectedness, its subjective experience appeals to the yearning for attachment. While this attraction is often complicated and distorted during the typical life experiences of those who have sexually abused, it provides the potential for remedial growth. Conversely, it counters feelings of shame and the sense of alienation also commonly experienced by members of this population (Clark & Erooga, 1994). As well as its therapeutic quality, group cohesiveness represents a valuable ally to the treatment provider, as it increases the “attractiveness” (Yalom, 1985) of the therapeutic group for its members, perhaps exerting a countervailing influence to the potentially repelling nature of those challenges inherent in sex offender program requirements that might motivate avoidance or even withdrawal. Furthermore, cohesiveness is seen to be principally generated through mutual self disclosure, which is in itself a requirement of sex offender program participation. In this way, with vigilance on behalf of the clinician, therapeutic engagement, affiliation, and group cohesiveness can be simultaneously nurtured.

Cohesiveness functions in a sense as an independent variable in the list of therapeutic factors as it provides the axiomatic link between the other therapeutic factors. Moreover, it is considered a prerequisite for of successful groupwork, and its early development in the life of the group is seen as powerfully related to positive outcomes (Bloch & Crouch, 1985; Kivlighan & Holmes, 2004; Reddon et al., 1999). These findings have been reinforced in the, albeit limited, sex offender research that has studied the quality of group cohesiveness and therapeutic climate (Beech & Fordham, 1997; Beech & Hamilton-Giachritsis, 2005).

### ***Universality,***

Sex offenders often feel they are *uniquely* bad, resulting in unhelpful feelings of shame (Clark & Erooga, 1994; W L Marshall et al., 1999). Universality is the term used to describe the provision of socially available evidence that the individual is not alone in his thoughts, feelings, and behavior. As a therapeutic factor in groupwork, it serves to neutralise isolation and loneliness as group experience can be usefully disconfirming of these

experiences. Universality then is the equivalent of a normalisation function, allowing the individual – through a sense of acceptance – to participate more openly and authentically.

### ***Catharsis***

Adaptive emotional expression, which has been found to be related to positive outcome in sexual offenders (Beech & Hamilton-Giachritsis, 2005) may be enabled as a result of the perception of new possibilities for behaviour provided by the supportive group. Further, emotion expressed in the group can offer the “corrective” experience of social acceptance, disconfirming primed expectations of scorn or ridicule (Frost et al., 2006; Marshall et al., 2012).

The therapeutic factors referred to above, do of course rely on the quality of therapist-related factors such as training, supervision, experience, and practice wisdom, which we will turn to later. The general literature on group therapy has also generated a broad spectrum of knowledge and common strategies for precipitating therapeutic group action. Nevertheless, the literature converges on a range of specific skill sets that are germane to groupwork with offenders. These mechanisms and strategies are briefly reviewed next.

## **Group mechanisms and strategies**

### ***Corrective interpersonal feedback***

Lescz, (1992) described ‘dynamic interpersonal learning’, a group therapeutic process whereby participants, in the ongoing context and interaction of the group, are availed of fine-grain ‘information’ about the impact of their social behavior on others. The chief source of this is fellow participants, and its content is their directly communicated experiences of the individual and his or her ‘interpersonal style’. The subsequent responses of the individual to this information are further shaped and nuanced by the ensuing interaction. It is as if the individual were seeing himself as reflected in a socially constituted mirror, and therefore potentiating existential insight.

The essence of this corrective process is the mechanism of ‘feedback’. Interpersonal feedback is probably the most frequently cited mechanism for promoting change in group therapy (Brabener, 2006; Cohen, 2000). The term, *feedback*, is derived from the field of cybernetics and control theory, and is often used to describe processes in non-living systems; however, ‘systems thinking’ is also commonly used as an analytical lens in the social sciences. In the context of the therapeutic group the individual can learn not just an appreciation of his impact on others but the *direction* of change that will encourage social

acceptance. It is hypothesised that, because of the special nature of the therapeutic group, such information is unlikely to be available to him in other more conventional social contexts (see, for example, Corey & Corey, 1987; Klein, Bernard & Singer, 1992). In a receptive group climate all feedback is considered potentially useful and its free flow is encouraged and guided by the group therapist.

