THE CRITICAL IMPORTANCE OF MAINTENANCE COUNSELLING IN THE MANAGEMENT OF INTELLECTUALLY DISABLED SEXUAL OFFENDERS


MR CHRIS KELLY
P.O. BOX 549
CARLTON SOUTH 3429
MELBOURNE VIC
PH (03) 9506-4138

It cannot be overstated that the provision of maintenance counselling for intellectually disabled sex offenders is of critical importance in achieving an offence free lifestyle. Maintenance counselling allows the ongoing management of deviant sexual thoughts, feelings and behaviours. This paper explores the use of maintenance counselling and identifies the components that need to be discussed for its proper application.

This paper outlines the critical importance of maintenance counselling for people with an intellectual disability who have committed sexual offences.

Maintenance counselling involves the provision of long term professional counselling on a monthly basis, which in many cases, can last several years. Maintenance counselling attempts to support an individual so that further offending behaviours do not occur.

From my observations over ten years in providing counselling to people with intellectual disability who have committed sexual offences, it is clear to me, there is no cure, however only good management for this population of individuals through maintenance.

Maintenance counselling provides the offender with professional input and specifically a therapist who maintains a long term therapeutic relationship, with the person with intellectual disability. The therapist can be called upon between maintenance sessions, to assist in the continuance of an offence free lifestyle.

As mentioned, maintenance counselling generally requires the individual being seen for years and allows the therapist to help the client monitor their progress and build upon existing information, provided during intensive treatment phases. Intensive treatment phases may occur for up to a year from the initial referral and generally involves weekly counselling sessions. Intensive treatment phases may also need to be conducted in residential settings if the risk posed to the community during the initial stages of treatment is too great.

Maintenance counselling allows the therapist to evaluate the offenders progress, to identify stressful occurrences, their coping skills, use of relapse prevention strategies and attempts to intervene prior to any offending behaviour occurring.
The prerequisites for maintenance counselling include the development of a good therapist
client rapport, for the therapist to have good observational skills and an understanding of
the clients cycle of offending behaviour and motivation for committing offences. It is
important for the therapist to have ongoing contact with other professionals involved with
the client such as case managers, the persons psychiatrist, family members, community
residential unit staff or other supported accommodation staff and direct carers attached to
the individuals employment.

Maintenance counselling is not a new concept and has been acknowledged by other
researchers such as Griffiths, Quinsey and Hingsburger, (1989) in their discussion of
relapse prevention. They stated "the treatment team never really terminates its involvement
with the client" and once the intensive treatment phase is completed a "session is normally
conducted every three months as a booster to the treatment" (p.104).

It must be acknowledged that the good management of sexual offending behaviours is not
simply a problem related specifically to the intellectually disabled and has been well
documented in literature related to non disabled sex offenders.

Fay Honey Knopp, (1985) in her discussion on adolescent sex offenders stated once the
client has completed a set program, provision needs to be made so that intermittent
ongoing contact occurs. This helps the client "continue to monitor and upgrade his newly
acquired behaviours" (p.25)

prevention, also recognised the ongoing important role of an individual maintaining a
dimension of self management in dealing with ongoing deviant arousal.

Salter, (1988) recognised the long standing nature of sexual offending behaviour and the
important role of achieving successful maintenance of non offending behaviours, with
sexual offenders.

Again, once the offender has been assessed and a regime of counselling sessions provided
to heighten an awareness and understanding of why offending behaviour occurred, for
example their cycle of offending behaviour, the feeling and mood attached to offending,
the cognitive distortions and fantasies that supported offending behaviour, recognition of
the harm caused to victims, identification of high risk environments and behaviours and to
raise the individuals level of responsibility, it is then a process of reducing the person's
likelihood of engaging in further offending behaviour through maintenance.

If a person has engaged in offending behaviours for years it is inconceivable that a set
number of counselling sessions will rectify the problem. Post the intensive treatment phase,
maintenance counselling is critical for ongoing good management.

