Individual Psychology Approaches to Group Sex Offender Treatment

Sex offender treatment has been described as a unique approach to treatment that differs from traditional counseling. Traditional counseling attempts to alleviate distress experienced by the client where sex offender treatment has the goal of protecting the community from further antisocial acts (Jensen & Jewel-Jensen, 1998). Counselors engaged in traditional counseling attempt to adopt a supportive stance towards their clients, whereas mental health professionals working with sex offenders use confrontation and sometimes employ shaming, punitive, and hot-seat approaches (Carich, Newbauer, & Stone, 2001). Nondirective techniques which are often taught in counselor education programs have been described as opportunities for sex offenders to manipulate the therapy process and avoid responsibility for their actions (Jensen & Jewel-Jensen, 1998). Training beyond graduate coursework in counseling has been proposed for mental health professionals working with sex offenders due to the differences in treating sex offenders.

Cognitive behavioral therapy, delivered in a group setting, has been the popular treatment modality for sex offender therapy (Carich, et al., 2001; Earle, Dillion & Jecmen, 1998; Jennings & Sawyer, 2003; Laws & Marshall, 2003). These groups often include treatment goals such as increasing empathy for the victim, accepting responsibility for the offense, modifying cognitive distortions related to sex and the offense, understanding the offense cycle, and developing alternative behaviors and a safety plan to prevent relapse (Jennings & Sawyer; Jensen & Jewel-Jensen, 1998; Newbauer & Blanks, 2001). Literature on sex offender treatment has described
these groups as confrontational and justifies this aspect of treatment as a way to ensure clients accept responsibility for their offenses (Carich et al.; Jensen & Jewel-Jensen). Some researchers have questioned the confrontational approaches used in sex offender treatment because confrontational approaches can increase feelings of shame, helplessness, and powerlessness for the clients (Beech & Hamilton-Giachritsis, 2005; Garrett, Oliver, Wilcox, & Middleton, 2003; Marshall, 2005). Others have suggested approaches to sex offender treatment based on individual psychology (Carich et al., 2001; Newbauer & Blanks, 2001). While some researchers have not specifically recognized individual psychology approaches when working with sex offenders, factors associated with individual psychology can be found in their work (Drapeau, 2005; Garrett et al.; Jennings & Sawyer; Levenson & Macgowan, 2004). Therapy based on individual psychology includes aspects similar to cognitive behavioral therapy—such as the emphasis on the relationship between beliefs and emotions—but differs in that the individual is seen in a social context and personal growth is a goal of therapy (Mosak, 2005).

The purpose of this paper is to provide evidence for a shift in treatment approaches related to sex offenders in group therapy settings. First, a discussion of key concepts in individual psychology will be presented. Changes from traditional behavioral and cognitive behavioral approaches to an individual psychology based approach will be highlighted in a review of five articles related to group therapy for sex offenders. Finally, a discussion of how these changes impact the therapist working with this population and suggestions for future research will be presented.

**Individual Psychology**

Individual psychology, developed by Alfred Adler, is a holistic approach to therapy which stresses social interest, style of life, responsibility, superiority and inferiority, and relationships (Mosak, 2005). Individual psychology contends that humans have an innate interest in contributing to others and are invested in the success of their society. People create their own style of life as a way to achieve goals, and therefore are responsible for their actions in life and for making changes in themselves. Finally, individuals seek a sense of power or accomplishment, resulting in feelings of inferiority or superiority. The individual's sense of inferiority or superiority will affect the means they choose to achieve their goals (Mosak, 2005). Individual psychology also places importance on the therapeutic relationship between the therapist and client and gives credence to the client's subjective experience (Carich et al., 2001; Newbauer & Blanks, 2001; Mosak). The following sections will discuss four aspects of individual psychology and their relation to sex offender treatment: social interest, style of life, responsibility, and inferiority and superiority.

**Social Interest**

Mosak (2005) describes social interest as the “development of feelings as part of a larger social whole” (p. 56). In life, individuals strive to overcome problems and are engaged in the process of self realization. These tasks result in a drive to contribute to humanity and making the world a better place to live (Mosak). This concept can be easily related to group therapy. Yalom (1995) and Posthuma (2002) have described therapy groups as a social microcosm where people become invested in others and value the well being of other group members. The group process
engenders a sense of connectedness and members begin to value relationships formed in the group and to become invested in seeing other group members improve.

Manualized sex offender treatment programs have not addressed social interest and have failed to utilize the group setting as a venue to increase social interest (Jennings & Sawyer, 2003). Instead, they limit interactions to those between the counselor and the individual client, while neglecting the interactions between members. Jennings and Sawyer (2003) state: All too often, therapists in the field of sex offender treatment may hinder or even undermine their own treatment objectives by neglecting the group process, which can result in a stifling climate of passivity, alienation, and distrust. This concern is especially germane because it suggests potential to strengthen and improve the methods recognized as the current state of the art in sex offender treatment. (p.252)

**Style of Life**

Individual psychology describes style of life as how people pursue goals in their life, what influences the person to seek these goals, and what influences the goals that are desired (Mosak, 2005). The subjective experience of the individual must be explored and understood in order to explain style of life.