As well as interpersonal learning, feedback promotes skill acquisition, such as conflict resolution. In promoting enhanced appropriate adult relationships, feedback is a mechanism that can contribute to therapeutic gain by increasing the likelihood of meeting non-abusive life goals. Its practice may be invoked at any timely juncture of group action, temporarily suspending prescribed content in the immediate context. Prioritising the timing for process matters in this way is related to the importance of immediacy in group therapy.

### ***Immediacy***

An orientation to immediate (here-and-now) events is promoted by most group therapy formats (see Donigian, 1999). The event itself might be any in-session occurrence that is assessed as having clinical relevance for the individual or interactional significance for the group. The critical aspect is the weighting toward the immediate context in terms of the group's focus. It is the phenomena, alive in the group in the present moment, that are considered the essence of insight and learning for members. For it is in these present-tense, real-time occurrences that the veracity of observed events are available and indisputable, and under these circumstances that vitality and emotion are generated, and "hot" cognitions (Safran & Greenberg, 1982) prevail. Immediacy is the active ingredient in what Yalom terms 'process illumination' (1985). In this process, the group is guided into a self-reflective loop in order to maximize the personal and interpersonal learning from the recently experienced event. Activation of this mode is brought about by guiding the form and content of members' communication from third person to the first person; from the abstract to the specific; from events outside the group to events inside the group: *'What are group members experiencing right here, and right now?'*

Drawing attention to here-and-now events exploits the 'social microcosm' and the 'social learning laboratory' carefully constructed by skilled group therapists (Yalom, 1985). These are metaphors for the mechanisms that elucidate and bring to awareness the immediate purposes of interaction that, it is assumed, members use in their day-to-day relationships outside of the group. The interpersonal style of the members become illuminated through the process of interpersonal feedback (outlined above), and therefore rendered amenable to

change. From such interventions group members are freed up to assess their own contribution to the circumstances in which they find themselves, and are existentially attuned to the future and to change (Yalom, 1985).

Clearly, the capacity to implement these interventions, based on open and direct interpersonal communication in the immediate moment, requires a high level of skill on behalf of the group practitioner, but also a good deal of trust within the group. Practitioner skill comprises a number of aspects and we will go on to discuss these. Intragroup trust relies on the maturity of the group and this brings us to the notion of the growth and elaboration of the group as an entity that has therapeutic potential. We will next consider the notion of group development.

### **Stages of group development**

A point of agreement across the theoretically diverse literature on groups and groupwork is that, from its inception, any group passes through a series of predictable maturational phases, incrementally elaborating as it goes. Stage-development theories are common in the more general psychological and social science literature, being applied for example, to individuals (e.g., (Erikson, 1959) and families (Carter & McGoldrick, 1999). According to these theories, development is seen to be a function of the resolution of tensions surrounding the dual needs of members for attachment ('belonging'), on the one hand, and individuation (asserting one's individuality), on the other. In the case of group development, these 'crises' result from stresses both within the group and between the group and the group leader (Benson, 1987; J Donigian & Malnati, 1977). The key point here is that conditions change through the group's 'lifespan' and an awareness of the changing needs of the group is considered a necessary basic skill in determining interventions. Groupwork theorists have proposed models that variously cite between three and five stages or phases (Garland, Jones, & Kolodny, 1965; Schutz, 1979; Tuckman, 1965). The following, very brief, description identifies some typical elements.

