Group treatment with sexual offenders: A choice theory based approach

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Abstract: *This article introduces a treatment approach with sexual offenders that centers around groupwork. Sexual offender outcome literature is reviewed briefly and an introduction to William Glasser's choice theory is provided, as it is the theoretical basis for this intervention. A case example is included for conceptualization and discussion. Conclusions highlight the importance of using a strengths-based, present and future-focused approach to treatment with individuals who have been convicted of a sexual offense.*

Keywords: sex offenders; choice theory; groupwork; group work

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Introduction

According to the Adam Walsh Child Protection and Safety Act of 2006, in the USA a sexual offender is someone who has been convicted of a sex offense (PL 109-248, July 27, 2006). Treatment effectiveness with this population has been controversial historically. Schmucker and Lösel (2008), for example, highlight the opposing views of Marshall et al. (1991) and Quinsey et al. (1993). That said, difficulty evaluating intervention outcomes is a genuine concern. Marques (1999) noted that with the "diversity of clients and programs in this field, outcome data are from a wide range of treatment programs" (p. 437). In addition, the outcome data come from treatment programs that vary "in approach, setting intensity, and types of offenders treated" (Marques, 1999, p. 437).

Høiland (2018) discussed the complexities of treating convicted sex offenders given variation in both treatment and sex offenses across countries and noted that research on treatment effectiveness has been inconclusive. The following year, Gannon, Olver, Mallion, and James (2019) published a review of comprehensive meta-analyses of sexual offender treatment programs. They reported all programs "appear to indicate some level of treatment effectiveness" (Gannon et al., 2019, p. 2). Previously, Hanson and colleagues (2002) had determined the sexual offence recidivism rate was lower for treatment groups than for comparison groups, averaging across 38 studies. Hanson, Harris, Letourneau, Helmus, and Thornton (2017) reported that the likelihood of new sexual crimes decreases the longer an individual remains sexual offense free.

Schmucker and Lösel (2015, 2017) conducted a meta-analysis and systemic review of sexual offender treatment effectiveness. Schmucker and Lösel's (2015) meta-analysis of 29 studies built on an earlier meta-analysis and concluded: "Cognitive-behavioral and multi-systemic treatment as well as studies with small samples, medium- to high-risk offenders, more individualized treatment, and good descriptive validity revealed better effects" (p. 597). Their main findings indicated a significant overall reduction in recidivism rates for treated groups, which corresponds with Hanson et al. (2017). Schmucker and Lösel (2015) further noted that psychosocial – and primarily cognitive behavioral – interventions demonstrated a statistically significant effect. In addition, community-based – rather than prison-based – programs

demonstrated a significant mean effect. Mews, Di Bella, and Purver's (2017) analysis of the Core Sex Offender Treatment Programme (SOTP) in English and Welsh prisons reflects this: Mews and colleagues found that the prison-based Core SOTP program was "generally associated with little or no changes in sexual and non-sexual reoffending" (p. 4). That said, Marshall and colleagues (2011) have reported reduced recidivism using positive, strengths-based programming within Canadian prisons. Broadly speaking, research to date seems to indicate community-based programs incorporating both group and individual treatment, and using cognitive and/or systemic approaches, may demonstrate better outcomes.

Choice theory and reality therapy

While Glasser's psychological framework Choice Theory provides a justification and overall direction for therapeutic intervention, the counseling approach Reality Therapy constitutes an intervention (Glasser & Glasser, 2008; from this point on, terms that refer to core concepts in Glasser's work are capitalized). Choice Theory is based on the principle that human behavior is purposeful and aims to satisfy five basic human motivators, or Basic Needs. These motivators are: (a) survival, that is, physiological safety and security; (b) belonging or connectedness with other human beings; (c) inner control or power and achievement; (d) fun or enjoyment; and (e) freedom or independence. Congruent with this schema of Basic Needs is the addition of a sixth need: purpose and meaning.

As human beings develop and grow, they formulate specific wants or goals related to each Basic Need. When their wants are unfulfilled, they choose behaviors to close the gap between what they want and what they have. Behavior is seen as all-inclusive, involving not only actions, but also cognitions, emotions and physiology. Human choices are designed to impact the world around them for the purpose of providing perceptions. When people choose to molest or abuse other human beings, they are choosing to act purposefully. Perhaps their goal is the satisfaction of power, enjoyment, or any of a variety of other motivations. Such behavior is ill-directed, harmful, destructive and, in general, does not lead the perpetrator or the victim in a positive direction.