Any reduction in maintenance counselling is carefully gauged and decisions are purely
made on an individual basis. This author would suggest counselling be only moved from a
monthly basis when other informed and experienced staff have contact with the person
with intellectual disability. Over the period of two to three months many situations can
occur and indeed go undetected if monitoring, and maintenance is not provided.
WHY IS MAINTENANCE COUNSELLING NECESSARY

Sexuality is an integral part of being a human being. When an individual has a deviation attached to their sexual expression this then becomes an inherent expression of that individual.

From this author's experience, the only way to manage this deviation in sexual expression is to support the person through the provision of maintenance counselling so that management of the deviation occurs and an attempt is made to redirect sexual expression to more appropriate forms.

Sexual offending behaviours tend not to change rapidly and a good deal of work is involved in assisting the sex offender to manage on a day to day basis.

To maintain an offence free life style, complete and total responsibility for offending behaviour is required, which is an ongoing process. All too often the components of denial, minimisation, and rationalisation tend to re-occur and are used by offenders to avoid responsibility.

Maintenance counselling assists in the expression of honesty and allows an individual to face their responsibility towards themselves, other individuals and the community at large.

From this author's observations when maintenance counselling is not provided, the sex offender appears to fall back into old patterns of behaviour, relatively quickly, greatly increasing the risk the individual poses with regard to committing further sexual offending behaviour.

It has only been through maintenance counselling that this author has recognised the re-emergence of deviant patterns of offending behaviour and had the opportunity to act swiftly to prevent a relapse in offending behaviour.

When the risk of further offending behaviour is present, interventions that may be necessary include more regular counselling being provided, possibly placing the person within the context of a supportive group, a change in accommodation setting, in some cases a residential setting, empowering care givers to respond to inappropriate gestures or behaviours which may occur, educating care givers or parents so that monitoring and evaluation of the individuals behaviour occurs, or a further assessment being sought by a forensic psychiatrist.

Maintenance counselling provides this author with the opportunity to talk with case managers and other professionals involved in the persons life, about the level and type of interventions that are required, to prevent further offending.

WHAT ARE THE COMPONENTS OF MAINTENANCE COUNSELLING

Maintenance counselling in essence establishes how well the person is able to maintain an offence free lifestyle.

During counselling, components that need to be explored include:
SOCIAL SITUATION.

This involves accommodation, level of support required and provided, employment, attendance at college etc, the persons financial situation and support provided, friends and associations the person has with others, particularly others known to be offenders.

MENTAL STATE EXAMINATION

It is important to assess the individuals behaviour and the way they may talk, their mood, their beliefs or preoccupations, their general attitude towards their current situation and their ability to manage. If a psychiatric illness is present, signs of deterioration in the persons mental condition must be evaluated.

TIME OCCUPATION

It is important to identify how the person is spending their time, what activities they are engaged in during the day and how much free time they have.

PROBLEM ASSESSMENT AND ABILITY TO SOLVE PROBLEMS

The therapist needs to explore any problems the person may be experiencing and how they are managing these problems.
It is not uncommon for offending behaviour to occur around the time of stressful situations in the persons life.

LEVEL OF RESPONSIBILITY

The offenders level of responsibility for crimes committed is a critical area that needs to be assessed during maintenance counselling. This area also involves the offenders recognition of harm caused. This authors experience has shown that taking responsibility for crimes and the harm caused can vary and at time offenders will revert back to stating that either equal blame should have been distributed between them and the victim or that they were not responsible as the victim wanted and sought the sexual contact.

The offender needs to understand the long term nature of sexual offending behaviour and that their good management is essential.

UNDERSTANDING OF PRE-OFFENCE BEHAVIOURS

It is important to assess and remind the offender about behaviours and emotional states that lead to offending behaviour and what has occurring in the past. A knowledge of past offending behaviours and careful questioning is required.

MASTURBATORY PRACTICES AND FANTASIES

This is a critical component that always needs exploration as it can give the therapist insight into a possible build up to an offence occurring. Again careful and thorough questioning is required.
REASONS FOR REMAINING OFFENCE FREE

During maintenance sessions the offender is asked to outline their reasons for not re-offending. Thorough attention is required from the therapist in listening to reasons provided. It is important to remind individuals why they have chosen not to re-offend. Under this area, asking the offender to outline their self management plan is also of great value.

DRUG AND ALCOHOL USE

Apart from assessing whether the person is taking prescribed medication, illegal drug and alcohol use is an area that must be explored.

