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Published on: 17 Feb 2009 - Journal of Sexual Aggression (Taylor & Francis Group)

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An integrated groupwork methodology for working with sex offenders

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Note: For the definitive version of this paper, please refer to the published version, available at: DOI: 10.1080/13552600802593535

Abstract

There is now a considerable literature on the assessment and treatment of sexual offenders. There exists another substantial literature on therapeutic groupwork and its relevance to a range of clinical populations. These bodies of work have made reference to the other in terms of their mutual relevance. However, there has been no comprehensive attempt to apply groupwork theory and principles systematically to work with sex offenders. While this work is generally carried out using a group format and the application of groupwork principles is enthusiastically promoted in the field, the application is underdeveloped both empirically and even more so conceptually. As a result, practices vary greatly. We argue here that a systematic and integrated consideration of the application of groupwork methodology to the treatment of sex offenders has the potential to significantly enhance treatment effectiveness. We conclude with implications for training and clinical practice.

Keywords groupwork; sexual offender treatment; integrated framework

1. Introduction

Traditional focus on working with sex offenders has been on the assessment of a range of deficits assumed to constitute the reasons for offending and on the identification of specific situations seen to constitute particular risk for the individual offender. Under adaptations of the classical relapse prevention (RP) framework (Pithers, 1990; see also Laws, 1999), intervention has tended to target these deficits and to stress the avoidance of assessed 'high risk situations', seeking to persuade the at-risk offender to avoid, escape or control them. Group-based therapy is the primary forum for the majority of sex offender treatment programmes (McGrath, Cumming, & Burchard, 2003). The literature on the usefulness of groupwork with sexual offenders dominated by this classical RP thinking has tended to emphasise the capacity of group members to identify distortions and challenge the individual to renounce offence-supportive modes of thinking. A group setting, it has been argued, provides not only economic efficiencies, but a forum in which participants can bring to bear a more plausible confrontation of each other's denial than can the professional practitioner (Salter, 1988).

Recently, however, new themes have emerged in the sex offender literature that have further implications for the application of group work principles. The focus of the classical RP framework is on the client's re-working of thinking, practices and feelings associated with his offending. While this is still considered a necessary component of rehabilitation, it has been noted that a disproportionate emphasis on this content tends to highlight client *deficiency* and to direct attention toward *avoidance*. Both these emphases are considered unhelpful with respect to longer term treatment targets (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; Marshall et al., 2005).

New approaches, such as the ‘Good Lives Model’ (GLM) of rehabilitation, direct attention toward consideration of the advantages of working in more constructive ways using a humanistic philosophy (Marshall et al., 2005; Ward & Stewart, 2003). These approaches place less emphasis on individual pathology and more on a developmental 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.

Any rehabilitation framework needs to incorporate a theory of process as well as a theory of content. Also, the formation of rehabilitative goals and the components necessary to realise them (readiness, skills and attitudes) requires a therapeutic ‘vehicle’ for their development and realisation – a treatment modality. Adherents of the Good Lives (GL) approach have made reference to the importance of the process and context of rehabilitation, specifying the importance of the style, attitudes and relational approach of practitioners toward their clients, as well as the critical ‘mechanisms’ of change (Ward & Maruna, 2007). Indeed, general research supports a positive relationship between therapeutic alliance on the one hand and good treatment engagement and retention on the

other (Hovarth & Symonds, 1991). However, the consideration of social-environmental factors involved in rehabilitation efforts has tended to focus directly on the treatment style and characteristics of the practitioner. Consequently, the therapeutic alliance construct is conventionally presented in terms of a practitioner-client dyad, – or, in the case of groupwork, a series of such dyads – thus ignoring the potential matrix of alliances within a group of clients as a ‘therapeutic social system’ (Yalom, 1985). This significant oversight has been mentioned previously in the literature with respect to RP goals for sex offenders (Jennings & Sawyer, 2003). The potential for a more therapeutic use of the group has been raised by GLM promoters in terms of the group resources of mutual support:

An advantage of group work is that every aspect of treatment involves interpersonal skills training and exposure to previously feared situations. The presence of supportive peers can result in a marked reduction of social anxiety and the formation of more trusting and flexible attitudes toward others. The existence of the therapy group is an external condition that can act as a catalyst for the development of a whole range of treatment related competencies (Ward, Vess, Collie, & Gannon, 2006, p 389).

Additionally, Ward & Maruna (2007) argue for an approach to offender therapy that acknowledges and strengthens the active role of clients undertaking rehabilitation programmes, thereby strengthening qualities such as self efficacy and inviting a more responsible and accountable stance in rehabilitation. However, the potential of sexual offenders to take up an active and important role in the therapeutic milieu has not been systematically explored in an explicit manner, and we argue that there is considerable potential for these clients – both as individuals and as a collective – to mutually inspire and

to provide social modelling, motivation, support and positive expectation in the context of a groupwork modality.