An initial "forming" stage is characterised by members' efforts to alleviate elevated levels of anxiety around membership of the group, and relationship to the group leader (therapist). Once psychological membership is secured, a "conflict" stage ensues as members seek to negotiate their identity and interpersonal will as this differentiation occurs. This is followed by a "norming" phase, as conflict and fragmentation are resolved in favour of a will to establish cohesion and concurrence. Ultimately, and optimistically, these process-



dominated phases and the crises that surround them resolve, creating the foundation whereupon the group's goals can be productively, authentically, and increasingly independently addressed by its members in a productive, 'working' (Cassidy, 2007) stage. In terms of sex offender treatment then, these goals translate to the challenging content matter of the program. Finally, a termination phase serves to facilitate members' validation of gains and their separation both from the group and one another.

Like any stage development heuristic, the ideal is rarely attained in a straightforward, linear fashion; and, if optimal use is to be made of group dynamics, there is a need for the therapist to broker a reflexive process toward a productive working phase. This is true in terms of both exploiting the opportunities and by protecting the group and its members from potential regression. With particular respect to sex offender work, the potential for therapeutic enhancement in group developmental crises is considered next.

### **Program content and group dynamics: Challenges and synergies**

The notion of group stage-development has implications for the placement of CBT/RP content modules and therapeutic intervention. If the program is to maximise its potential, as the group develops in its capacity to take on the tasks of providing for its members, it must process program content, while confronting the often difficult content issues. Leadership and guidance are required to shepherd the group effectively toward maturation and the capacity of its members to participate.

The application of practitioner skill and timing in this is likely to be critical. The practitioner should be cognisant of group maturity issues in presenting content modules, especially as sometimes a certain module might be reliably predicted to coincide with a particular stage in the life of the group. Ware and Mann (2012) observe that treatment drop-outs (whether by discharge or withdrawal) most often occur during the 'offender responsibility' and 'victim empathy' modules and that both of these often are scheduled in the early stages of group programs, perhaps when groups are still 'forming' (see also Ware & Bright, 2008). Emphasis on empathic responding to group members' need for safety in the process of 'becoming' a group is clearly a priority at the outset. Sex offenders are likely to experience difficulty in exhibiting the level of mutual trust and connectedness necessary to provide a therapeutic platform, and a measure of active intervention and attention to the whole group is necessary. This consideration is partly recognised in prototypical programs

(e.g., Hudson, Wales, & Ward, 1998; Marshall et al., 2006) where pre-treatment preparatory sessions and group norm-building phases are scheduled early on the ‘life’ of the group.

One predictably critical point is the transition from the conflict stage to the consolidation or ‘norming’ phase. It is at this point, according to group theory, that the group and its members most directly confront existential concerns around accepting responsibility. This is hypothesised to take place in the wake of the emotional realisation that the group leader is in a position neither to enact changes on the members’ behalf, nor to protect them from common human experience. As the group develops norms independently, there exists a potential for scape-goating as individuals within the group are likely to become the victim of displaced blame for the group’s difficulties. Here the group therapist must assist in a more realistic perception of its difficulties and the responsible means for resolving them (Donigian & Malnati, 1977), alongside the exigencies of content material. In these circumstances the leader might seek to enhance group cohesiveness by recourse to ‘bridging’ interventions (Kline, 2003; Ormont, 1988), inviting connectedness and the reincorporation of members . During the ‘conflict’ phase, however, the leader will need to hold back from providing solutions and from upholding a position for the group, therefore allowing group members to negotiate their own solutions. Again, this is, arguably, critical in a sex offender group as the members are perhaps more likely to either blame the leader (as an authority figure) for the conflict, or to seek to shift responsibility to the leader for resolving the impasse.

The overriding point here is that the group is conceptualised as exhibiting dynamic elements that contribute to its identity over and above individual members. These dynamics contribute to elaboration of the group and to its maturity as a collective entity. The quality of this entity – ‘the group as a whole’ – and its potential to create a therapeutic climate will depend very much on the therapeutic management of the practitioner.

More specifically, a proportion of sex offender treatment programs are documented to employ open-ended (‘rolling’) group structures so that the individual group membership changes as participants complete and new members join the group. The notion of reaching a ‘performing’ stage however is far from irrelevant here as a group might be compared to the proverbial broom whose shaft and brush may both change but still can be thought of as the same implement; similarly, group membership changes but the dynamics are, to a greater or lesser degree, preserved.