CONTACT WITH OTHER PROFESSIONALS

It is necessary to ask if appointments have been kept with other professional such as case managers, psychologists, psychiatrists, department of Justice staff etc.

REVISITING PAST GAINS MADE BY THE OFFENDER

It is necessary to outline past achievements made by the offender during maintenance counselling sessions, in an effort to empower the individual and for them to recognise they are coping and can cope if they choose to. Reminding offenders of appropriate decisions they have made in the past to remain offence free is important. Building upon self esteem, assertiveness skills, impulse control and social skills are all involved in maintenance counselling.

PERCEIVED LEVEL OF CONTROL

It is important to ask the individual what level of control they perceive they have and for this to be marked on a line drawn from 0 - 10, towards 10 meaning a greater level of control. It is also useful to ask individuals to chart their strength of deviant thoughts and their ability to act upon the thoughts. This author have always found this simple exercise useful, as it gives a further representation of how the person is managing.

COVERT SENSITISATION EXERCISE

At times, it is appropriate with certain offenders to use covert sensitisation exercises to reduce their level of deviant arousal. Covert sensitisation is simply pairing a deviant arousal scene with an aversive consequence. This occurs within the persons imagination and attempts to illicit the image of personal humiliation, police involvement, court intervention, incarceration, rejection by others and the harm caused to the possible victim.

SUPPORT PRIOR TO OFFENDING

During maintenance sessions the crucial aspect of making contact with the therapist or other individuals providing support, prior to offending behaviour occurring, is always outlined. This author reminds offenders that ringing the therapist from the police station, stating help is required, is too late. Again this author states it is essential and of much greater value to the offender and the potential victim, for contact with the therapist to be
made, if strong thoughts, feelings, urges or fantasies to engage in offending behaviour occur.

**HOW QUESTIONS SHOULD BE ASKED WHEN PROVIDING MAINTENANCE COUNSELLING**

An initial question that is useful at the beginning of any session is "have you re-offended" since I saw you last, followed by, then what has prevented you from re-offending.

Individuals working with people who have committed sexual offences need to keep in mind, asking what may seem to be the obvious question and in most cases, a simple question, is the one to ask. This author has noticed that people with intellectual disability who have committed sexual offences, like any sex offender, tends not to commit themselves or offer information surrounding their offending behaviour and the therapist needs to think carefully and ask the right question.

It is unwise to at times accept the information that is initially provided by an offender and further probing, clarifying and reflecting back information that is given, is essential.

Asking a simple clear pointed question such as how many school yards have you entered over the past month or how many children have you been attracted to over the past week, or at what time did you peep over the past week or month and how many times did your penis become hard when you saw children, etc are reasonable questions.

It is important to explore all paraphilic behaviour that the offender is known to have engaged in.

It is always appropriate to assume the person has struggled to some degree to maintain his offence free lifestyle. At times this author has asked individuals how are they `battling', knowing full well for many people it is a battle for them to resist the temptations to re-offend.

It is appropriate for the therapist to let the offender know you are aware it can be difficult for them to remain offence free. Asking for example, how often have you masturbated and had fantasies to the thoughts of children over the past week or the week before, is a far better question than asking have you masturbated to the thoughts of children. It is surprising the number of individuals that will initially state they have not masturbated to deviant fantasies, only to admit this behaviour has occurred with further probing and tightly phrased questions.

Again it is important to always ask how the person has coped, and what did they did to manage and prevent re-offending.

Following a counselling session, if your emotional reaction informs you that something is not right, follow your instinct with a further session, further discussions with staff or others supporting the individual and gain a second opinion.

**WHEN IS COUNSELLING NO LONGER MAINTENANCE**

When an individual is strongly suspected of, or known to be having difficulties in maintaining an offence free life style, maintenance counselling at this time ceases. A
thorough assessment of the person and the immediate provision of extra counselling sessions and support is necessary. Essentially, the skill is noticing or detecting when a person requires a greater degree of counselling contact and support, so that further evaluation can occur. It is important to support staff working with an individual, so they have a greater understanding of the person's situation, and can be more effective in the interventions. Strict monitoring and supervision may at this time be necessary.

