

Abstract : Working with Sex Offenders via Psychodrama

Aim/ Background

This paper describes a program providing group therapy to adjudicated adult male sex offenders and sex addicts via Psychodrama and discusses its format and program evaluation data. Topics treated in the sessions and means of approach are described. The format of work is outlined in manual form, rationales given for treatment choices, and evaluations of the program by the men in it are reported on.

Materials/ Methods

A description of procedures used and a manual are provided for others who may wish to use the practices described. Data are taken from program evaluations and self reports.

Results

Numerical data and essay style quotes from program evaluations are provided which show that the men in the program find psychodramatic work personally meaningful and developing social bonding.

Conclusions

What the data reveal, limitations, and what directions we would like to move in future are described.

Erica Michaels Hollander, Ph. D., J.D., TEP, is a lawyer, Communication professor, and Psychodramatist, and Vice President of the American Society of Group Psychotherapy and Psychodrama.

Mailing address: 10561 Sandstone Run, Littleton, CO 80125

ericahollander@comcast.net

Marian Craig, Ph.D., TEP, is a psychologist in private practice in Denver, CO.

Mailing address: 1801 S. Bellaire, #380, Denver, CO 80222

marianecraig@msn.com

Keywords: Sexual offender

Psychodrama

Social support

Program evaluation

Group treatment

Working with Sexual Offenders via Psychodrama

Working with Sexual Offenders via Psychodrama

Introduction

Treatment of sexual offenders has been a subject of burgeoning controversy and concern. (Hanson and Morton-Bourgon, 2005). Awareness of sexual offenses has increased as news coverage has been omnipresent. Sexual offenses appear to have proliferated with the sexual revolution, the feminist revolution, loosening of standards on discussions of sexuality, the Catholic Church's scandals, and increasingly explicit sexual content in virtually all forms of popular media. Arrests of sexual offenders appear constantly in news. School districts and camps tighten security. Sports programs endure horrific sexual scandals, and perception of sexual danger is everywhere. (Ducat and Thomas, 2009). Sex offenders are among the most stigmatized criminals, and are said to be at great risk and despised even among prison populations. (Hall and Hall, 2007). If coping with sexual offending seems more necessary, attitudes about incarceration or treatment remain conflicted and inchoate. Use of Psychodrama to respond to such treatment needs has not been carefully considered. (Kipper and Ritchie, 2003).

Questions are very basic: what kind of treatment should sex offenders have? Is treatment to be aimed simply at reducing risk to the community? Or is treatment to be directed also at improving the lives of the offenders? Are sex offenses so heinous that our only interest is in reducing recidivism and protecting the rest of us? Are their behaviors so hurtful that all we want is punishment?

Can recidivism be reduced? Or should we aim at containment and monitoring?
Can reoffending be reduced without attending to quality of life of offenders?
Should treatment resources be directed at the highest risk offenders only?
(Hayes, 2009). These and other concerns are contained in the literature of
treatment for sexual offenders. They involve ethical and pragmatic treatment
issues among many presented by adjudicated sexual offenders and sex addicts.
(Miller, 2010; Wynton, 2011).

It was long thought that “nothing worked” with sexual offenders, especially,
that “in depth” therapies were unsuited to profoundly dysfunctional members of
society. Recent literature and research has shown that some therapies have
reduced recidivism, and the need for better understanding of what works with
sexual offenders is more and more apparent. (Brown, 2005; Williams, 2004;
Kersting, 2003; Rosenberg, 2002; Valios, 2002; Warren & Green, 1997; Goode,
1994; Mandevill-Norden, Beach, Hayes, 2008; Langstrom, Sjostedt, & Grann,
2004; Studer & Reddon, 1998; Petrunik & Deutschmann, 2008; Hanson &
Morton-Bourgon, 2005). Group therapy has shown treatment advantages for
people with intellectual disabilities. (Razza and Tomasulo, 2005). The need to
work with emotional abilities as well as cognition is increasingly recognized.
(Myers et al., 2002)

This paper rests on seven years experience working with adjudicated
adult male sex offenders and sex addicts in Psychodrama groups and program
evaluative self report data. One rationale has been the ready comprehension
that accompanies peer to peer, fresh, and unplanned responses, unimpeded by

hierarchies of authority or instructive agendas. (Razza and Tomasulo). Another is “a growing awareness in cognitive-behavioral circles that implicit memories and processes are – at minimum -- as important as explicit ones, and that emotion is as important as cognition in understanding and treating anxiety-based disorders” (Myers et. al., 2002). Improving sense of self, increase in affect regulation and social support help reduce recidivism. (Razza and Tomasulo; Myers et al).

METHODS 1. History of this program

When a social worker serving adjudicated sexual offenders through Parole and Probation Departments of local counties requested intensive Psychodrama workshops for their population, with no prior experience working systematically with this population, we hesitated. We had no advance or programmatic answers to the kinds of questions working with sexual offenders presents.