## **General implications for clinician training, qualities, and skills**

Marshall, Serran and have embarked on an extensive investigation into effective therapeutic relationships with respect to the general literature, the sex offender literature, and their own research colleagues (Fernandez & Marshall, 2000; Marshall, 2005; Marshall & Serran, 2004; Marshall et al., 2005; Serran et al., 2003). In broad terms they conclude that the best outcomes are likely to be obtained from adequately engaged clients, and by employing a style of therapy characterised by flexibility, interpersonal warmth, and empathy.

Research also supports treatment responsiveness to the interpersonal needs of individuals group members (Drapeau, 2005) and the importance of fostering a climate based on reflexivity, an open-ended questioning style, and curiosity, rather than rigid directiveness (Beech & Fordham, 1997; Frost, 2004; Frost et al., 2006). The links between these qualities and the presence of the therapeutic factors (described earlier) become evident when one considers the more general groupwork literature (e.g., Billow, 2003; Silverstein, 1997).

Again, however, descriptions of helpful therapist qualities and ideal group features need to be translated into sensibilities that will guide judgement and practices to helpfully activate the latent energies in the group milieu, which are described throughout this chapter. While conceptual familiarity, training, and experience with the constructs outlined above are invaluable assets, a useful construct – ‘use of self’ – as applied to groupwork, will help sensitise the practitioner to progressing treatment objectives. Two aspects of this construct are described below.

### *Use of self*

Leader self disclosure is a controversial topic within the literature, and may be seen as particularly sensitive in the context of sex offender groups (see, for example, Serran et al., 2003). Nevertheless, the judicious use of self in a conscious and active way (‘transparency’) emerges as the modal opinion in the literature. Its utility lies in modelling adaptive practices, or as a way of illustrating programme content (Corey & Corey, 1987; J Donigian & Malnati, 1977; Riva, Wachtel, & Lasky, 2004).

Particularly from a group analytic perspective (see Barnes, Ernst, & Hyde, 1999), group leaders monitor their own internal responses to here-and-now group experience in order to gauge the concerns of the group at any particular time. This is seen as valuable as a guide to intervention. Reference is made in the literature to the leader’s *in situ* emotional responses (especially responses associated with anxiety) as a treatment indicator for the group and its members. The theory here is that human groups reflexively act to quell or avoid anxiety, but that the sources of such feelings are often the identified targets for change in

therapy. Anxiety is often considered to have a role in sexual offending (Ward & Hudson, 1998; Ward, Hudson & Keenan 1998). As a peripheral member of the group, the role of the leader is to identify these latent social-emotional phenomena and bring them to the conscious appreciation of group members. Focal conflict theory, a model first articulated by Whitaker & Lieberman (1964), is promoted as a means of understanding and intervening to reveal anxieties and conflicts in the group, or as a model of intervention to promote their resolution. It is a method for promoting experiential involvement at an active and disclosive level to address the needs of the group and its individual members.

In sum, the weaving of the desired therapist qualities with technique and theory in the sex offender groupwork literature is an area that requires ongoing focus. In our opinion, the gap between these two literatures is one that needs to be bridged to enhance the as-yet unproven effectiveness of sex offender treatment.

## **Conclusions and recommendations**

In this chapter we have discussed the use of the group format in the context of contemporary practices in the field of sex offender treatment. Then, drawing on our own work and that of others, we have sought to encourage service providers to pay more informed, and more concerted attention to the application of the former to the latter in the context of an integrated approach. We have taken this stance in the belief that focused group intervention can both maximise the value of treatment programs, and that an informed awareness of group dynamics will offset the potentially detrimental implications of ignoring them. We have suggested that a failure to incorporate knowledge and practice of group method might at least in part account for the variability in the performance of current treatment programs.