The GL literature advocates a strengths-based process of self and mutual help involving personal agency and interpersonal connectedness. It promotes the encouragement of an active and responsible approach of clients in rehabilitative efforts, arguing that the active enhancement of a sense of efficacy is beneficial in and of itself (Ward and Maruna, 2007). The application of this thinking to sexual offenders may be seen to be of especial relevance given the perceived tendency of these clients to evade responsibility and to avoid social connectedness. The literature on groupwork suggests that any and all actions of group members are of potential therapeutic significance (Donigian & Malnati, 1977). What is currently lacking, we argue therefore, is a framework that is not merely descriptive of the worth of the group, but one that is prescriptive in terms of the systematic involvement of the group and its members in activating GL goals. We seek to complement the ideas of the GL rehabilitative framework by looking at their clinical application using a group modality. This requires on the part of the practitioner, a sophisticated understanding of group process, dynamics and technique so that this potential can be integrated and realised.

In the interests of enhancing the efficiency and effectiveness of correctional efforts with sex offenders, we explicitly and systematically address the application of groupwork process methods. We use the composite term “groupwork” (as distinct, from “working with a group”) to distinguish the use of the group both as a method and as a primary agent of change. Our intention is to present an encompassing rationale and framework for the integration of groupwork methods as the primary process modality for work with sexual offenders and thereby weave groupwork thinking in an integral way into the approach. In

doing this we suggest that such an approach is explicit about how to make the best use of both practitioner qualities and client strengths. First, we briefly review the current thinking on the use of groups with sexual offenders. We then review the scope of groupwork as a therapeutic modality and apply its particular significance for and relevance to intervention with sex offenders. Finally, we make some recommendations in terms of the development of practice skills and qualities for the preparation of practitioners working with offenders.

2. Sexual offenders and groupwork

The current literature addresses two key domains where the skilled application of groupwork principles is relevant to the treatment of sex offenders. One concerns client self disclosure. Willingness to self disclose is arguably a critical factor in the motivation to engage effectively in sex offender treatment. These clients often exhibit a marked reluctance to participate at the level of openness and honesty considered sufficient to confront their abusive conduct (Harkins & Beech, 2007). In this respect, some writers have commented on the utility of the groupwork approach as a means of breaching the considerable 'defences' of sexual offenders (see Salter, 1988). Others have promoted the group as a forum for countering the isolation and alienation experienced by offenders as restraints to self disclosure (Clark & Erooga, 1994). The second domain in which group therapy is relevant in this work has to do with quality of interpersonal relations. The literature concerning the aetiology of child sexual offending has sought to account for the attractiveness of children to perpetrators. Across all categories of sexual offender the typical failure to establish and maintain effective and satisfying lives in adult relationships has been proposed as an important factor in offending (Marshall, Anderson, & Fernandez, 1999; Marshall et al., 2005; Ward, 2002; Ward & Marshall, 2004). There are then two important functions required of the group in order to provide an adequate setting for the

work to proceed. First, it must provide an environment that is conducive to the openness, directness and honesty necessary to generate the required level of self disclosure. Second, it must function as an expedient forum for addressing disturbed interpersonal relationships and the inappropriate means by which offenders have habitually sought to meet these needs (Marshall, 1989; Marshall, 2005; Ward & Marshall, 2004; Ward et al., 2006).

2.1 Maximising group process in sex offender work

The skilled and disciplined application of therapeutic group principles holds distinct promise for work with sex offenders. Particular significance is accorded to these principles with respect to creating a therapeutic climate based on trust, acceptance and inclusion; thus countering the experience of feelings such as shame, alienation, secrecy, helplessness and isolation that are typically related to the motivation and maintenance of this kind of offending. It is therefore hypothesised that the group is particularly valuable as a therapeutic ‘social microcosm’ (Yalom, 1985) for sex offenders. The well-run group is also seen to offer the balance of support and confrontation that is thought to be conducive to self disclosure (Leszcz, 1992). Self disclosure is, in turn, a key component of relapse prevention work.

Outcomes from research studies conducted in the sex offender treatment field suggest support for the therapeutic nature of uniquely group-related features (e.g., Andrews & Bonta, 2003; Beech & Fordham, 1997; Beech & Hamilton-Giachritsis, 2005; Reddon, Payne, & Starzyck, 1999). However, research into groupwork (as opposed to individual work) as the preferred modality for sex offender programme provision remains sparse and of limited scope (Ware, Mann and Wakeling, 2008). Also, writing that purports to be about groupwork with sex offenders often largely describes programme content rather than the

interpersonal processes at work in the group (see, for example, Schwartz, 1995). Thus, whereas the groupwork modality is prescribed as the conventional format for treatment provision, its specific applicability remains largely taken for granted, or perhaps not fully recognised as a therapeutic instrument in its own right. This apparent neglect of groupwork as a distinctive tool of change has been noted in other applications in corrections settings. Dave Ward (1998) for example, bemoaning the lack of authentic groupwork in work with offenders, distinguishes between groupwork and work-in-groups. He cites a current trend in the so-called 'What Works' practice environment as an example of the latter, pointing out that while recent texts (e.g., Andrews & Bonta, 2003) promote work in groups they 'pay minimal attention to group dynamics, group process and groupwork methods and skills' (Ward, 1998 p.154). Ward goes on to argue that such oversight is related to a current emphasis on statistically identified discrete factors held to be causally linked with offending, at the expense of concern with how people go about the process of change.