We did not find much in the literature that provided guidance or concrete expectations or measures of success for a program at the start. Inventing as we went, we designed a program and evaluations, modified these over time. The program has been running all day bi-monthly Psychodrama sessions for 6-10 men who are adjudicated sexual offenders or sex addicts more than 7 years. We have tried a number of approaches and topics, made observations, done testing and gotten anonymous written and oral feedback from the men in the program. This paper is based on data we collect to evaluate the effectiveness of the program. We describe approaches we have taken, what seems most effective, where we have had problems, and will present ideas for further work.

2. The population we work with

Members of groups we work with are adult male adjudicated sexual offenders or sex addicts also in individual and group therapy, mean age at intake 38.9 years. They are referred to Psychodrama treatment from their residence counties and monitoring programs. Most have also struggled with substance abuse and have suffered abuse themselves. They are convicted offenders who have done initial work in individual and group therapy before they come to us. Large scale and significant changes are required in the offenders to make them safe in social settings. (Briere et al. 2010; Briere and Rickards, 2007)

Beginning in Psychodrama, we obtain only very basic name, address, medications histories. They provide written informed consent to work, including an understanding that work will be confidential within the limits of the law. Fellow group members also agree to keep work confidential. We began with the notion that 6 sessions would be a full course of treatment for any individual, but some men have continued up to 12, paying for sessions themselves.

This paper will describe so others the kind of work we have been doing.

3. Anticipation: Before We Began

We had fears about working with such a population, but we have seen little reason to be fearful of the men we work with, perhaps because referrals came from a comprehensive treatment program sending perceived “good candidates” for Psychodrama. They had been in treatment for some time (although not uniformly) before coming to us. In almost all cases they were new to Psychodrama but had had individual and group work in therapy. Most arrived

unsure what would be expected of them. On one occasion we had reason to tell the referring agency that the client was not able to work with us, due to insufficient mental organization and coping skills.

In place of fears, we have been struck by the tragic pasts that many reveal and the tremendous efforts most make to reconstruct and overcome. We live in a society redolent with overt sexuality and pornography. Learning to live a life in which these do not play a major part, particularly given easy internet access, is a significant task.

4. Goals of treatment

Specific goals of treatment are set in individual interactions with men, according to how each relates to themes presented. We rely primarily on clinical impressions. We do not read criminal or psychological records or records from Parole and Probationⁱ. We pay attention to what the men say is on their minds, what bothers them, and what they want to accomplish. The goals we have for the men in the program are in this sense highly individualized, based on what they say and do in our group. They tell us what they are dealing with, sometimes at work, at home, in relationships, at therapy or internally. We respond generally with attention and encouragement to work on the issue in action psychodramatically. This usually results in a form of narrative being enacted. We try to work with whatever the issue is as related to the day's theme as the group member perceives it.

If the invitation to work on an issue is taken, and a Psychodrama or some shorter piece of action is done, the Protagonist then also receives affirmation

from others that his issue is not his alone. Group members tell him in the talk following the action how they each recognized and responded to aspects of his enactment. One general goal is reduction of isolation of group members and building cohesive relationships among them. Trust and social support have been identified as significant in working with sex offenders. (Serran, 2003; Warren and Green, 1997).

The overall character of the work is to allow the individual to present his problem or issue in action, make meaning out of it, to acknowledge and feel the affect associated, identify some historical or family origins, and to integrate emotion and cognition for coping. Sometimes this involves taking skills learned in individual or group therapy and applying them to the enactment. Often the work involves role training or rehearsal for how to handle the situation and feelings differently in future.

5. Treatment procedures a. Context

We meet bi-monthly in a private office for day-long Psychodrama workshops. The men who arrive for Psychodrama often meet for the first time at our sessions. They come from different locations, have differing histories and sentences, differing ages, different educational levels, differing periods of continuing supervision by Parole and Probation. All are convicted sex offenders, but offenses and sentences and ages vary considerably, from early twenties to late sixties.

b. Referrals

Referring agencies choose candidates to send, and, although communication with the agencies is limited, we have had only one occasion to refuse to work further with a referred candidate.³ Dealing with the men with no information about histories or offenses or current living situations compels us to work in the moment and not from preconceptions from reading records or hearing about them from other therapy or the courts. If they successfully complete terms without reoffending or other problems, they may “graduate” to unsupervised life not monitored by courts or counties and do not have to continue therapy. Treatment with us ends when the criminal justice agency says it ends, and we do not report to those agencies except in summary fashion, to say the man did participate and what topic he worked on, e.g., X was present and worked on family reunification.

c. Organization of the day-long workshops

1. Check- in

In each day of work with the groups we have both new and familiar clients. The format is to begin with a “check-in” each man does, saying something summary about how he feels and what his latest issues are. Co-leaders participate and talk briefly about themselves, their histories and experiences, too.