Traditional sex offender treatment has not explored the subjective aspects of the client or tried to understand the development of the sex offender's style of life (Garrett et. al., 2003). Cognitive behavior therapy emphasizes information processing and works mainly with current ways of processing cognitions and how they affect emotions and behavior (Beck & Weisheer, 2005). Cognitive distortions and maladaptive behaviors are changed with little interest in understanding how these distortions and behaviors came to be.

**Responsibility**

According to individual psychology, people are not determined by heredity or environment. These factors form a foundation from which people move towards self selected goals. People are able to respond to their environment to achieve self selected goals. The ways in which people move toward these goals are based on choices (Mosak, 2005). Given this conceptualization, individuals are responsible for their goals in life, their actions, and for changing their style of life.

Behavioral treatment programs for sex offenders have included responsibility as an integral part of treatment (Carich et al., 2001; Earle, Dillion & Jecmen, 1998; Jennings & Sawyer, 2003; Laws & Marshall, 2003), but the concept of responsibility takes on a different connotation. Responsibility in behavioral treatment usually means that the client will admit to their perpetration (Levenson & Macgowan, 2004). The client participates in behavioral modification activities to decrease the likelihood of reoffending. Behavioral treatment for sex offenders places the locus of responsibility for change within the context of the artificial environment created for behavioral interventions, not in the client. This treatment modality results in the client having therapy done to him, rather than the client taking responsibility for making changes within him or herself (Garrett, et. al., 2003).
Inferiority and Superiority

Individual Psychology proposes that the basic human drive is the drive for superiority, achievement, accomplishment, or power (Frankl, 1988; Mosak, 2005). Within the family constellation, the child searches for significance in the environment. If the child feels they have a purpose and some power within the family, the child will pursue the useful side of life. If the child is unable to find a sense of power or superiority, the child will learn to gain power by engaging in activities that are not socially acceptable (Mosak, 2005).

Cognitive behavioral treatment programs for sex offenders have not considered issues of superiority or inferiority. Cognitive behavioral approaches to sex offender treatment that rely on confrontation can undermine treatment. Clients may accept the label of sex offender, but feel disempowered and deny responsibility to change behaviors, leading to resistance and manipulation (Levenson & Macgowan, 2004). Feelings of inferiority may also be associated with confrontational approaches to treatment, which can lead to additional acting out to demonstrate power (Carich, et al., 2001).

Literature

Five articles related to sex offender treatment and group therapy are discussed in the following section. Aspects of individual psychology are described each article.

Engagement, Denial, and Treatment Effectiveness

Levenson and Macgowan (2004) conducted a study investigating the relationships between engagement, denial, and treatment progress among sex offenders in group therapy. Their findings suggested that engagement in the group process was positively correlated with treatment progress while denial was negatively correlated with achieving therapy goals. Factors related to engagement in the group included attendance, contributing to the group, relating to the counselor, relating to the other group members, agreeing with and following the contract of the group, working on one's own problems, and helping others work on their problems. These factors of engagement that were found to facilitate treatment progress can be conceptualized in a framework of individual psychology.

Social interest is represented in Levenson and Macgowan's (2004) study the factors of contributing to the group, agreeing to and following the contract of the group, and helping others work on their problems. These factors involve the individual member of the therapy group acting in a way that benefits the others in the group. Based on the concept of therapy groups representing a social microcosm (Yalom, 1995; Posthuma, 2002), Levenson and Macgowan's study suggested that development of social interest in sex offenders increases engagement in therapy and achievement in treatment goals.

The individual psychology concept of responsibility can be seen in Levinson and Macgowan's (2004) study. Treatment factors such as attendance, contributing to the group, and working on one's own problems are examples of responsibility. In order to attend the group, the client must be responsible for arriving on time and following the rules of the group. Contributing to the group involves participating in group discussions (Levenson & Macgowan), and participation in the group is related to ownership and a sense of responsibility for the group...
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(Posthuma, 2002). Working on individual problems would require the client to admit to his problems and attempt to change them. Both of these requirements are related to accepting responsibility for the offense and for making changes (Webster, 2002).

Levenson and Macgowan (2004) as well as others (Garrett, et. al., 2003; Jennings & Sawyer, 2003) found that the relationship with the therapist and group members promotes successful treatment for sex offenders. The client-therapist relationship and relationships between group members found in Levenson and Macgowan's study are better accounted for by an individual psychology explanation rather than a cognitive behavioral approach. Individual psychology stresses the importance of the client-therapist relationship as an integral part of therapy (Mosak, 2005). Traditional approaches to sex offender treatment that were based on cognitive and behavioral approaches did not emphasize the importance of these relationships (Beech & Hamilton-Giachritsis, 2005; Carich et al., 2001; Garrett, et al.).