Glasser's (2002) model proposes that as individuals, we each have "a

special place in our memory that is filled with specific ways to satisfy one or more of these Basic Needs" (p. 6). This is called the individual's Quality World. The Quality World can be thought of as a picture album of all the people, things, ideas, and ideals that are need-satisfying for the individual. Thus, while Basic Needs are the general motivation for all human behavior, the Quality World is the specific motivation for individual behavior. In other words, our Basic Needs describe what we need and our Quality World pictures detail how we meet those needs. Basic Needs are universal, while Quality Worlds are unique to the individual (Davenport, 2020).

Reality therapy encompasses a fundamental principle of all therapy and counseling, which is that a healthy, safe, and caring relationship is central to its success. Reality therapists teach clients that many behaviors are toxic for building and maintaining human relationships. For instance, arguing, blaming, and belittling, as well as criticizing and the whimsical coercion of children, partners and others, do not usually facilitate happy relationships. On the other hand, demonstrating courtesy, determination, empathy, and enthusiasm not only strengthen family relationships – they are also crucial to therapeutic success. These positive relationship tonics are referred to as "caring habits". The more explicit Reality Therapy interventions are built on this sound, friendly and safe foundation. Glasser and Wubbolding (1995) summarize these interventions with a simple acronym, WDEP, that is further developed and detailed in several publications (Wubbolding, 2000, 2011, 2017).

Each letter of the acronym represents a cluster of possible interventions:

W stands for helping clients define what they want from the world around them, both from themselves, and from others (e.g., family members, partners, probation officers, courts, and many others in the world around the client).

D represents an exploration of behavior, especially doing, i.e., actions. It also includes defining self-talk such as, "No one has a right to tell me what to do" and "Even though my actions are not helping me or the people around me, I will continue to choose them." Finally, D also signifies feelings or emotions. Such feelings as shame, guilt, anger, rage, and helplessness are identified. The reality therapist helps clients change feelings primarily by choosing more humane actions, thereby establishing new choice-centered patterns of behavior.

E signifies, denotes, and even proclaims that self-*evaluation* is the cornerstone of the Reality Therapy delivery system. Clients self-evaluate their actions, their cognition, their emotions and even their physiological behaviors. The key component of an intervention is achieved when clients conduct a genuine and fearless self-evaluation of current behaviors by internally and externally answering such questions as:
- Is the overall direction of my life working to my advantage and to the advantage of other people?
- Is what I'm specifically doing against the law, the expectations of society, my family and my expectations of myself?

P Effective interventions built around "P" result in effective treatment planning (Fulkerson, 2019, 2020). Reality therapists help clients focus on plans related to their five Basic Needs and socially acceptable, specific wants.

The practical system of Reality Therapy, developed in a mental hospital and a correctional institution (Glasser, 1965), has been extended and applied to human relationships around the world (e.g., Cheung, 2001; Dunne, n.d.).

Groupwork

In this choice theory-based approach to treating individuals who have committed a sexual offence, the group functions as a micro-community. In this micro-community, participants can safely practise undoing the secret-keeping, and other behaviors they have learned, that manipulate their environment (e.g., gaining access to children). While men and women attend different groups throughout the program, ideally a group is co-facilitated by a man and a woman so participants can observe examples of appropriate interactions between genders. (With co-facilitators, twelve participants are the maximum number allowed in a group; with a single facilitator, eight is the maximum number.) The group venue also provides many opportunities for participants to learn positive behaviors from one another. As participants move towards completing the program, these open groups allow newcomers an opportunity to develop mentoring relationships with participants already familiar with the group process.

Group process

The group process moves through stages of group development across sessions, as well as within each group. Group participants are encouraged to nurture newcomers into the process. Nobody is quiet, as group facilitators ensure that everyone talks both to and with one another. At the beginning of a group session, a group facilitator will choose one participant who will then ask each of the other participants how they are feeling, subsequently starting with the first of the fifteen questions covered in every group. This process moves quickly, as the facilitator follows up with successive questions (see Table 1. *Round Robin Questions for True North Groups*). This opening takes approximately ten or fifteen minutes of the 90-minute session.