2. Theme introduction and action warm up

The next step is to identify a topic that the day’s effort will center on, an idea brought by the leaders. Themes have included:

- Family of Origin and Patterns of Communication
- Trauma and Its Current Manifestations
- Boundaries—(Where I end and you begin and how this works in relationships)

- Shame and How to Heal from It, Offenses
- Taking Responsibility—Living an Accountable Life
- Intimacy and What it Is—How to Be Comfortable with Connectedness
- Empathy and Role Reversal
- Managing Anxiety and Fear
- Hope
- Dealing with Community—Disclosure of Offenses and Integration
- Personal Goals and Journeys
- Obstacles to Personal Growth

After introduction of the theme discussion is kept very short, and quickly we move to an action warm up associated with that theme. This calls upon each member to act—in an enactment (not more than a few minutes long), either solo or with help-- from his life relating to the theme. Often a leader will demonstrate to get things started, and this demonstration is made from authentic personal experience. The action called for might be a short scene, a non-verbal sculpt (a bodily posture or pose communicating feeling or situation without words), a soliloquy, or some other enactment with or without words or sound. (Stietzel and Hughey,). The central idea is simply communicative action on the theme topic in the actor's life.

The Protagonist or actor may use group members to help present. We avoid “talking away warm ups”, and try to move into action quickly so that the energy associated with the idea is made manifest in action instead of talked about or “talked away.” We avoid rationalizing and intellectualizing.

Following brief warm up enactments, we spend some time discussing what each recognized and responded to from these portrayals. Again, the

leaders contribute personally. Leaders briefly speak to and enact material from their own histories and experience to illustrate themes. Members develop relationships within the group, and leaders get a sense of how each member relates to the theme.

3. A Full Psychodrama usually follows

The co-leaders then confer and consider how to spend the rest of the day. Leaders tailor the remainder to what emerged in this initial segment. Flexibility and spontaneity are called for, maybe varying from what was envisioned in planning. This much usually occupies most of the morning.

In most sessions, we then turn to doing one or more complete classical style Psychodramas through the afternoon. A full classical Psychodrama involves a contemporary scene, a scene from earlier life where an origin of the issue is found, and a resolution integrating affect and cognition. (Hollander, 1969). On occasion a different approach better serves. Sometimes that has meant a Sociodrama (where the issue is not personal to an individual but the group's concern), for example, instead of a Psychodrama, and sometimes allowing for a series of individual pieces of enactment work, such as vignettes or empty chair work or concretizations, so that more individuals have an opportunity to do their own individual work directly than might otherwise be achieved in one or two whole Psychodramas. Playback theatre can also be used. (Salas, 1993; Blatner, 1988).

This flexible approach means that the work we do is highly shaped by what the men “bring in with them”—that is, what they have on their minds

pertinent to their individual lives. We do not adhere to some pre-made lesson plan we have decided on in advance of the input the attendees bring. We simply point to a broad theme such as empathy, say a little about why that is important, and then work with what the men bring to the theme in ways that feel fruitful.

All work in enactments is followed by talking about or “sharing” what resonated with others’ personal experiences. Participants are not to ask questions or make suggestions or criticisms nor give advice. In general the Protagonist is encouraged to hear others in the group respond to his presentation with recognition and to say nothing in response. Thus, the Protagonist who has been uniquely exposed in the dramatic action can be reintegrated into the group and feel acknowledged and supported by others.

4. Action Sociogram

After warm ups just described, members are asked, “If you were to work today, what would you work on?” Space is given for each to answer, which can take a bit of time, and perhaps help articulating what the concern is.

The next step is to choose which piece the group wants to work on. We do that via action Sociogram. The Sociogram begins, for example, with “If you do not work as Protagonist, whose work would serve you best? Put your hand on the shoulder of the other whose work you are most drawn to.” Ordinarily we find a unified group decision and a single coherent pattern in choosing a Protagonist in this fashion, but, if a schism develops, we can turn to second choices in a second Sociogram till we get unity and cohesive choice.

5. Psychodrama in three acts

We then do a full classical style Psychodrama with the Protagonist chosen by the group, or, on some occasions, agree that we can do more than one. Full Psychodrama here means beginning with a scene related to the issue but probably contemporary and somewhat peripheral. The action ordinarily moves to a second scene more related to roots of the issue and more central to affect. Often this scene, unanticipated by the Protagonist, contains a great deal of feeling.

From there the drama may move on toward how to come to terms with the past, perhaps to repair developmental harm, to see traumatic events being enacted with the eyes of an adult who wants to heal. It might be framed as seeking mentorship or role training. This can involve what Psychodramatists call the Catharsis of Integration, cognitive coping with the affect of the past, perhaps as well as resolution to go forward differently into the future. (Hollander, 1969). This may involve role training or rehearsal permitting others to suggest new ways of handling the issue.