Group Therapy for Adolescent Sex Offenders

Newbauer and Blanks (2001) discuss a four-process outpatient group therapy program for adolescent sex offenders based on individual psychology. Newbauer and Blanks discuss Adler and Dreikur's work with individual psychology, in which cognitive, affective, and behavioral changes are used to awaken the client's underdeveloped feelings of community. The first two phases of the treatment program developed by Newbauer and Blanks involve breaking denial and learning to recognize and interrupt grooming behaviors, as well as beginning to make amends to victims. These steps are similar to traditional approaches to sex offender treatment (Jensen & Jewell-Jensen, 1998). However, the individual psychology based program proposed by Newbauer and Blanks differs from traditional approaches in phases three and four.

In the third and fourth phases, focus moves to the client understanding their own development and the contextual clues that have led to their ideas of violence and sex. The client's experience of abuse is also examined. The goal of this process is self forgiveness. The client is helped to move beyond shame and guilt to obtain a sense of self-worth and a positive self image while understanding the severity of the offense committed (Newbauer & Blanks, 2001).

The individual psychology concepts of social interest, style of life, responsibility, inferiority, and superiority are evident in the treatment program of Newbauer and Blanks (2001). Accepting responsibility for the sexual offense, establishing honesty as a mode in all communications, and developing a protection plan to prevent recurrence of offenses are examples of the client taking responsibility for past, present, and future behaviors. Social interest can be identified in the goals of developing empathy for victims as well as making amends and restitutions. Healing abuse in the perpetrators life while identifying and restructuring beliefs and values that led to the offense is consistent with understanding one's style of life and making appropriate changes. The final goals in the Newbauer and Blanks treatment program, which focus on insight and improving the subjective feelings about oneself, are aspects of individual psychology (Mosak, 2005) but not usually included in traditional interventions with sex offenders.
Client's Experience of Group Sex Offender Treatment

In 2003, a study was published that investigated the views of sex offenders regarding the group therapy they received (Garrett et al., 2003). Adult participants in sex offender treatment groups were given questionnaires to complete about their experience in the group. The majority of the members reported that their therapy group was a positive experience. Relationships with therapists and other members were highly valued. When asked what aspects they would have liked to investigate further, participants responded that they would have spent more time exploring their motivations to offend and more time understanding victim empathy. Though this study did not specifically address individual psychology concepts in sex offender treatment groups, aspects of individual psychology can be seen in the findings.

According to Garrett, et al. (2003), this was the first study that investigated the subjective experience of sex offenders. As stated earlier, subjective experience is needed to understand an individual's style of life (Mosak, 2005). Most members wanted to learn more about their motivations to offend, which speaks to a desire to understand how their style of life led to offending. Also, understanding victim empathy would require concern for the well being of others, which can be viewed as an increase in social interest.

Adlerian Therapy and Sex Offender Treatment

Carich et al. (2001) integrated elements of sex offender treatment into a four stage model of therapy based on individual psychology. The first stage of treatment is establishing a relationship. The next stage of Carich et al.'s treatment program is investigation. The third stage, insight, is stated to take on a different connotation with sex offenders. The authors discuss how there is less emphasis on understanding the teleology of offending and motivational factors than in taking action to prevent recurrences (Carich et al.). Reorientation is the final stage of this program. Insight gained in the third stage is transformed into action. Coping skills are practiced to interrupt offense cycles.

Aspects of individual psychology can be seen throughout Carich et al's (2001) proposed treatment program. The importance of relationship has been described by Drapeau (2005), in which the client views the relationship with the therapist as more beneficial than treatment techniques, and positive relationships influence treatment outcome. The therapist and client try to identify lifestyle and personality characteristics that led to sexual offenses in the second stage of treatment. This stage can be conceptualized as gaining insight into the client's style of life. Stages three and four both seem to differ from confrontational approaches in treating sex offenders. Traditional sex offender treatment attempts to change cycles and patterns with little or no understanding of what led to these patterns of behavior (Laws & Marshall, 2003). Confrontation often put the client and therapist at odds, rather than viewing them as involved in a collaborative effort to understand the client (Garrett, et. al., 2003). The fourth stage requires the client to take responsibility for making behavioral changes. The power to change is placed in the hands of the client, rather than the therapist, correctional officers, or law enforcement officials.
Maximizing Effectiveness of Group Therapy with Sex Offenders

Jennings and Sawyer (2003) discuss principles and techniques that maximize the effectiveness of group therapy with sex offenders. They describe how most sex offender treatment groups are cognitive behavioral programs that emphasize interactions between the therapist and individual members in a “spokes of a wheel” model, where individual members relate to the therapist, but not to each other. Prescribed interventions that are listed in a manual are used to guide the group, which limit the interaction between group members (Jennings & Sawyer). The authors recommend using the social environment of the group and encourage interaction between group members. These suggestions can be put in terms of individual psychology.