We will go on to explore the specific application of the groupwork modality to treatment efforts with sex offenders. In order to promote development in this regard we will consult the generic literature on clinical groupwork in adapting the modality more purposefully and explicitly to this field of practice.

3. Groupwork and sexual offenders

3.1 A brief typology of therapeutic groupwork

Meta-analytic research (Burlingame, Fuhriman, & Mosier, 2003; Horne & Rosenthal, 1997; McRoberts, 1998; Smith, Wood, & Smale, 1980) and more specific 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.

Scheidlinger, in a useful and comprehensive review of the group method (2004), proposes two broad contemporary categories of intervention relevant to this discussion: group psychotherapy and therapeutic groups. According to Scheidlinger's typology, group psychotherapy is distinguished as a specific method of clinical practice within the psychotherapeutic field, involving a specially trained mental health professional who directs emotional interaction within small planned groups of clients to address clinically identified functioning. By contrast, Scheidlinger's use of the term 'therapeutic group' refers to any guided group interaction, other than group psychotherapy, where human service workers facilitate the goal of optimal individual functioning. In sexual offender work, variants of both group psychotherapy and therapeutic group forms are used.

Scheidlinger's category of 'therapeutic groups' can be taken to include psychoeducational groups (Morgan, 2004). The psychoeducational approach utilises educational and developmental strategies to promote psychological growth and change. Morgan and Flora (2002) reported that research outcomes with general offenders tend to favour the use of a structured psychoeducational approach using cognitive-behavioural teaching. The focus on influencing the thinking of offenders and attaining cognitive changes is considered beneficial. Furthermore, the psychoeducational approach option is relatively straightforward, generating minimal defensiveness or resistance, with the advantage that it is able to be run by a wide range of staff including non-specialist and relatively untrained or inexperienced practitioners (Morgan, 2004).

3.2 Applying the typology to work with sex offenders

We would posit that most groupwork with sex offenders falls into Scheidlinger's therapeutic group category and suggest that this is largely so not by virtue of considered choice, but by lack of appropriate training, knowledge and expertise. While the methods and structure of therapeutic groups clearly have relevance to offender work, there appear to be two broad limitations with respect to their specific application to work with sexual offenders. The first limitation relates to the notion that social phenomena associated with group dynamics and related processes are inevitable and evident, even if unacknowledged and unintended (Yalom, 1985). That is to say, where human groups occur there is never a social vacuum; de facto social interactions and social learning occur regardless. For offender work, the unintended consequence of ignoring this interpersonal 'underlife' may be to contribute to iatrogenic influences that are inimical to the prescribed pro-social learning (see, for example, Dishion, McCord, & Poulin, 1999; Mager, Milich, Harris, & Howard, 2005). The second limitation of non-psychotherapeutic approaches to work with sexual offenders is that such formats are unlikely to take full advantage of the unique opportunities that groupwork presents: the use of the group as a therapeutic modality in its own right. Correctional programmes designed for this population typically target the modification of interpersonal patterns of conduct that are hypothesised to contribute to the motivation to offend. Common behavioural aspects of the sex offender profile, such as habitual social avoidance, can be addressed in the milieu of the group psychotherapeutic approach. The group also provides a naturalistic social-interpersonal setting where powerful emotional forces and human dilemmas are experienced, played out, and potentially resolved adaptively. Bion (1961) has conceptualised the relational-psychological dynamics present in a therapy group and Yalom (1985) has provided a framework for managing these energies for therapeutic gain. The capacity of the group to provide a forum where emotional experiences are shared and processed is seen to promote

the goals of individual members in therapy, while at the same time contributing to the cohesiveness and integration of the group as a whole.

While it is important to recognise that a group-led approach is always more than merely ‘a therapist with an audience’, there is also a need to balance process-oriented work with the explicitly psychoeducative tasks and content-oriented approach of generic RP. Research outcomes tend to support the use of cognitive-behavioural therapy (CBT) methods with offender populations in general (Andrews et al., 1990; Cullen & Gendreau, 1989; McGuire, 2001), including those that use a group-based delivery (Morgan & Flora, 2002).

Groupwork can be helpfully viewed as the modality or ‘vehicle’ by which to apply intervention models such as cognitive-behavioural therapy in this field.

Sexual offending is considered, from the perspective of a learning paradigm, a multi-determined behaviour. Typical CBT programmes, which are generally based on meta-analyses of the treatment literature, target a wide range of client thinking, feeling and behaviour. In addition to extensive disclosure around the client’s pattern of offending, programmes require attention to factors such as sexual arousal, intimacy, emotional regulation, self evaluation, and victim empathy. Procedures involved in addressing these targets inevitably involve confrontive, intrusive and invasive elements, which are particularly challenging to a population that tends to be characterised by interpersonal anxieties (Kear-Colwell & Boer, 2000). The practitioner’s knowledge of group dynamics, alertness to developmental aspects of the group and skill in applying group methods can elicit a helpful mix of challenge and support to usefully supplement his or her individual efforts in the face of potentially united opposition from a group of vulnerable, wary and anxious clients. As well as the vehicle by which CBT messages are conveyed, the group

also serves as a social microcosm of the external community. In this way group members are extended the opportunity to practice new ways of being in the exercising and testing of behavioural strategies associated with their GL plans.

