



**THE ROCKWOOD STRENGTHS-BASED
TREATMENT PROGRAM MANUALS FOR
MEN WHO HAVE OFFENDED SEXUALLY**

**CATEGORICAL DENIERS PRIMER: HOW TO ADAPT THE
MODERATE TO LOW INTENSITY TREATMENT PROGRAM
FOR MEN WHO HAVE OFFENDED SEXUALLY**

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CATEGORICAL DENIERS PRIMER

This CATEGORICAL DENIERS PRIMER was developed as a guide to adapting our regular sexual offender treatment program manuals for men who have offended sexually who are in categorical denial. Although the primer is based on our treatment program manuals, it can be used to adapt most sexual offender treatment program manuals and therefore does not necessarily require purchasing one of our manuals. Further, supervision/guidance for those wishing to implement the deniers program is available.

The Categorical Deniers Primer is intended for those men who have offended sexually who categorically deny all the sexual offending for which they have been convicted. If there is any window of opportunity for them to participate in a regular treatment group, this is the group in which they should participate. For example, if they acknowledge one sexual crime but not another, or say something like “it might have happened but I don’t remember as I was really drunk at the time”, these sex offenders would be referred to ROCKWOOD’s regular program. However, a small subset of sex offenders are in categorical denial of their crimes and will refuse to participate in any program where there is or they perceive, a need to accept responsibility for their offences. In most settings, this small group of sex offenders is typically either excluded from treatment, or is removed from therapy due to not admitting to any sexually offensive behavior or because they are seen as unmotivated to change. This did not strike us as a sensible approach as excluding them from treatment and them having to stay in prison longer as a result, might make them resentful toward the “system” and resistant to supervision, potentially increasing their risk for reoffending sexually. To try to overcome these problems and in response to the early but important findings by Hanson and Bussiere (1998), and then later replicated in Hanson & Morton-Bourgon (2005), that denial was unrelated to sexual recidivism in any way, in 1998 we began a treatment group specifically for the small group of incarcerated men who are in categorical denial.

The ROCKWOOD CATEGORICAL DENIERS PRIMER is firmly based on our regular treatment program for men who have offended sexually. The modifications we made to the regular program for the categorical deniers are described below. However, the information below is a guide and the clinician is encouraged to use any method and approach that works for them with their unique clientele. It is of paramount importance however, that the spirit of the ROCKWOOD approach to treating categorical deniers is maintained. The spirit of the ROCKWOOD approach to treating categorical deniers can be described as non-judgemental, motivational, strengths-based, and positive.

Although this group (deniers) can be extremely challenging to work with, it is our experience that the denier’s group is very rewarding for the therapist and eventually much appreciated by the participants. You can expect the first couple of weeks of sessions to be characterized by the participants’ suspicions about both the program and the therapist, and to some degree about each other. However, we have found that after the participants are convinced that the program is not just a trick to get them to admit to having engaged in sexually offensive behavior, they become good participants and complete exercises and engage in discussions that are very similar to our regular program for admitters.

APPROACH

The absolute KEY to being successful running a group for categorical deniers is to remember that the facilitator's goal is to ***help the group member to never again put himself in a position where he could be accused of committing a sexual offence***. Whether they are guilty or falsely accused of their conviction(s) is irrelevant to the purpose of this program. NEVER challenge group members in any way on the truth of their claim of innocence. You can never truly win this argument, it is counter to the goals of the categorical deniers program, it will make it more difficult to get group members in the future, and our research tells us it is not necessary. Make sure every exercise and discussion has no disclosure elements. Try to avoid using the word "victim"; you could say "*accuser*" or "*person who turned you in to the police.*"

You must act as if you have no opinion on the group member's guilt or innocence. If they challenge you, simply say "*guilt or innocence is up to the courts. This group is to help you to never again put yourself in a situation where you can be accused of a sexual offence*". You may also want to help group members to see that everyone who works for the judicial system has to believe that those who have been convicted are guilty, as guilt is up to the courts to decide and carrying out the court's sentence is their job. You as the therapist are the unique exception to this rule.

Most categorical deniers will want to retry their case with you. You can reduce this tendency by letting them know that there is no use in trying to convince you that they are innocent as it will make no difference to the treatment group or their report. I often say that "if I did believe you and put that into a report, no one would pay any attention to the report and you will have worked hard for little benefit". You will need to do this many times. Until they overcome this desire to retry their case, they will not be as focused on dealing with treatment-related issues.

PROGRAM DIFFERENCES

The most significant change to the program is the shorter length of time over which the deniers group runs. The deniers group should run for less time than a program for matched for risk level admitters. For example, the program in the Strengths-Based Treatment Manual for High to Moderate-High risk sexual offenders would take approximately 10 months at 2 sessions per week, or 7 months at 3 sessions per week. The deniers program should be no more than 6 months at 2 sessions per week, or 4 months at 3 sessions per week. Suggestions for removal and changes in exercises are described below.

