

Selected Abstracts to Support Empathy Enhancing Treatment Approaches such as Compassionate Communications for Forensic Populations

Calley, N. G.; Gerber, S. (2008). Empathy-promoting counseling strategies for juvenile sex offenders: A developmental approach. *Journal of Addictions and Offender Counseling*, 28(2): 68-86.

Calley and Gerber focus on empathy as a developmental process and particularly on empathy development in juvenile sex offenders. They identify a progressive set of strategies designed to promote empathy development, specifically within clinical work with juvenile sex offenders. Calley concludes that with an exploration, through the use of case illustrations, of how each of the strategies has been successfully implemented in the context of a residential, group-based treatment milieu for adolescent male sex offenders. Empirical and theoretical considerations of empathy in sex offenders

Carich, M. S.; Metzger, C. K.; Baig, M. S.; Harper, J. J. (2003). Enhancing victim empathy for sex offenders. *Journal of Child Sexual Abuse*, 12(3-4):255-76.

Victim empathy is a widely used component of sex offender treatment throughout North America and Great Britain. Yet, it has been controversial over the past few years. One of the complications involves giving empathy a solid definition. Empathy was defined as the capacity to express compassion for victims. A multi-level system was developed to help specify the definition. The second issue concerns which methods to use in enhancing victim empathy. A variety of techniques are provided as specific ways in which clinicians can help enhance an offender's empathy level.

Levenson, J. S.; Macgowan, M. J.; Morin, J. W.; Cotter, L. P. (2009). Perceptions of sex offenders about treatment: satisfaction and engagement in group therapy. *Sexual Abuse: A Journal of Research and Treatment*, 21(1):35-56.

Surveying the views of sex offender clients can help ensure that treatment is relevant and responsive to client needs. The purpose of this exploratory study is to elicit sex offender clients' perceptions of their experiences in treatment in order to better understand the components of treatment perceived to be helpful in preventing reoffense. Samples (N = 338) of male sex offenders in outpatient group therapy are found to be generally satisfied

with treatment services and have positive perceptions of treatment effectiveness. Offenders in treatment value the role of group therapy, and they find accountability, victim empathy, relapse prevention, and "good lives" concepts to be most helpful in managing their behavior. Their engagement in group therapy is assessed using the Group Engagement Measure, and a positive correlation is found between engagement and treatment satisfaction. Eliciting client opinions about the helpfulness of program content and process, and adjusting treatment protocols accordingly, is consistent with the principles of risk, need, and responsivity, a model recommended for therapeutic interventions with criminal offenders.

Levenson, J. S.; Prescott, D. S.; D'Amora, D. A. (2009). Sex Offender Treatment: Consumer Satisfaction and Engagement in Therapy. *International Journal of Offender Therapy and Comparative Criminology*.

Convicted sex offenders attending an outpatient treatment program in Connecticut were surveyed about their experiences in therapy, their perceived importance of treatment content, their satisfaction with the help they receive, and their engagement in therapeutic services. There were strong correlations between perceived importance of content items and satisfaction with services. A robust correlation was also found between engagement and satisfaction. Clients rated accountability and victim empathy as the most important components of treatment. Other popular content areas were thinking errors, relapse prevention concepts, uncovering motivations to offend, and controlling deviant arousal. Most sex offenders valued the peer support and confrontation offered by group therapy. Though reduced recidivism is clearly the crucial measure of treatment success, clients who are engaged in the treatment process and develop healthy interpersonal skills by participating in therapy may be less likely to engage in abusive behavior. Implications for practitioners are discussed.

Marshall, W. L. (2005). Therapist style in sexual offender treatment: Influence on indices of change. *Sexual Abuse: A Journal of Research and Treatment*, 17(2)109-116.

This paper describes the results of our review of the broad process literature as well as summarizing two studies examining the influence of the therapist in generating changes

in treatment targets among sexual offenders. We conclude that displays of empathy and warmth by the therapist as well as the provision of rewards for progress and some degree of directiveness, maximize the benefits derived from the procedures employed in treating sexual offenders. We also suggest the need for flexibility and encourage program designers not to so overly detail their treatment manuals that the influence of the therapist is minimized.

Marshall, W. L.; Ward, T.; Mann, R. E.; Moulden, H.; Fernandez, Y. M.; Serran, G.;

Marshall, L. E. (2005). Working positively with sexual offenders: Maximizing the effectiveness of treatment. *Journal of Interpersonal Violence, 20*(9):1096-1114.

In this article, the authors draw on literatures outside sexual offending and make suggestions for working more positively and constructively with these offenders. Although the management of risk is a necessary feature of treatment, it needs to occur in conjunction with a strength-based approach. An exclusive focus on risk can lead to overly confrontational therapeutic encounters, a lack of rapport between offenders and clinicians, and fragmented and mechanistic treatment delivery. The authors suggest that the goals of sexual offender treatment should be the attainment of good lives, which is achieved by enhancing hope, increasing self-esteem, developing approach goals, and working collaboratively with the offenders. Examples are provided of how these targets may be met. When this is done within a therapeutic context where the treatment providers display empathy and warmth and are rewarding and directive, the authors suggest that treatment effects will be maximized.

Pithers, W. D. (1999). Empathy: Definition, enhancement, and relevance to the treatment of sexual abusers. *Journal of Interpersonal Violence, 14*(3): 257-285.

Enhancement of empathy for victims of sexual abuse may foster a more meaningful therapeutic involvement in sex offenders and may deter relapses. The author presents three studies.

Roys, D. T. Empirical and theoretical considerations of empathy in sex offenders.

International Journal of Offender Therapy and Comparative Criminology, 41(1): 53-65.

A study examines the complex metacognitions necessary for a sex offender to achieve other-oriented empathy.

Stefanakis, H. (2008). Caring and compassion when working with offenders of crime and violence. *Violence and Victims, 23*(5):652-61.

Getting tougher on men who use violence is a rallying cry for people on both sides of the political spectrum. This article challenges the notion that a punitive framework increases safety and promotes nonviolence. The dominant worldview in today's culture and science is based on a fragmentary perspective that reinforces disconnections that facilitate rather than prevent further violence and abuse. In contrast, the nonfragmentary perspective is also scientifically valid but has very different implications for how we treat each other. This nonfragmentary perspective makes visible compassionate responses to violence that can be more effective in ending abuse and building peace in our lives and relationships. Research to support this conclusion is provided.

Yates, P. M. (2003). Treatment of adult sexual offenders: a therapeutic cognitive-behavioural model of intervention. *Journal of Child Sexual Abuse, 12*(3-4):195-232.

Recent research indicates that, of the various forms of treatment available to sexual offenders, cognitive-behavioural methods are likely to have the greatest impact in reducing rates of sexual re-offending. Cognitive-behavioural treatment typically targets attitudes that support sexual offending, anger management, victim empathy, deviant sexual arousal, and relapse prevention. More recently, treatment has targeted cognitive processes more generally, management of other emotional states in addition to anger, intimacy deficits, and risk self-management (Marshall, Anderson, & Fernandez, 1999; Yates, Goguen, Nicholaichuk, Williams, & Long, 2000). This article describes the components of cognitive-behavioural treatment with sexual offenders, including recent developments, assessment, treatment methods, and the importance of therapist characteristics on the therapeutic process and on treatment outcome.