4. Relevant key concepts from the groupwork literature

4.1 Identified therapeutic factors

Irvin Yalom (1985, and subsequently) has identified a range of what he originally termed ‘curative factors’, which uniquely distinguish the clinical value of the group modality. These factors have been widely cited or paraphrased elsewhere (e.g., Benson, 1987; Coulshed & Orme, 1998; Scheidlinger, 1997) establishing a theoretical foundation for theory, research and practice.

Common themes among factors associated with successful outcomes have clearly emerged over some eighty years of research. However, the relative merit of these factors and their translation into practice remain the subject of considerable debate in the literature (Dies, 1997; Fuhrman, 1997; Scheidlinger, 1997). Disagreement here appears to have largely reflected debate between competing theoretical discourses. However, one thing does now seem universally clear: certain processes or dynamics inherent 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). The literature is replete with variations on a trans-theoretical list of factors proposed as definitively therapeutic (see Bloch & Crouch, 1985; Scheidlinger, 1997; Yalom, 1985) and the studies from which they are generated and refined (see Kivlighan & Holmes, 2004 for a review of the research). A summarised selection of these therapeutic factors is presented below.

Group cohesiveness is considered a quality of the group as a whole, denoting bonding and connectedness. It is also a therapeutic element in itself, promoting a sense of acceptance and belonging in that context. Cohesiveness is roughly equivalent to the concept of therapeutic alliance (a key cross-theoretical concept in the general literature on assisted personal change) in individual work. However, with respect to groupwork cohesiveness refers to the quality of the general set of relationships within the group members at two levels: between individual group members and between the group member and the group as a whole. According to Yalom (1985) group cohesiveness relates to the ‘attractiveness’ of the group for its members. It operates, in one sense, as an independent variable in the list of therapeutic factors as it provides the axiomatic link between the other factors. It is promoted and developed in the action of the group through reciprocated acts of self disclosure. Cohesiveness affords a sense of relatedness and appeals to the human desire for attachment. While this desire may have been distorted through the life experiences of men who have offended sexually, it provides the possibility for remedial growth. Conversely, it counters feelings of shame and the sense of alienation so commonly experienced by members of this population. Through the life of the group the influence of cohesiveness may be seen as the psychological ‘gravity’ that acts on member ‘bodies’ to remain in the group, countering the potentially aversive nature of sex offender programme requirements described earlier (such as the need for personal disclosure). Therapeutic engagement and affiliation are promoted through group cohesiveness. As a defining feature, it is considered a prerequisite for successful groupwork to proceed.

Universality, as a therapeutic factor in groupwork, serves to neutralise isolation and loneliness by providing the socially available evidence that the participant is not alone in his thoughts, feelings and actions. Sex offenders often feel they are uniquely bad, and have

associated disabling feelings of shame. Group experience can be usefully disconfirming of this sense of being a bad person, and potentially reframe shame from a global emotion to a more specifically localised and appropriate sense of guilt associated with offensive actions. Universality is the equivalent of a normalisation function, allowing the individual to participate in a more genuine and open way through a sense of acceptance.

The *installation of hope* emerges from the transtheoretical psychotherapy literature as a key factor in successful change through the promotion of positive expectancy (Hubble, Duncan, & Miller, 1999). Witnessing progress and growth in other group members can promote this outcome, by fostering the belief that change is possible. A useful realisation is enabled when one recognises that one does not have to acquiesce to being a victim of one's past, opening the potential for acting otherwise. In this way group membership and experience is hypothesised to inspire a prospective attitude, countering demoralisation.

Reality testing can occur more readily and efficiently within the social microcosm of a group that is characterised by openness, directness and honesty. Reality testing provides a corrective guide to the misperception of cognitive distortions seen to be pivotal in CBT applications.

In defining *dynamic interpersonal learning*, Lescz (1992) describes a group process whereby the individual gains fine-grain social self perception, coming to see himself as if reflected in a socially-constituted mirror. This is a type of feedback supplied by other group members, which, if expertly guided, can provide finely-tuned 'information' about his social actions and the impact of these actions on others, therefore potentiating insight.

The mutual helping process can provide an experience of *altruism*. Mutual peer assistance is promoted dynamically, through the medium of benevolence. Altruism is considered a helpful experience, not so much for what is directly bestowed, but in that it gives the individual access to the interpersonal rewards and satisfactions involved in the process of both giving and receiving help.

Emotional *catharsis* expressed in the group can offer the ‘corrective’ experience of social acceptance, disconfirming primed expectations of scorn or ridicule. Further adaptive emotional expression may subsequently be enabled as a result of the perception of new possibilities for emotional release.

In considering these factors it is important to bear in mind that each item should be viewed not in isolation, as if having some linear impact or separate influence, but in interactive combination with these and other factors (e.g., modelling, guidance). An important concept to grasp here is that of the group as an entity in its own right – apart from its existence as a collection of individuals. Group members are attracted to the group because it extends the promise of social inclusion and because it offers opportunities to experience influence in a supportive setting. For men who sexually abuse, given the incidence of attachment difficulties in their lives, these are likely to be key considerations.

