

# NEARI NEWS:

TRANSLATING RESEARCH INTO PRACTICE

*An Essential Tool for Professionals Working with those who Sexually Abuse or... A Great New Way to Stay Current with Cutting Edge Sexual Abuse Research.*



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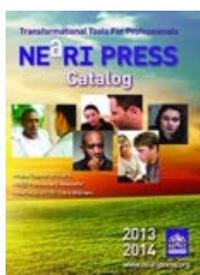
Dear Colleague,

This month's NEARI News considers the factors that can make a difference in treating sexual aggression. Although the research article considers adult sex offenders, much of what Drapeau found will be a helpful lens as well when considering how we work with adolescents who have sexually abused.

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Sincerely,  
Joan Tabachnick and Steven Bengis



## The Qualities of the Therapist Make a Difference in Treating Sexual Aggression

by Steven Bengis, David S. Prescott, and Joan Tabachnick

### Question

What is more valuable for success, the therapist or the therapeutic technique?

### The Research

Martin Drapeau (2005) is one of the few researchers to have conducted a series of pilot studies on the processes involved in treating adult sexual offenders. Although this newsletter typically focuses only on adolescent research, Drapeau's findings are striking and relevant to those working with adolescents as well. Drapeau asked the following questions that go to the core of clinical work with people who sexually harm others:

1. Are therapists just "technicians" in the perspective of their clients?
2. Does a client confronting the therapist mean that they are resistant?
3. Are therapists viewed as therapists, parents or a bit of both?
4. Is the structure of the program important?
5. Is a sense of mastery important in an incarcerated setting?

Drapeau quotes a 2001 study by Wampold indicating that 70% of outcome variance is due to common factors across all approaches, 22% by client characteristics, and only 8% by technique variance provides. Through this study, Drapeau found that there are some active ingredients common to all models of treatment including the importance of a therapeutic alliance.

By examining the therapeutic alliance in more depth with a small sample of 24 sexual offenders, he found that: 1) from the client's view, therapists are seen as very important to a client's success. 2) Confrontations from the client (especially early in treatment) are to be expected and are not a sign of resistance to change or treatment. 3) Clients appreciate therapists who display leadership and strength without being domineering (remaining constructive is vital). 4) The structure of treatment programs is crucial, offering offenders a chance to develop more effective ways of dealing with conflict and anxiety. And 5) The most effective therapists support the autonomy of their clients while also maintaining respect for all rules and procedures.

In particular, Drapeau emphasizes the importance of the client's

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perspective. While it can be easy for professionals to believe that they are strong, empathic leaders. Drapeau's finding suggests that professionals can be most effective when they are successful at finding out where they fall short on.

### Implications for Professionals

Ensure that you have buy-in from your client and that you are in agreement on the nature of your relationship, as well as on the goals and tasks of treatment itself. In support of this perspective, if we look at research from outside our field, we find that the most effective therapists are often those who are able to elicit negative feedback from their clients and actively seek to act upon it. Tying the threads of his study together, it seems that the most successful therapists involve their clients, particularly in the earliest phases of treatment, when relationship-building and goal-setting are central tasks.

Further, effective professionals will want to examine their leadership style and perhaps study the work of other effective leaders. Many of us can be more confrontational and domineering than we realize or than might be effective in changing a client's attitudes and behaviors. Finally, professionals should always keep in mind that what can look like "resistance" is often clients seeking to ensure that they have a voice in the treatment that affects them, and seeking to be autonomous people. Incorporating that voice into treatment lends a sense of autonomy and helps the client consider new ways to deal with conflict and their own resistance.

### Implications for the Field

Just as treatment must be tailored to the needs of each client, programs themselves should have a clear structure for the therapist to work within. Programs that are well structured, with clear expectations and limits, provide the "container" within which positive therapist client interactions can take place. As the late Jan Hindman used to say, clients "need to know what the end of treatment looks like." The adept therapist sets in place a skillful choreography between the program structure and the individualized treatment plan. For administrators, the message is clear: hire the right people. Who your therapist is, how he or she works, his/her knowledge of the field and this client base has more to do with successful treatment outcomes than the specific techniques they choose to implement.

### Abstract

This article summarizes preliminary findings from a series of pilot studies on the processes involved in treating sexual offenders. Quantitative and qualitative methods were used on samples of 15 to 24 child molesters undergoing a prison-based cognitive-behavioral and relapse prevention treatment program. Results are presented and discussed in the form of 5 questions: (1) Are therapists just "technicians"? The offenders' point of view (2) Does confronting the therapist mean treatment resistance? (3) Are the therapists perceived as therapists, parents, or a bit of both? (4) Is the structure of the program important? The offenders' point of view and (5) Is a sense of mastery important in a prison setting? It is suggested that researchers investigate the processes underlying the treatment of offenders, especially the common factors which have been shown to have an effect on therapeutic outcome.

### Citation

- Drapeau, M. (2005). Research on the processes involved in treating sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 17, 117-125.

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