The Psychodramatic action *per se* ends and the group moves on to post-enactment discussion in which other group members speak about what in the drama was most engaging. The Protagonist hears how others relate to his experience with feelings of their own, and becomes reintegrated into the group.

If we have more time, we may also work with an empty chair, vignette, sculpt, or other shorter piece of action to let those who have not served as Protagonists work, too. Sometimes that work is stimulated by the earlier drama.

d. Outline manual of procedures used

In sum, we can describe these procedures in a kind of manual like this:

- Check in—what is going on in your life discussion
- Theme introduced and briefly talked through by leaders
- Warm up to theme in communicative action by each group member—how I relate to the theme of the day (Stietzel and Hughey,; Hollander).
- Reflections on those vignettes, sculpts, etc. that have been presented by all members of the group in talk
- Identification of issue to work on that arises for each individual
- Action Sociogram choice of Protagonist
- Psychodrama enactment
 - Contemporary scene
 - Scene of origins of issue
 - Cognitive affective integration and resolution of how to go forward (Stietzel and Hughey,; Blatner,).
- After enactment sharing of similar experiences and identifications by members, perhaps talk of what playing the roles in the drama felt like(Stietzel and Hughey,).
- If someone is terminating from group, discuss transitions and say good- bye. (Stietzel and Hughey)
- Set next meeting via group process (Blatner; Stietzel and Hughey).

Results

We evaluate the program by asking men who attend sessions their reactions. After working with the group for some time, we asked the men in an anonymous questionnaire if they agreed with certain statements regarding their Psychodrama experience. Overwhelmingly they anonymously endorsed these statements:

I feel that some Psychodramas have been personally important. 93%
I believe I have gained insight from Psychodrama work. 100%

I have found Psychodrama useful. 80%
 I can sometimes feel very deeply as a result of Psychodrama. 80%
 I believe I have been helpful to others in roles I have played in
 Psychodramas at times. 80%
 I sometimes see something I have in common with others through
 Psychodrama. 100%
 I can gain a lot from playing someone else's role in a Psychodrama. 87%
 Sometimes reversing roles with someone gives me a new point of view.
 93%
 I have felt very emotional as a result of some of the Psychodramas I have
 seen or been part of, even if not my own. 87%
 Getting others' reactions to my situation that was shown in a
 Psychodrama has been very important in bonding with the group for me. 100%
 I know I can use help with my relationships and Psychodrama can give me
 insight useful in relationships. 100% (N=15)

Asking participants to say anonymously in writing how they feel about the
 work in these sessions, we have also had overwhelmingly positive responses. In
 general they rate Psychodrama as useful and positive. They also write in free
 anonymous essays about certain vivid and meaningful insights they have
 acquired from working as Protagonists in their own dramas or from playing a role
 in someone else's drama.

Although we do not have data to show whether Psychodrama moved the
 men toward individual goals, the enactments of the groups seem engaging,
 deeply felt, of common theme materials, and, judging from what they say in self
 report, that they have responded to the work in program evaluations. Asked to
 rate their Psychodrama work for effects they notice from 0(never) to 4 (very
 frequently), they say it has had significant impact. Figure 1 shows mean scores
 on Likert scale questions (n = 16) regarding how the men have experienced
 effects from work they have done in Psychodrama:

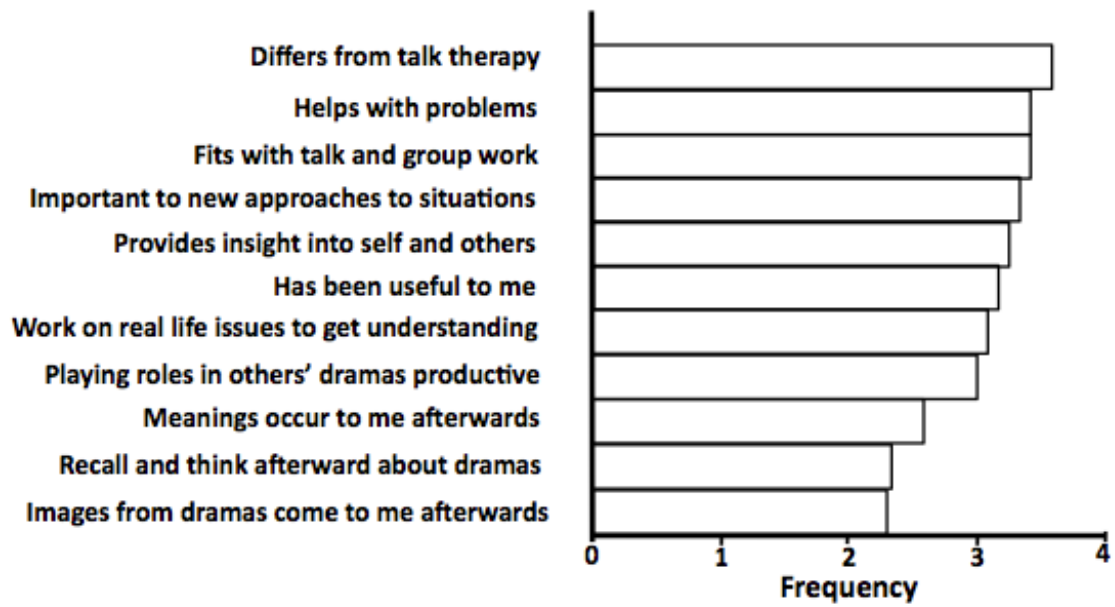


Figure 1 Noticed Effects of Psychodrama Work

1. Telling one's own story

Although a Psychodrama most often starts from a simple scene, like a snapshot, it tends to develop into a story with a kind of plot. A Protagonist in Psychodrama tells his story and makes meaning out of it. Psychodrama is a kind of storytelling, or narrative development. The group collaborates in getting the Protagonist's story told in action. This may sound simple but it is no small thing.

Myers, et. al. states:

the primary impacts of childhood abuse and neglect on later (i.e., adolescent and adult) psychological functioning can be divided into six areas: (1) negative preverbal assumptions and relational schemata, (2) conditioned emotional responses (CERs) to abuse-related stimuli, (3) implicit/sensory memories of abuse, (4) narrative/autobiographical memories of maltreatment, (5) suppressed or "deep" cognitive structures involving abuse-related material, and (6) inadequately-developed affect regulation skills.

All are found in the population we work with and all affect the ability to tell one's story. Therapist treating adult survivors of childhood abuse must create environment that feels sufficiently safe to permit traumatic abuse to be explored.

The Handbook of the American Professional Society on the Abuse of Children, says:

Recent research (supports a common clinical impression that as the trauma survivor's rendition of his or her trauma experience becomes more coherent (i.e., is clearly articulated, well-organized, and detailed), his or her trauma symptoms decrease. Although it is likely that narrative coherence arises intrinsically from trauma recovery, it is also likely that the development of a "story" of one's trauma is salutary. In this regard, it is probable that a coherent trauma (or abuse) narrative increases the survivor's sense of control over his or her experience, reduces feelings of chaos, and increases the sense that the universe is predictable and orderly, if not beneficent. Further, deriving meaning from one's experiences may provide some degree of closure, in that it "makes sense" and fits into existing models of understanding. Finally, a more coherent trauma narrative, by virtue of its organization and complexity, may support more efficient and complete emotional and cognitive processing .[Citations omitted.]

2. Integrating thinking and feeling via action

Writing freely on what they get from the process we use, men discuss integrating cognitive and affective responses in ways they could not in talk therapy. One man, for example, said this:

The fact that [in my Psychodrama] I was a 2 yr old trapped in a bag and I let myself out:

shows courage,
relieved a lot of horror,
moved on from being a victim,
bonded with the idea of being rescued,
and turned horror into love.

My Psychodrama experiences are letting me process my childhood story in a much different way now. It is just another piece of the awful puzzle that brought me to where I am. I know how to not let it own me or weigh me down.

Another who played an auxiliary ego role in that very drama wrote about what he in turn gained:

Playing the sister of a man who [at age 2] was actually zipped in a duffle bag ... by his older sister and brother and left in the closet so they could go out was so overpowering—to see him relive the trauma of being victimized—the empathy was overwhelming. .. While it was hard to play the villain in the scene it was one of the most powerful things I have experienced since coming into therapy. ... To know that [the co-leaders] can help you see things maybe as you wish they could have been or maybe should have been is so important to me.

Another wrote:

I have found Psychodrama to be very helpful in expressing emotion about situations in which I have struggled and help present a different view of the situation. I find that I can often use Psychodrama to better understand situations I talk about in talk therapy.

Another also identified the importance of integration of cognition and affect:

I tend to be a “thinking” person rather than a “feeling” person in much of my life. It is much easier to get into the feeling area when there is action, and things to visualize and relate to.....Sometimes breakthroughs occur when just talking in group, but I have had many more insights come from experiential experiences—they get me out of my comfortable calculating mind and into a more awake action state. That helps me grow and expand my recovery and ability to relate to the world.

Another wrote :

[Psychodrama helps you] not be afraid of showing your true self, feelings, emotions.

Another said:

Seeing others work on their issues triggers memories of suppressed issues of my own. As the group works through the feelings around an individual's Psychodrama we are able to see and feel how each of us is affected. As draining as the work is, being able to confront, identify, and process the pains and sorrows of events in my past elevates my self awareness of how damaging keeping feelings in has been to me and those around me.