This brings us to the notion of the growth and elaboration of the group as an entity that has therapeutic potential. We argue that as the group matures in its capacity to take on the task of providing for its members, the role of the practitioner is to deploy key skills and qualities, such as empathy, respect and directiveness (Marshall, 2005; Marshall & Serran, 2004; Marshall et al., 2005; Serran et al., 2003) to guide it efficiently toward maturation

and the group's capacity to participate in meeting the treatment needs of its members. We will go on here to consider the notion of group development.

4.2 Stages of group development

The notion that a therapy group passes through a series of critical developmental stages, is widespread throughout the groupwork literature. It is similar to the psychosocial stages hypothesised to apply to individual development (e.g., Erikson, 1959). This similarity is explained in psychological terms by a common developmental sequence operating as a function of growth and maturity. This developmental sequence is in turn hypothesised to be predicated on the progress of the resolution of tensions surrounding the dual needs of group members for attachment (inclusion or 'belonging') on one hand and individuation (asserting one's individuality) on the other, both within the group and between the group and the group leader (Benson, 1987; Donigian & Malnati, 1977). The significance of this for clinical work is in the recognition that conditions will change through the group's 'lifespan'. The quality of guidance of the group through these stages is considered to influence the degree to which attendance to content goals can be achieved. As such, awareness of the changing needs of the group is considered a necessary basic skill in determining interventions.

While there is diversity among theorists as to the labelling of these group 'life stages', there exists a striking similarity in theme, with most proposing a model of between three and five phases (Garland, Jones, & Kolodny, 1965; Schutz, 1979; Tuckman, 1965). An initial 'forming' stage is characterised by members' efforts to alleviate elevated levels of anxiety, dependence on the group leader, and attempts to create meaning and structure. A 'conflict' stage is seen by theorists as characterised by power and control dynamics, as members seek

to assert themselves within the group and the group as a whole tends toward differentiation. The conflict phase is followed by 'norming', as conflict and fragmentation are resolved toward cohesion and concurrence. Ideally, by this stage, the position of group members is represented by the statement: 'I want to change; I accept I am responsible for my own change, but I believe we can help each other change'. This creates the platform for a 'productive' stage. Now that the struggles for inclusion and influence in the group are effectively resolved, the *raison d'être* of the group or programme content can be more focally addressed, and with greater authenticity. Some sort of 'termination' stage follows as a distinct and relevant period, during which members validate gains and come to terms with their separation both from the group and one another.

The implications for intervention flowing from a group-stage model include theory-based optimal 'transition (or 'crisis') points to address particular issues. For example, a key phase addressed in the literature is that which concerns the transition from the conflict stage to the consolidation or norming phase. It is at this point, at least theoretically, that the group and its members most directly confront existential concerns around accepting responsibility for themselves and their progress in therapy. This is hypothesised to take place in the wake of the emotional realisation that the group leader is in a position to neither enact changes on the members' behalf, nor to protect them from common human experience. Given the issues of emotional dependency associated with the sex offender population, this is likely to be a key issue for such groups. It is a juncture when the group therapist's skill and judgement needs to be at its most dexterous. Too high a level of intervention will hold the group at an immature, dependent place, while too little involvement may leave the group vulnerable to fragmentation.

Clearly, the idea of a clean, linear transition between these stages is unrealistic, and there is a need for the therapist to broker a reflexive process to navigate them. The application of practitioner skill and timing in this is likely to be critical. Emphasis on empathic responding to group members' need for safety in the process of 'becoming' a group is clearly a priority. Sex offenders are likely to experience difficulty in exhibiting the level of mutual trust and connectedness necessary to provide a therapeutic platform. A measure of active intervention and attention to the whole group is necessary. Here the leader might seek to enhance group cohesiveness by recourse to 'bridging' (interpersonal connecting) techniques (Kline, 2003; Ormont, 1997). During the 'conflict' phase, however, the practitioner 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 critical in a sex offender group as the members are 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 important point here is that the group be 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 husbandry of the practitioner.

4.3 Immediacy

An orientation to here-and-now events is critical to most groupwork orientations (see Donigian & Hulse-Killacky, 1999). Any occurrence within the immediate lived experience of the group that has behavioural, psychological or interactional significance for group

members might be singled out for attention. While the significance of the event may be appraised in different ways, the important common denominator is the weighting toward the immediate context in terms of the group's focus. This is to distinguish the focal event from those that might be described as experience-distant, either in terms of location or time. While such non-immediate events may be considered to have significance in terms of providing context or sequence, it is the phenomena alive in the group in the present moment that are considered the most important source of insight and learning for group members. It is in this dimension that events are indisputable and open to analysis; where emotion is accessible and cognitions are 'hot' (Safran & Greenberg, 1982).

Linked directly with the here-and-now focus is the analysis of process or, according to Yalom (1985), 'process illumination'. The group is led into a self-reflective loop in order to maximize the personal and interpersonal learning from the recently experienced event. From a social-systems perspective this analysis acts to 'recycle group communication... back into the group system, (thus) allowing the group to continually re-examine its... communications. Process comments are part of a feedback loop' (McClure, 1998, p 93).