Groupwork involves not merely working therapeutically with a collection of individuals, but the conscious and deliberate use of the group as a therapeutic instrument, informed by a specific body of knowledge about the qualities and dynamics of groups. It involves the skilled weaving of relevant psychoeducative and process elements by practitioners who are adequately trained in groupwork methods.

In considering the use of groups in the treatment of sexual offenders there are two immediately apparent and noteworthy features. The first is the ubiquity of the group format in the field; the second, ironically, is the overall lack of studied attention to the use of group theory and methods. It is clear that knowledge and practices vary considerably across

programs and that sometimes even relatively elementary aspects of group dynamics are overlooked as providers privilege strict adherence to pre-formulated procedure over responsiveness and flexibility (D. Ward, 1998).

Some pragmatic advantages of working with clients as a group, such as cost effectiveness, are perhaps self-evident. What might be less immediately apparent is the significance and relevance of a literature that is not being applied as usefully as it might. The group's therapeutic utility as a durable platform for delivering program content, and – even more so – as a method of intervention in its own right, requires more informed and active application. Of more concern, but perhaps even less apparent, is that the study of group dynamics teaches that any group will take on a life (or 'underlife') of its own. That is to say, process phenomena are an inescapable feature of groups, and can be exploited for therapeutic gain or alternatively ignored and left to impact unpredictably on the progress and the therapeutic value of the program.

While acknowledging the merits of the widely accepted RNR rehabilitation model, especially its empirical validity, depth, and practical utility (Polaschek, 2012), critics have questioned its sufficiency, especially with respect to its own core principle of responsivity. More specifically, these critics have drawn attention to the conceptual weaknesses that fail to fully specify how criminogenic needs are translated into processes of change and desistance (Ward & Maruna, 2007; Ward et al., 2012). However, while describing the conceptual missing links to intervention, the actual therapeutic arrangements and formats are not systematically specified. We contend that an expertly-led, well-functioning group provides such a format. It is uniquely equipped to counter the shame, fear, and isolation that impede motivation to engage in treatment; it provides a peer-based accountability setting in which to facilitate openness and responsibility; and it provides an interpersonal learning forum that fosters personal growth and development. In short, the therapeutic factors associated with the groupwork modality are conceptually consistent with current thinking about treatment and are uniquely relevant to the needs of this population.

In order to take full advantage of this therapeutic format, practitioners must not only possess the qualities specified by Marshall and others (Marshall, 2005; Marshall & Serran, 2004; Marshall, Serran, et al., 2003); they must be equipped to act responsively to the needs of the group as a whole, and to draw on the latent power of the group to take advantage of therapeutic assets and opportunities as they arise in relation to programme content and the occurrence of salient events in the lives of participants. Groups should, for instance, be

continually re-oriented to present and immediate matters in order to address, as authentically as possible, offence-related cognitive-affective-behavioural habits and practices. This requires the titration of group psychotherapeutic process work, woven with content material as guided by immediate circumstantial relevance and program content fulfilment. All this relies on the knowledge and acumen developed from specialist training, relevant supervision, and accumulated practice wisdom. This, in turn, has implications for the recruitment and retention of specialist staff and the availability of suitable training and supervision.

Practitioners in this field should build a practice-based familiarity with the developmental stages of therapeutic groups in order to best manage the timing and level of intervention. This requires an awareness of the changing emphasis as the group's need for containment wanes and its need for responsible independence develops. Sensitivity to the climate of the group and its 'underlife' at any point in time is necessary in promoting genuine engagement. This, in turn, requires both practitioner self-awareness and a judicious sense of timing with respect to the group. Practitioners should also be familiar with the set of therapeutic factors outlined in this review and the capacity to develop these factors as therapeutic qualities in the life of the group.

We can conclude that the application of group method in sexual offender work is underdeveloped both empirically and perhaps even more so conceptually. While further research is needed to more fully understand the impact of good group practices on risk prediction, there is sufficient evidence to put these principles more consistently and more knowledgeably into practice.

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