Social interest can be seen in Jennings and Sawyer's (2003) work by the focus on interactions between clients, emphasizing shared experiences, and by using group language to draw attention to the members of the group. Issues of inferiority and superiority are also present in suggestions made by Jennings and Sawyer. First, confrontation is recommended to be made with acceptance and without humiliation, and preferably by another group member rather than the therapist. This intervention prevents the individual receiving the feedback from feeling powerless or less capable. Skill deficits and negative behaviors are also suggested to be reframed without invoking shame. Face saving techniques and reframing hyper-masculine displays of power are also suggested for the purpose of allowing the individuals to express feelings and interact with the group without losing a sense of power or mastery. All of these concepts speak to the individual psychology notion of striving for power and acting out to gain power when feeling inferior (Mosak, 2005).

Conclusion

Traditional treatment of sex offenders has been based on cognitive behavioral therapy models and has used confrontation to reach clinical goals (Carich et al., 2001; Jensen & Jewel-Jensen, 1998). Others have questioned this approach and find that holistic approaches based on individual psychology yield positive results in sex offender treatment (Beech & Hamilton-Giaichritsis, 2005; Carich et al., 2001; Garret, Oliver Wilcox & Middleton, 2003; Marshall, 2005; Newbauer & Blanks, 2001). Individual psychology is similar to cognitive behavioral therapy in that it investigates the relationship between beliefs and emotions, but differs due to the emphasis on social interest, style of life, responsibility, the strive for power, and the importance of relationship (Mosak, 2005).

This paper has reviewed recent articles pertaining to group therapy with sex offenders and has highlighted examples of how approaches based on individual psychology have yielded positive results in therapy. The collective findings of these articles make suggestions for modifications in sex offender group therapy. First, social and relational aspects that are unique to group therapy should be used to facilitate treatment in sex offender groups in addition to or in place of structured exercises presented in manuals (Beech & Hamilton-Giaichritsis, 2005; Jennings & Sawyer, 2003). Second, confrontation should be used in a respectful manner that does not increase feelings of inferiority and powerlessness in the client. While responsibility for offense is a key factor to sex offender treatment (Jensen & Jewel-Jensen, 1998), labeling, shaming, and viewing treatment as something done to the client, rather than with the client, may
only increase feelings of helplessness and provoke further antisocial acts in attempts to feel powerful (Beech & Hamilton-Giachritsis, 2005; Garrett, Oliver, Wilcox, & Middleton, 2003; Marshall, 2005). Finally, therapists working with sex offenders would benefit from examining their own beliefs and assumptions about their clients and feelings of hostility, disgust, or anger towards them. Therapists who use confrontation or demeaning interventions with clients may be unable to take a holistic view of those clients, therefore missing the opportunities to use the effective aspects individual psychology therapy has to offer (Garrett, Oliver, Wilcox, & Middleton, 2003).

Future research is needed to compare sex offender treatment groups that use holistic and relational approaches to those groups that rely on manuals to guide treatment. Most articles discussing individual psychology or holistic approaches have been theoretical in nature. Those studies that do collect data have failed to include control groups.

Finally, the field of sex offender treatment would likely benefit from ongoing discussions regarding the integration of various theoretical perspectives into sex offender treatment. Some authors have argued for specialization in sex offender treatment and warn against using certain theoretically based techniques and interventions with sex offenders (Jensen & Jewel-Jensen, 1998). Several states have also passed legislative measures to limit sex offender treatment to mental health professionals who are specifically licensed to work with sex offenders and sometimes making it illegal for other mental health professionals to work with sex offenders (Jensen & Jewel Jensen; Texas State House Bill 2036, 2005). While certain techniques may not be productive for working with sex offenders and specialization for a population would be beneficial, these steps can also limit the therapy delivered to these clients by narrowing treatment options and various views on treatment.

Corey (2001) states, “The danger in presenting one model to which all students are expected to subscribe is that it could limit their effectiveness in working with future clients. Valuable dimensions of human behavior can be overlooked if the counselor is restricted to a single theory” (p. 26). This statement also applies to the use of a single theory and interventions in sex offender treatment. Limiting sex offender treatment to a narrow set of procedures and eliminating alternative perspectives on these clients may prohibit the use of therapeutic interventions and hinder the counselors understanding of clients and their needs. Every theory offers a unique perspective to understanding human behavior and contributes unique implications for helping clients change (Corey, 2001).
References