The intention of these interventions is to free up members to assess their own contribution to the circumstances in which they find themselves, so that they can become existentially attuned to the future where they are confronted with the option to change (Yalom, 1985).

5. Group therapist qualities and the therapeutic climate

Recurring themes from general theories of psychotherapeutic change are concerned with the importance of the confidence, commitment, and collaborative participation of the client in the change process. Client authorship and ownership in relation to the targets for

personal change are cited almost universally as essential pre-requisites in the various scenarios in which such change might take place. The presence of a therapeutic enclave that offers both opportunity for client contemplation and a responsive environment also emerges as a factor commonly recognised as valuable in the literature.

Whereas the ideal qualities of a group therapist working with sex offenders are seen to be a function of his or her skill both in managing the group environment and the implementation of techniques described above, Marshall and others have recently investigated the qualities of the context in which therapy takes place, and in particular the practices of therapists as variables in the success of therapy (Kear-Colwell & Boer, 2000; Marshall, 2005; Marshall & Serran, 2004; Serran et al., 2003). Fernandez and Marshall have drawn together a range of such factors under the heading of ‘contextual issues’ (Fernandez & Marshall, 2000).

They draw attention to the task of establishing how to construct ‘the most facilitative environment’ and take up issues such as therapist style, and the wider arena in which therapy programmes are delivered. This issue is especially pertinent in ‘total institutions’ (Goffman, 1962), such as prisons, where there is protracted involvement and considerable scope to impact on the lives of inmates, either positively or negatively. In prison environments inmates are exposed, in what is perhaps a unique way, to anti-social attitudes and practices, including those around sexuality (Briggs, 1994).

In the past, issues such the variable of therapist style has generally received only cursory attention, as authors tended to advocate an approach characterised by intense and sustained confrontation, on the understanding that denial is a relatively intractable feature of sex offenders. However, the presence of reluctance and denial in sexual offenders are features now more likely to be viewed as the product of lifelong social learning in deleterious

environments (Kear-Colwell & Boer, 2000). As features of relational dynamics – both past and present – they are therefore considered amenable to intervention with less direct, more interpersonally-based approaches. Typical developmental experiences of sexual offenders in relation to group settings include abusive families and belittling classroom experiences. In this respect, the role of the group practitioner is to provide an experience of the group that contradicts that of members' earlier encounters and to offer a social context that replaces exploitation and humiliation with care and hope.

Marshall, Serran and colleagues (Marshall, 2005; Marshall & Serran, 2004; Marshall et al., 2005; Serran et al., 2003) have embarked on an extensive investigation of effective therapeutic relationships with respect to the general literature, the sex offender literature and their own research. In general terms they concur with the findings of others (e.g., Levenson & Macgowan, 2004), concluding that the best outcomes are likely to be obtained from adequately engaged clients. This result is best attained, they argue, by a style of therapy characterised by flexibility, along with interpersonal warmth and empathy, and where contingency-related reward and encouragement is presented rather than a confrontational emphasis. Client appreciation of this style appears to be a key factor. Therapist directiveness, where generated in balance, is also seen to be helpful, particularly where carried out in the manner of guidance rather than injunction. In specific terms, the expression of genuineness and flexibility through support, self disclosure, humour and encouragement are presented as the key therapist features. Overall, the more humanistic approach characterised by flexibility, openness, and guidance appear to prevail over, authoritarian expert-driven rigidity. The formation of a positive, encouraging and supportive climate is seen by these authors to best engender cohesiveness, and while the therapist is not in sole charge of manufacturing this, he or she does have a responsibility in

facilitating the opportunities where this is more likely to be established. While we agree that these are all good suggestions and values, these authors do not address how to develop such therapist features into the actual practices that may facilitate the release of the latent energies in the group spelled out earlier in the present paper.

Research also supports treatment responsiveness to the interpersonal needs of individuals within the group (Drapeau, 2005) and the importance of fostering a climate based on reflexivity, open-ended questions and curiosity rather than rigid directiveness (Beech & Fordham, 1997; Frost, 2004; Frost, Daniels, & Hudson, 2006). The links between these qualities and skills associated with favourable treatment outcomes, and the presence of the necessary group ‘ingredients’ (the therapeutic factors, described earlier) necessary for groups to perform well, become evident when one considers the more general groupwork literature (e.g., Billow, 2003; Silverstein, 1997). Again, however, the description of ideal group ingredients that ought to facilitate change is different from describing how to develop such skills in a therapist.

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 unproven current effectiveness of sex offender therapy.

6. Specific tools and techniques

The provision of good group therapy relies on the competent and skilful enactment of therapeutic skills, values and qualities as described above. In many ways these features, in turn, rely on the quality of surrounding factors such as training, supervision and practice

wisdom. We suggested above there is a range of theories that might inform a group methodology to rehabilitative programmes. We also argued that there are certain accepted concepts (such as the stage model) and pre-conditions (such as ‘therapeutic climate’) that guide practice. It is apparent that this matrix of modalities and methods spawns a broad spectrum of strategies for precipitating therapeutic group action. We have selected a number of example tools and skill sets that are germane to groupwork with offenders, and these are briefly described below.