Regular program Table of Contents modified for categorical denier treatment program

	Adapted for Categorical Denier Program?
PHASE 1 – Motivation & Engagement	
*Initial introduction	Yes
*Immediate offense triggers	Yes
Self-esteem	
Autobiography	
PHASE 2 – Core Treatment Issues	
Mood management and coping	
*Empathy	Yes
Intimacy	
Healthy sexuality	
Sexual preoccupation	
Risky sexual interests	Deleted
PHASE 3 – Post-Treatment Self-Management	
Self-management	
Strategies for avoiding relapses	
Supports	
Discharge plans	

NOTE: * = see below for recommended changes

SPECIFIC EXERCISE REVISIONS

INITIAL INTRODUCTION.

The introductory session described in the regular program manual needs to be changed to be more palatable to deniers. Present information in the initial introduction session as per the section on Approach above in this primer. After confidentiality is discussed, but before any information is presented, it is important to say something like the script about innocence or guilt being irrelevant, as in the section titled “Approach”. The key issue the participants are going to be concerned about is that they will have to do some sort of “disclosure”. Take the time now to reassure them that you have no interest in their guilt or innocence you merely want them to make changes so they never again find themselves in trouble for these types of crimes. Remind them, that unless they figure out how others believed they could have committed such a crime and make plans to not get into the same situations again, they are at significant risk to again be “falsely accused” again. After all, someone had to tell the police, who had to believe it enough to take it to the district attorney, who had to believe it enough to take it to trial, and the judge had to believe it enough to convict them. Whether the group members are innocent or not, they clearly were doing things that made others believe they were capable of doing what they were accused of doing. Further, if anyone is even suspicious of their behaviour in the future, the group member is unlikely to be believed. I sometimes give the example of “you have returned to the community and everything is going okay but then, for some reason, you have a disagreement with your neighbour. In order to get his way, the neighbour might call the police and say you were up to something. Even if you are later found to be not doing anything problematic, you will endure a lot of problems.”

I then take the group members through what the exercises in the program will be, noting that these are the issues their case managers and parole/probation pay attention to and therefore it is sensible to make sure they have dealt with these issues sufficiently as some of them may be the reasons others believed you were capable of committing the offences for which you were convicted. I then introduce the immediate lead-up exercise as the first exercise. You will need to give them a couple of examples of this exercise in order for them to see how it can be done without admitting to their offence. If you have a couple of good examples, use them. If not, you can use the following:

Examples of Categorical Denier Lead-Up Exercises.

Example 1.

Immediate Lead-Up 1. Former Grade 8 Teacher. Age 35 years. Never married. Sexual Assault. First charge/conviction ever. The group member lived and worked in a large and expensive city. He had to have his elderly infirmed mother live with him to be able to afford a mortgage payment. Because of her infirmity, her bedroom was on the main floor while his was upstairs. He was still very short of money. A colleague at school talked about working for a tutoring business after hours. He said it was easy, and paid well.

The group member decided to tutor for extra money but did not want to give a company a share of his income and therefore decided to tutor at his own home. Tutoring was going well; he had a number of students. Then, an unaccompanied female, approximate age 14 years, came by his house asking to be tutored. He agreed to take her on as a student but said that he must meet her parents for their approval. He says she stalled him on his request to meet her parents. She started to phone him a lot and asked him to pick her up for the tutoring sessions. He did this once hoping to meet her parents but they were not there when he arrived at her house. He then told her he had to meet her parents or he would not tutor her any further. He said she became angry with him and threatened to say he sexually assaulted her unless he continued tutoring her. He said he refused to continue tutoring her and subsequently she called the police.

When the police investigated they noted that his mother, due to infirmity, was only able to access the main floor and the computer he used for tutoring was on the second floor, in his bedroom. This, along with him being alone with the student unsupervised for long periods of time while tutoring her, convinced the police and then the judge, and he was convicted. He was an excellent participant in the group and made significant changes on a range of dynamic risk issues.

Example 2.

Immediate Lead-Up 2. The group member, aged 48-years, was living common-law until he came to prison. He worked in the community for a motorcycle gang as an enforcer. He was convicted of Assault Causing Bodily Harm. He was charged for a sexual offence but the charge was dropped in a plea bargain. Has an extensive criminal history for drugs and violence and a number of allegations but no actual sexual offence convictions. His case manager and the parole board said that there were clearly sexual elements to his offence and that he would not be considered for release until he effectively participated in a sex offender treatment program. After seeing logic of procedure from other group member's lead-up exercises, he said he completely understood why police thought he had committed the sexual offence.