Table 1. Round Robin Questions for True North Groups

	Round Robin Questions for True North Groups
1	What are the seven caring habits?
2	How many of the caring habits did you use this past week?
3	What is your plan for becoming offense free?
4	How many age-appropriate people did you meet this week?
5	Have you identified the members of your relapse prevention team?
6	How many times this week did you contact someone on your RPT?
7	What is your plan to avoid using alcohol or other illegal drugs?
8	Does your relapse prevention team have a copy of your plan?
9	How often did you discuss your plan with your team this week?
10	What did you do when you got the urge to drink alcohol or use illegal drugs that helped you remain offense free?
11	What did you do when you got the urge to look at pornography that helped you to remain offense free?
12	What did you do when you got the urge to be around an underage person that helped you to remain offense free?
13	What did you learn between session assignments that was new and worthy of sharing this week?
14	How many days did you work this week?
15	Is there anything else you would like to share with your therapist and group today that has not been asked?

Group participants start working with the workbook curriculum wherever the group is when they start group, after getting a brief overview of where the group is in the workbook. Each participant completes homework assignments from the workbook outside the group and brings them to group for weekly discussion. (The intake/assessment process also provides an overview of major concepts in Choice Theory to help prepare and orient individuals.) At the start of treatment, participants will attend group weekly. As they progress through workbook modules, they will move from intensive intervention (weekly meetings) into maintenance intervention (attending group every two weeks, then quarterly). This entire process takes approximately 18 months. Some individuals move more quickly than others, and some participants may take longer than 18-months, if they are really struggling with content or go back to jail for a probation violation.

Relapse prevention team

As they participate in group and complete homework assignments, participants are required to bring together a relapse prevention team (RPT). After choosing and recruiting RPT members, individuals will have four relapse prevention team meetings as part of treatment. The RPT serves as a smaller, personalized, support group that will continue after an individual completes treatment.

Assessment

Prior to starting groupwork, individuals complete the assessment process, which begins at intake. Individuals meet one-on-one with a Choice Theory/Reality Therapy trained counselor or social worker to review and sign intake paperwork and complete a Basic Needs strength scale. The scale, *Pete's Pathogram* (Peterson & Truscott, 1988), identifies the relative strength of the individual's Basic Needs. The entire intake and assessment process involves five separate appointments. This lengthy, ongoing process of assessment encourages individuals to build relationships with staff and engage with the treatment process.

At the second appointment, individuals complete the first packet of assessment instruments (Zuckerman & Kolmes, 2017) as a group, and are introduced to Choice Theory. Education on Choice Theory continues

during the next two appointments, which are one-on-one. At the third appointment the individual completes a brief literacy test and Kaufman Brief Intelligence Test Second Edition (KBIT-2; Kaufman & Kaufman, 2004); and at the fourth appointment, the individual completes the Abel Screen for Sexual Interest, 3rd revision, which is used to assist in identification of sexual interests (ASSI-3; Abel Screening, Inc., 2020). Appointments are staggered to help support individuals in staying focused on task and engaged with assessment material.

Almost always, individuals are court-ordered to this community-based treatment program. For court-ordered individuals, after all assessment instruments are completed and collateral information is received from law enforcement, a staff member reviews the entire assessment packet. Staff then complete the STATIC-99R (Hanson & Thornton, 2012; www.static99.org), which assists in predicting risk-level for reoffending.

Finally, at the fifth appointment prior to starting groupwork, an experienced counselor/social worker trained in Choice Theory/Reality Therapy completes a clinical interview with the individual. During the clinical interview, the individual is given an orientation to the program's overall approach to treatment. The name of the program, *Choosing True North*, is explained: *Choosing True North* refers to drawing a straight line to the geographic North Pole and then mapping out a path to that point; it also embodies a metaphor, which refers to finding your authentic self and discovering your own personal values and beliefs. The overall aim is to set a goal that will help the individual work towards the change they want, which includes not reoffending.