6.1 Feedback

Probably the most frequently cited mechanism for advancing group action is interpersonal feedback. The term is derived from the fields of cybernetics and control theory and is often used to describe processes in non-living systems. In its application to human systems, we maintain that the term ‘feedback’ describes a communicative mechanism that allows the information flow within a social system to expedite the connection of information inputs with behavioural outputs. In the practice context of the therapeutic group then the behavioural observations and responses of group members concerning an individual’s social conduct are seen to be ‘fed back’ to him in order to provide personally relevant behavioural information in a direct fashion. In this way the individual can learn an appreciation of both the impact on others of his style of relating and the direction of his change. It is hypothesised that, because of the special nature of the therapeutic group, such information is of a volume and quality that will exceed what is likely to be available to him in other more conventional social contexts (see, for example, Corey & Corey, 1987; Klein, Bernard, & Singer, 1992).

An example from practice involves a response from Mike to Laurie, a fellow group member:

Mike: Laurie, when you go on talking and talking like you did just then, I can't get a word in edgewise, and I get frustrated and I stop listening. I need you to just stop sometimes and listen back.

Such an utterance will form part of an exchange. During such exchanges the scheduled psychoeducative content of the programme is perhaps temporarily suspended, allowing Mike the opportunity to describe how he experiences this aspect of his relationship with Laurie, who will have the opportunity to respond. While this single exchange may be insufficient to dissuade Laurie from an enduring interpersonal habit that he feels has served his purposes well in the past, the concerted and ongoing feedback possible in a group relationship over time might bring him to a point of realisation that his (Good-Life) goal of forming quality relationships is better served by techniques based on equality and respect rather than domination and control. Feedback contributes to the quality of interpersonal learning in the group (Lescz, 1992) described above.

In a receptive group climate all feedback is considered potentially useful and its free flow has been seen to be beneficial in sex offender groupwork (Frost et al., 2006). Feedback is one of a range of mechanisms that might be guided by the practitioner in connecting members in various ways, for the purposes of facilitating protection, confrontation and group relationships (see Klein, 2003; Ormont, 1997).

6.2 Therapist 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 is in terms of modelling adaptive practices or as a way of illustrating programme content (Corey & Corey, 1987; Donigian & Malnati, 1977; Riva, Wachtel, & Lasky, 2004). Moreover, reference in the literature to the leader's immediate and *in situ* emotional responses (especially those responses associated with anxiety; see Barnes, Ernst, & Hyde, 1999) as a therapeutic indicator for the group and its members is perhaps of more relevance in sex offender work. Here, the group leader monitors his own responses in the group experience in order to gauge the latent concerns of the group as a guide to intervention. The assumption here is that while it is the instinctive response of a human group to behave in ways that would quell or avoid anxiety, in a clinical setting the sources of such feelings are often the targets of therapeutic change. As a peripheral participant, the role of the leader is to identify these latent social-emotional phenomena and bring them to the conscious appreciation of group members (Whitaker & Lieberman, 1964).

7. Conclusions and implications for sex offender treatment

In meeting treatment targets for sexual offenders there are three areas that are consistently raised. In the first place, sexual offenders are seen as reluctant to engage in intervention programmes and therefore motivational issues are considered critical. Secondly, because of the key roles of secrecy, cognitive distortion and blame-shifting surrounding the nature of such offending there is a considerable emphasis on responsible self disclosure in the process of treatment. Thirdly, the ability to form functional and satisfying adult relationships is seen as a critical goal for all sexual offenders. A well-functioning group is

uniquely equipped to counter the shame, fear and isolation that impede the 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 distinctly relevant to the needs of this population.

While current methods for the treatment of sexual offenders appear capable of producing relatively successful outcomes, the explicit application of a groupwork modality can be conceptualised as an approach that should complement the principles of the Good-Lives model and impact on the efficiency of CBT-based programmes.

The group has emerged as the preferred process modality for delivering rehabilitation programmes to sex offenders. However, the current literature fails to provide a comprehensive groupwork theory of specific relevance to work with these clients. An integrated approach to programme provision is recommended, involving the skilled weaving of content and process elements by practitioners who are trained in groupwork methods. Our review suggests that the best approach to work with sex offenders involves cognitive behavioural concepts that are both conveyed and enacted by means of a groupwork modality. Groupwork, in this sense implies not merely treating a collection of individuals, but the conscious and deliberate use of the group as a therapeutic modality, informed by a specific body of social science and clinical knowledge about the qualities and dynamics of small-scale human collectives.

In the light of recent developments in the thinking around treatment provision for sexual offenders, along with empirical support (e.g., Fisher, Beech, & Browne, 2000), we might conclude that it is no longer adequate to merely assist the individual at risk to identify a set of high risk circumstances and attempt to persuade him to focus the remainder of his life avoiding them. The tenets of relapse prevention are considered necessary but not sufficient as a requirement to help these men establish appropriate life goals and the means of achieving them. Similarly, we would not consider the adoption of the GLM as clinically sufficient in itself to remediate this problem. While the broader framework espoused in the GLM suggests a less obviously oppressive therapeutic milieu, it does not necessarily make it more effective. Rehabilitative efforts therefore require the means of inspiring adequate clinical engagement, and providing psychoeducation as well as a relevant therapeutic experience. The beauty of incorporating a groupwork approach is in its potential to weave these elements through responding to both content and process needs simultaneously.