Yet another said:

Psychodrama aids in getting in touch with the emotional aspects of getting healthy where talk therapy or group therapy tend to focus on cognitive containment processes.

These comments from the men seem to emphasize that working issues through in action affords different perspectives and outcomes than talking.

2. Increasing relatedness and understanding, decreasing isolation

Several men responded to questions regarding what they took (if anything) from their Psychodrama work by emphasizing its application to problem solving in social relations. One felt that he had used his Psychodramatic work over a long time to make big changes:

I handle relationships better but there are always ways to improve. In the past I didn't handle things well but I've made huge progress in the way I deal with problems now.

Another participant found the Psychodrama work offered:

Relationship applications and help, cognitive applications and help, and emotional understanding and development.

I always feel powerful empathy and usually find elements in their situation that have parallels to my own. I feel I have bonded more with group members during Psychodrama than group treatment.

One man noticed that in his Psychodrama work he tended to find his own answers to his own questions. Two men took the playing of roles as an expansive experience, one saying it allows:

[me to] see different viewpoints [and permits me to] learn even when I don't participate [except as an audience member]..... and It's not all about me, being in every role. I am okay, by seeing [X] and the other's struggles and working through them. I belong, by being in the dramas, helping, not to be scared of the past or the future.

Another Psychodrama group member found the work offered him:

Good leadership, understanding, easy to work on issues, and great environment.

Another group member found that the Psychodrama work allowed him to:

Connect to other people, similar thoughts, and feelings. Similar reactions as others.

A problem referral

On one occasion a new member came, as usual with virtually no information about him, and we began to work with him and the rest. However, he was unable to keep up. When traumatic events were touched upon, he became dissociated. (Virtually every member of the group has abuse in his background,

and these histories are often dealt with in the Psychodramas.) He ceased to interact and became utterly withdrawn. He had to be very carefully calmed and talked back to become re-oriented to time and place. His psychic organization was apparently so fragile that confronting childhood abuses was sending him into dissociative states, and he simply could not stay present to do the work t the rest of the group was doing.

We worked carefully through that day but spoke with the referring agency to report that we did not find him able to do the work. We urged that his skills were inadequate for and that he needed individual intensive work. For a time he did not return. After a while, however, during which he continued in individual and group therapy elsewhere, and did EMDR, he returned and was able to maintain his identity, organization and presence. He has become a valued group member and developed important relationships with others, who have become friends who offer one another help and confidences.

In addition, not surprisingly, we have had other men –perhaps 10%--who came to Psychodrama sessions but did not seem much affected by the work. That has not, however, been the major reaction to this way of working.

A day that did not work well

On one occasion a couple of young entry level female case workers came with the men to spend the day with us doing Psychodrama, but were not comfortable disclosing anything personal. Their usual way of working did not include self-disclosure, and they felt they simply could not participate. Their reticence proved an unexpected element and created a thick sense of tension

and disparity in the group. In general Psychodrama sessions rest upon participation even of audience members at least in reacting to the action with their own associations or feelings or memories in the sharing that follows the enactment. Part of what makes this process unique is the equal footing of therapist and client, the notion that all are human and can learn from one another. One way to destroy that understanding is to enact a rigid division between those who reveal themselves and those who are withdrawn, reserved, undisclosing. Men repeatedly remarked as important that the co-leaders of the Psychodrama groups do not hide behind masks of detachment, professional role, or superiority. (Razza and Tomasulo, 2005).

That day may also have had to do with confidentiality. Since we promise to keep the work confidential within the limits of the law, in general we report only summarily to the referring agency about what we do. For example, we report who attends and very briefly what each worked on—such as, “relationship with father,” or “mother’s death”. The work is not to be the subject of any disciplinary action by Parole and Probation and we do not want the men to censor what they work on for fear of monitoring. This permits maximum freedom for men to work on what is troubling them without fear of recourse. When agency workers came to Psychodrama, that shield of confidentiality was jeopardized. It was an experiment that we did not repeat. Since then we have had no representatives from the offenders’ other treatment or supervision attend sessions.

Conclusion and future

We have learned from experience with the men, then, that we can work in Psychodrama in ways they emphatically say are meaningful. Recovery from sexual abuse is highly individualized, but tends to contain at least disclosing the abuse, making meaning of the trauma, and developing supportive relationships. (Anderson and Hiersteiner, 2008; Andersen, 2008; Myers et al., 2002).

The program described here permits the group to work on relevant themes responding to very particular, individualized interpretations of that theme. We guard confidentiality and communicate that we do so. We reveal personal responses to issues, and treat them as peers in doing the work. We seek to facilitate grappling with their issues and choices more than to direct their responses. For that, the program has been well received by both the men and the referring agencies.