The clinician also explores any current dynamic risk factors with the individual. Dynamic risk factors are risk factors for recidivism that can be changed, e.g, peer groups and employment. Individuals can be asked about areas as diverse as gang membership, employment history, relationship history, violence in interpersonal relationships, and traumatic events they may have experienced either during childhood or later in life. The program recognizes there are no absolutes in life, and that constant adjustments are needed, all of which will be discussed in group. Although individual therapy is not routinely part of the Choosing True North program, if an individual requests it, they will be referred to an individual therapist in the community while continuing with groupwork.

During this fifth appointment, the clinician explains the need to

complete an autobiography within two weeks of entering group, and the concept of a relapse prevention team (RPT). All RPT members are identified and recruited by the individual. As previously mentioned, the length and depth of the intake and assessment process supports the development of meaningful, sustainable and eventually trusting relationships between program staff and participants. These relationships help foster and support each individual's engagement with treatment.

Case conceptualization

According to John and Segal (2015), clinicians capture the essence of an individual's problem by understanding an individual's historical data and viewing it through a specific theoretical lens. Research and practice support the conceptualization and link it to a set of symptoms that assists the clinician in developing, together with the individual, a plan of action. Fulkerson (2019, 2020) observed that traditional case conceptualization and treatment planning based on the medical model is not always strengths-based. Further, the medical model tends to foster an external locus of control and is often less than person-friendly. Emphasizing an external locus of control can encourage clients to feel helpless about changing their situation. In contrast, using a Choice Theory approach supports a case conceptualization and the formulation of a treatment plan that are client driven and strengths-based. This approach also fosters an internal locus of control.

Using Choice Theory/Reality Therapy as a theoretical lens through which to conceptualize a case involves the clinician viewing larger problems that can include a participant's inability to form healthy, need-satisfying relationships, or difficulties in replacing ineffective actions with more effective behaviors. The case conceptualization carried out before participation in a *Choosing True North* group is multifactorial. It includes the participant's five Basic Needs, as well as environmental factors, static and dynamic risk factors, educational level, learning style, culture, and commitment to change. Participants assessed as having a higher risk for recidivism (based on the STATIC-99R) and fewer dynamic risk factors, will be in treatment longer. Participants with a lower risk for recidivism will still need to complete at least six months of weekly group treatment.

Treatment

The open group's protocol and homework exercises are based in Choice Theory and participants learn about Choice Theory as part of the curriculum. The approach is present and future focused, targeting personal goals while addressing dynamic criminogenic needs. There is also a strong focus on relationships and relationship-building. Finally, this process places full responsibility for offender actions on the offender, as it teaches participants alternative behaviors so that they can avoid re-offending.

Groupwork is at the heart of treatment. As mentioned previously, each group begins with a "round-robin" check-in, after welcoming any newcomers. Participants share how they feel at present, and information about their week, including any specific concerns that came up since their last group. Group facilitators also share, as the program has found that having a group facilitator appropriately share a little about themselves will help support relationship building. The group then moves into a review of between-session homework assignments, which includes group feedback and discussion. The group will end with one of the group facilitators summarizing today's process, including mention of upcoming homework assignments. Each meeting is structured in this way.

Group facilitators work to create consistency and familiarity, in order to promote safety. They also use many of the relationship tonics, the "caring habits" (Wubbolding, 2000), to support the development of an environment conducive to change. Discussion of problem behavior in the past tense helps to focus participants on change, and on actions that help develop more effective need-satisfying relationships. Group facilitators build relationships with participants by helping them explore wants, needs, and perceptions. As participants learn as a basic premise of Choice Theory that they control their actions, they also learn how to exchange negative cognitions and behaviors for more positive or effective actions. During group, participants respond to questions that help them examine the direction in which their current behavior is taking them. This, in turn, supports self-evaluation and the continued choice to use actions they identify as positive. In sum, the group teaches participants the WDEP approach to Choice Theory, so that they understand the how and why of their current choices and actions.

Choosing True North groupwork also includes relapse prevention,

covert sensitization, and other exercises, to ensure the curriculum adheres to legal requirements and community supervision guidelines. Participants are encouraged to formulate individual treatment plan goals that are simple, attainable, measurable, immediate, involved, controlled by the doer, consistent, and that they are committed to the SAMI²C³ acronym (Wubbolding, 2000). These plans help guide group facilitators' interactions with participants.