To illustrate this, let us bring together some of the process and content elements we have discussed above. A well-functioning group is attractive to its members in that it holds the promise of satisfying two key human needs: a sense of social inclusion and an experience of interpersonal influence. The essence of a well functioning group, it is hypothesised, is its quality of cohesiveness; this quality is generated and maintained by the mutual self disclosure of its members. A high level of member self disclosure is critical to both the relapse prevention function and the personal growth function of sex offender treatment. Good CBT principles require the expression of individual openness, directness and honesty so that authentic thinking, feeling and behaviour pertinent to the pattern of abuse are revealed and can be subsequently interrupted and diverted. Interpersonal growth relies on the development and enactment of a 'GL' plan (Ward & Marshall, 2004), which also

requires habits and practices surrounding a high level of self disclosure. In this way then, a cross-fertilisation is achieved between the attractiveness of the group and the requirements of therapeutic goals. As the group becomes more cohesive, so the possibility for self disclosure increases, facilitating a deeper level of openness in a mutually-reinforcing pattern. In this way, the actions of individuals toward meeting their immediate needs within the group interact positively with both relapse prevention requirements and 'GL' goals.

It will be evident to those familiar with this work however, that interactive functions associated with intimacy such as self disclosure and relationship formation, are typically problematic for these offenders, creating anxious ambivalence. It is important then that the practitioner attends carefully to the construction and development of the group as a whole as well as the individuals who constitute it; that the group becomes a social microcosm, representing a safe but inviting environment capable of meeting the extraordinary challenges and demands implicit in sex offender programme content. Practitioner qualities identified as being important to sex offender work (such as warmth, empathy and directiveness) should be put to work not only in relation to individuals, but in bringing to life the latent energies and potential that exist within every group. This requires a nuanced approach, which is sensitive to the stage of the group's growth as its structure elaborates and matures toward the efficient performance of cognitive behavioural tasks. For all of these reasons, training in groupwork is considered essential. Here, the focus should be on grounded personal and interpersonal process, emphasising that the manualised programme content, whilst important, is only part of the message that the group medium is meant to communicate.

We recommend that the practitioner's knowledge be based on an eclectic understanding, borrowing from across a range of theories that inform groupwork as a process modality. Groupwork method offers the flexibility to address the diverse needs of what is a distinctly heterogeneous population. We have outlined broad areas of agreement in the literature about the nature, development and qualities of small groups and the change processes relevant to them. It is a reasonable expectation that practitioners develop a sound theoretical and practical grasp of this knowledge. In particular, practitioners in this field should build a practice-based familiarity with the developmental stages of therapeutic groups in order to finesse 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 ongoing awareness of the subtext contained in the group process or 'underlife' is important in promoting genuine participation and therefore making the group 'come alive' with respect to clinical concerns. This requires practitioner self-awareness wedded to a judicious sense of timing and relevance with respect to the group. Practitioners should also be familiar with group therapeutic factors, examples of which are outlined in this review, and the capacity to develop these factors as therapeutic qualities in the life of the group.

Further, it is important that group leaders develop the skill and flexibility to maximise learning opportunities by being able to identify and exploit opportunities to translate interpersonal events in the group into growth and learning experiences. As the need arises in relation to programme content and the occurrence of salient events in the lives of participants, groups should 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. 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 suitable staff and the availability of relevant and sustainable training and supervision.

The executive ('directive') function of the therapist should be balanced with permissiveness and flexibility. Clearly, for interpersonal learning to be maximised, the group and its members should be offered the least restrictive environment possible. The 'climate' of the group becomes an issue here and the therapist, while not in charge of directing every action, 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 such as cohesiveness, hopefulness and universality.

The dual task of the sex offender programme provider using a groupwork modality is to establish an efficient forum for the transfer of knowledge and skill acquisition, while providing authentic and meaningful social feedback as a basis on which to expand the individual's perception of choices for meeting his legitimate needs safely, appropriately and successfully. This is a complex task but a rewarding one. Genuine practitioner competence is achieved, we suggest, through the gradual accumulation of well supervised practice wisdom on the twin theoretical pillars of broad relapse prevention principles and groupwork knowledge.

We believe that sex offender rehabilitation programmes could be significantly enhanced by a more concerted and disciplined use of group methods. In this review our intention has been to provide a framework for the integration of groupwork methods and knowledge with current thinking on the rehabilitative treatment of sexual offenders. The scope of such a paper allows only the broad outline of such a framework. In presenting the framework we have considered in general terms some of the key principles of both these fields. We have not considered more abstract contextual features such as the prison community and culture; nor have we considered detailed applications, such as the place of activity-based groupwork. Nevertheless, we hope that this paper will stimulate the interest and enthusiasm of treatment providers and promote further enquiry.

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