In many cases where it is considered the person may be close to re-offending, providing weekly counselling for 4 to 6 weeks appears to be of great benefit for the offender and gives them time to regain control. If the therapist considered control has been regained, maintenance counselling on a monthly basis, can then resume.

**CASE STUDY EXAMPLE**

There are numerous case studies spanning 10 years, this author could use to illustrate the effectiveness of maintenance counselling. One case study that reflects the importance of maintenance counselling involves the case of a person with intellectual disability who this author and his psychiatrist, supported in an offender free state for over 5 years.

This person was initially referred to this author for indecent exposure. At this time he was living independently in a flat, in a country area of Victoria.

When this author first interviewed the man, he described he was bored, had no meaningful activity during the day and spent most of his time entering toy and video stores. While in these stores he revealed he was exposing himself to young girls between the ages of 4 and 6 years and digitally penetrating their vaginas. He also removed their underwear and masturbated to these garments in toilets and at home.

He stated this was occurring approximately 6 times per day and felt out of control.

On the day this man saw this author, due to no other accommodation options being available, I managed to have the client voluntarily admitted for a short time, to an institution and began providing him with intensive counselling. He was also referred to a forensic psychiatrist and soon after commenced a course of Androcur.

He remained at the institution for 6 months and progressed well. From here he entered a residential program in Melbourne, Victoria, Francis House, where he remained for 1 year. In this setting he was involved in house therapeutic programs and linked into college courses. This author continued to provide weekly counselling and his psychiatrist also saw him regularly. During 1992 he moved to a flat in Melbourne and continued to receive support from staff at Francis House, this author and his psychiatrist. He had improved dramatically and this author began to reduce contact to fortnightly and thereafter, monthly maintenance sessions.

In late 1992 the client moved back to a Victorian country region and basically lost the supports he appeared to rely upon. He was not receiving counselling, was unable to find work and stopped taking his Androcur.

Not surprisingly this man re-offended within two months for indecent exposure against a young girl and a further incident of exposure in a school yard. He was remanded in Pentridge
for some months and in February 1993 appeared in court to receive a 12 month good behaviour bond.

Intensive contact with Victorian, Health and Community Services staff commenced along with relapse prevention counselling, provided by this author, contact with his psychiatrist and the re-commencement of Androcur.

Since February 1993 up until the present time, this man has remained offence free. During 1993 he received monthly maintenance counselling and during 1994 and 1995 this had been reduced to bi-monthly counselling. He is currently supervised by an experienced therapist.

In all, this man again has done very well in being able to maintain himself. However, he continues to think about and masturbate to the thoughts of children and due to this factor, will require ongoing maintenance counselling for an indefinite period of time.

THE CONSEQUENCES MODEL USED IN MAINTENANCE COUNSELLING

With many intellectually disabled sexual offenders, supported by this author, the consequences model, C. Kelly (1990) is used. This model has been shown to be a simple, clear and effective strategy with people with intellectual disability, who have committed sexual offences.

Essentially, the model begins by discussing the real consequences the person attracts for committed sexual offences. The person with intellectual disability is asked to consider, explore and understand the real consequences he will receive and voice his opinion regarding these outcomes.

The concepts of choice and control are then introduced and the person is directed to think about the consequences and pair the outcomes with his offending thoughts, feelings, urges and behaviours. The person is asked do they want these consequences in their life, with the usual answer being no. The above refers to step 1.

Step 2, allows the person to understand the consequences for the victim of sexual assault. Step 3 explores and identifies cognitive distortions that lead to offending behaviour occurring. Step 4 outlines risky places that need to be avoided. Step 5 outlines risky behaviours that need to be avoided and Step 6 reiterates the importance of seeking support prior to offending behaviour occurring. A final stage in the model covers key points which involves recognising the benefits of changing offending behaviour, being 100% committed to change, owning responsibility for behaviours and never forgetting the personal and victim consequences related to sexual abuse.

***PLEASE NOTE***

FOR A COPY OF THE CONSEQUENCES MODEL AND STATISTICS PRESENTED AT THE CONFERENCE WRITE TO:

MR CHRIS KELLY
P.O. BOX 549
CARLTON SOUTH 3429
MELBOURNE VIC
REFERENCES