Choice theory based case conceptualization: A brief case example

Henry was a 47-year-old White man who was referred for assessment and treatment recommendations following conviction for committing a sexual offense. Henry reports being raised by both of his parents; he is an only child. His father was a manager in a small telecommunications company and his mother a full-time homemaker. Henry has the support of his parents, with whom he lives. Henry reports that his family is a good family but that his father was always gone when he was growing up and because of this he does not have a very good relationship with his dad. His mother was at home but often she was passed-out on the couch when he returned home from school, so he did not have many friends. He would not bring people home because he did not always know what would be going on in the house.

Henry recalls feeling very lonely as a child and looking forward to visits to the country with his grandparents. He spent most summers, while growing up, with his grandparents and several of his cousins. During these summer visits he learned about sex with his cousins. When Henry was about 10 years old, he and some of his older cousins would trick the younger cousins into exposing themselves and engaging in "sex games". He did not get into a lot of trouble during his school years and started college but dropped out after the first year. He was married once, to his secondary school sweetheart, for about 10 years. He and his wife have three daughters. Henry has been divorced since shortly after his conviction for this first offense. He was convicted of sexually molesting his oldest daughter and admits to this behavior. Henry is a skilled electrician and has been

fortunate to find employment following his release from prison. He reports he thinks about times when he was playing "sex games" with his cousins when he is frustrated or overwhelmed by work.

Case example: Discussion

Witnessing interpersonal violence and/or experiencing sexual abuse may impact choices to act out against others. In Henry's case, at age ten his older cousins introduced him to "tricking" younger cousins into "sex games". At that time, these interactions fulfilled Henry's unmet Basic Need for love and belonging and became part of Henry's Quality World. Similarly, being subjected to images of sexual content at an early developmental stage can introduce a picture of sexual behavior into an individual's Quality World, especially if this satisfies an unmet Basic Need. This chosen, albeit inappropriate, need-satisfying behavior became organized as it was used repeatedly to address the Basic Need. If perceived as effective in meeting a Basic Need, sexual offending behavior is likely to become part of an individual's behavioral system. In this case example, Henry reported thinking about playing the "sex games" with his cousins when feeling frustrated or overwhelmed by work. Potential treatment goals with Henry would be to: (a) replace less effective need-satisfying behaviors with more effective – and legal – behaviors; and (b) improve current relationships.

During the initial weekly groups, Henry will be able to learn that:

He is not the only person who has had these types of experiences.

He can safely share potentially shameful "secrets" with others who may be less inclined to judge due to their own experiences.

Group participants who have been in treatment longer can help him identify benefits of treatment, encouraging him to actively participate in group and complete assigned homework exercises.

Conclusion

People who commit sexual offenses are a heterogeneous population. They come from a variety of educational, socioeconomic, and cultural backgrounds. Some of these individuals also have unresolved trauma

histories of their own, although they may not refer to their experiences this way. Witnessing interpersonal violence or experiencing sexual abuse themselves may impact their choices to act out against others. It is not uncommon for individuals who have chosen sexual offending behaviors to present in treatment with many protective factors in place. Protective factors may include, for example, appropriately managing substance misuse, having supportive family and/or pro-social relationships, and having a reliable, legal source of income.

The self-reflective and learning aspects of this group treatment approach contribute to participants' engaging with it throughout the course of treatment. Participants have identified learning that they do indeed have some control over their actions and thoughts as being extremely meaningful. In addition, they have noted that the respectful engagement, and focus on what can be changed in the present and future, is important. Participants have reported appreciating knowing that they are not their offense, and that they can experience positives in their daily and weekly living situations. Moreover, the willingness of group facilitators to share appropriately with groups leads to clients feeling connected and engaged within the behavioral change process.

This approach to treatment is strengths-based as well as present and future focused. It offers participants hope that they indeed have choice to act in ways that are both legal and self-serving. In Choice Theory language, they learn ways to meet their Basic Needs and fulfil their Quality World wants while developing and sustaining healthy relationships with important individuals in their lives. This groupwork approach provides a curriculum that supports participants' internal locus of control and overall successful discharge from treatment. Due to confidentiality constraints within the legal system, thus far it has not been possible to gather recidivism data. Informal feedback from participants over the 15 years the program has been running, however, suggests that *Choosing True North* is well-received, and has been viewed as positive as well as life changing.

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