We are building up a bank of pre and post treatment test results using the Trauma Symptom Inventory (Briere et al, 2010; Briere and Ricks, 2007) to know what this work does via an instrument in use in treatment elsewhere.¹ We struggle with limitations involved in not knowing more about what happens to our clients post treatment, or reasons they cease coming to sessions. Plainly since they are in other treatments at the same time it is difficult to know what each form of treatment contributes. Ideally, we would assign offenders randomly to treatment with and without Psychodrama and pre and post test them to make such comparisons. We would also track recidivism and success post treatment.

The men have proven hard-working and courageous. We have learned a lot from them about their and our own human struggle to be responsible, to find

empathy and grace, to rebuild and carry on. Not all have succeeded in, but most are working hard to reconstruct their lives with earnestness and decency. Several are very consciously seeking to contribute productively to their communities. Many hope most for family reunification. Long term treatment, learning affect regulation, coping with histories of abuse, and developing senses of self are important, and social support is a key element not readily available to sexual offenders. Group work in Psychodrama offers all these possibilities.

Sex Offenders References

- Andersen, T. (2008). "Men dealing with memories of childhood sexual abuse: Conditions and possibilities of 'positive deviance'", J. Social Work 22:1, pp. 51-65.
- Anderson, K. and Hiersteiner, C. (2008) "Recovering from childhood sexual abuse", Am J Fam. Therapy, 36:5, pp. 413-24.
- Baim, Clark (forthcoming in press). "Footsteps on the Moon : Using TSM Concepts with Offenders Who Have Unresolved Trauma" in Psychodrama on the Frontlines, Hudgins, et al., eds..
- Beggs, S. and Grace, R. (2011). "Treatment gain for sexual offenders against children predicts reduced recidivism: A comparative validity study" Journal of Consulting and Clinical Psychology 79:2, pp. 182-192.
- Blatner, A. and Blatner, A. (1988 3d ed.) Foundations of psychodrama: History, theory and practice. NY: Springer.
- Beier, K. Ahlers, C. Goecker, D. Neutze, J., Mundt, I., Hupp, E., Schaefer, G. (2009). Can pedophiles be reached for primary prevention of child sexual abuse?" J of Forensic Psychiatry and Psychology 20:6, pp. 851-867.
- Bonnar-Kidd, K. (2010). "Sexual offender laws and the prevention of sexual violence or recidivism". Am J of Pub Health 100:3, pp. 412-419.
- Bouman, Y., de Ruiter, C. & Schene, A. (2008). Quality of life of violent and sexual offenders in community-based psychiatric treatment. Journal of Forensic Psychiatry and Psychology, 19(4), 484-501.
- Briere, J. Godbout, N. and Runtz, M. (2012). Psychological Maltreatment Review(PMR): Initial reliability and association with insecure attachment in adults. J. Aggression, Maltreatment & Trauma 21: 300-320.
www.johnbriere.com/articles retrieved Dec. 10, 2012.
- Briere, J., Hodges, M., & Godbout, N. (2010). Traumatic stress, affect dysregulation, and dysfunctional avoidance: A structural equation model. Journal of Traumatic Stress, 23, 767-774
- Briere, J., & Rickards, S. (2007). Self-awareness, affect regulation, and relatedness: Differential sequels of childhood versus adult victimization experiences. Journal of Nervous and Mental Disease, 195, 497-503.
- Brown, S. (2005). Treating sex offenders: An introduction to sex offender treatment programmes. Devon, UK: Willan Publishing.
- Ducat, L. , Thomas, S. (2009). Sensationalising sex offenders and sexual recidivism: Impact of the Serious Sex Offender Monitoring Act 2005 on media reportage", Australian Psychologist 44:3, pp. 156-165.
- Goode, E. (1994). Battling deviant behavior: Little is known about causes but some kinds of treatment show promise. US News & World Report, 117(11), 74-76.
- Hall , R. and Hall, R. (2007). "A profile of pedophilia: Definition, characteristics of offenders, treatment outcomes, and forensic issues", Mayo Clinic Proceedings 82:4, pp. 457-471.

- Hanson, R. K., & Morton- Bourgon, K. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. Journal of Consulting and Clinical Psychology, 73(6), 1154-1163.
- Hayes, R. Barnett, M. Sullivan, D. Nielssen, O, Large, M. Brown, C. (2009). "Justifications and rationalizations for the civil commitment of sex offenders," Psychiatry, Psychology & Law 16:1, pp. 141-149.
- Hollander, C. (1969). A process for Psychodrama training: The Hollander curve. Littleton, CO: Evergreen Press.
- Jennings, J. & Sawyer, S (2003). Principles and techniques for maximizing the effectiveness of group therapy with sex offenders. Sexual Abuse: A Journal of Research and Treatment, 15(4), 251-267.
- Kersting, K. (2003). New hope for sex offender treatment. *APA Online Monitor*, 34(7). Retrieved 24 Dec. 2008 from <http://www.apa.org/monitor/julaug03/newhope.html>.
- Kipper, D. A. and Ritchie, T. (2003) The effectiveness of Psychodrama techniques: A Meta-analysis", Group Dynamics, Theory, Research and Practice, 7:1, pp. 13-25. Doubling, role reversal, and Psychodrama using multiple techniques shown to have large effect sizes.
- Langstrom, N., Sjostedt, G. & Grann, M. (2004). Psychiatric disorders and recidivism in sexual offenders. Sexual Abuse: A Journal of Research and Treatment, 16(2), 139-150.
- LeTourneau, E., and Borduin, C. (2008). "The effective treatment of juveniles who sexually offend: An ethical imperative", Ethics & Behavior 18:2/3, pp. 286-306.
- Mandeville-Norden, R., Beech, A. & Hayes, E. (2008). Examining the effectiveness of a UK community-based sexual offender treatment programme for child abusers. Psychology, Crime and Law, 14(6), 493-512.
- Miner, M., Raymond, N., Mueller, B, Lloyd, and Lim, K. (2009). " Preliminary investigation of the impulsive and neuroanatomical characteristics of compulsive sexual behavior", Psychiatry Research 30:174 (2), pp. 146-151.
- Myers, J. , Berliner, L. Briere, J., Hendrix, C.T., Reid, T. & Jenny, C. (Eds.) (2002). The APSAC handbook on child maltreatment, 2nd Edition. Newbury Park, CA: Sage Publications.
- Nisbet, I. A., Wilson, P. H., & Smallbone, S. W. (2004). A prospective longitudinal study of sexual recidivism among adolescent sex offenders. The Canadian Journal of Human Sexuality, 13(1), 61-63.
- Petrunk, M. & Deutchmann, L. (2008). The exclusion-inclusion spectrum in state and community response to sex offenders in Anglo- American and European jurisdictions. International Journal of Offender Therapy and Comparative Criminology, 52(3), 499-519.
- Razza, N. and Tomasulo, D. (2005). Healing treatment: The power of group treatment for people with intellectual disabilities. Washington: APA.

- Richards, J., Beale, W, Seagal, J., and Pennebaker, J. (2000). "Effects of disclosure of traumatic events on illness behavior of psychiatric prison inmates," Journal of Abnormal Psychology ,109:1, pp. 156-160..
- Rosenberg, M. (2002). Treatment consideration for pedophilia. Behavioral Health Management, 22(4), 38-42.
- Salas, J. (1993). Improvising real life: Personal story in playback theater. Dubuque: Kendall Hunt.
- Serran, G., Fernandez, Y., Marshall, W.L., and Mann, R.H. (2003). " Process issues in treatment: Application to sexual offender programs," Professional Psychology: Research and Practice. 34: 4, pp. 368-374
- Stietzel, L. and Hughey, A. R. (1994). Empowerment through spontaneity: A taste of psychodrama. San Jose: Associates for Interaction Press.
- Studer, L. & Reddon J. (1998). Treatment may change risk prediction for sexual offenders. Sexual Abuse: A Journal of Research and Treatment, 10(3), 175-181.
- Valios, N. (2002). Lights go out on treatment. Community Care. Retrieved 13 November 2008 from <http://find.galegroup.com/ips/start.do?prodid=IPS>.
- Ward, T. and Stewart, C. (2003). "The treatment of sex offenders: Risk management and good lives". Professional Psychology: Research and Practice ,34:4, pp. 353-360.
- Ware, J. & Bright, D. (2008). Evolution of a treatment programme for sex offenders: Changes to the NSW custody-based intensive treatment (CUBIT , 15(2), 340-349.
- Warren, R. & Green, M. (1997). The new transformative treatment paradigm (TTP): A response to interpersonal sexual aggression in an unsafe society. Sexual Addiction and Compulsivity, 4(1), 43-76.
- Williams, D.J. (2004). Sexual offenders' perceptions of correctional therapy: What can we learn? Sexual Addiction and Compulsivity, 11(3), 145- 162.
- Wynton, J. (2011). "Myspace, yourspace, but not theirs: The constitutionality of banning sex offenders from social networking sites," Duke L. J. 60:8, pp. 1859-1903.

¹ We administer the Trauma Symptom Inventory (TSI) but weigh firsthand clinical impressions most heavily. Preliminary TSI results show improvement over time in treatment. TSI is a widely used test of trauma related symptoms and behaviors, intended to help develop trauma symptom profiles. TSI-2 focuses on effects of both early and late onset traumas and is appropriate for use with multiple presenting problems, including PTSD, insecure attachment, impaired self-reference, somaticization and "acting out". (Briere, TSI-2 Manual, Lutz, FL: PAR.)