Reported that he was at the clubhouse of the bike gang for whom he worked, as usual, and having a good time. Had a few drinks, but not many for him (i.e., was not drunk). One of the women at the bar started to flirt with him and he was interested but knew she had been seeing another member of the gang. Later, he asked a few people to come outside with him to smoke marijuana but she was the only one who accepted. Because it was winter, they went to his car to smoke the drugs. She suggested she blow smoke in his mouth. He said that they then kissed, which led to intercourse. He said that after he ejaculated inside her she "freaked out" and yelled that she was going to tell her boyfriend and the police that he had raped her. He said she continued to scream and he panicked. In order to shut her up he started to hit her. He said that he went way too far and nearly killed her. However, she recovered and turned him in. He said that the police thought the bikers committed a lot of sexual offences at least in part as a spillover from their generally violent lifestyle. Plus, she had his DNA on her, and he had severely physically assaulted her. He said he could understand why the police thought he was at least capable of committing a sex offence and also said he could see the value in changing as he was tired of the biker lifestyle and did not want to return to prison.

Example 3.

Immediate Lead-Up 3. He was aged 37 years and divorced when he came to prison. He previously owned a very successful restaurant. He was convicted of sexual assault against an adult female aged 30 years. No previous convictions or charges.

He came from a high achieving family where his older brother was the star. He constantly sought approval from his somewhat emotionally detached father. Despite his father and brother having negative views about his choice, he successfully completed culinary school with top marks. With his wife's help, he started a restaurant in a large city, which quickly became a big success. He and his wife were living the "high life" with a nice house and expensive cars. Over the years, however, the restaurant business started to fade. He laid off some staff members and increased his own workload to keep restaurant open. His wife got a job elsewhere to help pay bills. The restaurant continues to fail and they have to sell their house and cars. In response, he lays off more staff and increases own workload even more. Wife and friends recommend closing or selling restaurant before he loses it. Wife complains about being married to a stranger as he is working many hours per day and they rarely see each other and when they do he is stressed and distant. He is still desperate to save his business and works even harder prompting his wife to leave him. Despite all of his efforts, the restaurant fails. By this time he has moved into a basement apartment, has no vehicle and no income. Sits alone and depressed in his apartment for weeks. One day his friends pick him up and take him out to a strip club to have some fun and to get him "laid". They start drinking early in the afternoon and stay until the club closes. He has a few lap dances and strikes up a conversation with one of the dancers. His friends leave and he invites the dancer to go out for a meal with him. As she drives them, he says that he has to go to his place and feed his cat before they go to eat. When they get to his place, he invites her in and offers her a drink. As they are sitting on the couch talking, he leans over and kisses her. They have sex. He says it was consensual, she says he raped her.

IMMEDIATE OFFENSE TRIGGERS (IMMEDIATE LEAD-UP)

Most deniers are quite anxious in the early stages of treatment. This anxiety may manifest itself in hostility toward the system, the therapist, and the group. Much of this anxiety results from their assumption that they will be required to describe what they did during the offense(s) for which they were convicted. This is not a requirement of the deniers' treatment program since the available evidence indicates no advantage to doing this. For example, the evidence indicates that having clients take responsibility for their offenses is unrelated to reductions in reoffending and that failure to take responsibility does not predict reoffending in untreated sexual offenders (Marshall, Marshall, & Kingston, 2012; Marshall, Marshall, & Ware, 2011). The aim in this exercise is to have each client identify problems or other issues that occurred in the period prior to him being accused (up to 3 months or longer if the client prefers), and that appeared to precipitate the accusation. The therapist should suggest that these factors preceding the accusations were the issues that led others to believe he had committed the offences. In this exercise the goal is to identify transitory factors or events (i.e., acute dynamic risk factors) that triggered an accusation.

Using an Offense Progression Model, have each client describe the events up to three months prior to the situation regarding the accusations. These acute issues might include: sudden relationship problems, loss of a job, injury, death of a loved one, excessive use of intoxicants, or onset of psychiatric problems. In order for others to believe the denier had committed a sexual offence, they would have to believe the denier had an opportunity to have committed a sexual offence, and that they had some motive for committing a sexual offence, for example being lonely, angry, intoxicated, spending excessive amounts of time and being alone with young people.

EMPATHY

Do the introduction to Empathy as you normally would, however, do **not** do the “victim” empathy letters. The best exercise to do with deniers is a single-session, non-specific, victim empathy exercise. Have the group members identify the effects of sexual abuse on victims, in general. Not their accuser. Ask them what they think might happen to someone who is a victim of sexual abuse? You can create categories to help make this easier for the group members: cognitive, behavioural, and emotional effects; short-term and long-term effects; and any other type of categorization that might help them to explore the issue. You could also ask them to consider how a victim might feel: when they see something about sexual abuse on television; on the anniversary of being victimized; or, when their abuser is being released from prison. If they ask or appear to wonder why they are being asked to consider the effects on victims of sexual abuse, you can say that it is because the better they understand how victims feel the better prepared they will be to not again put themselves in a situation where they can be falsely accused.

SEXUAL PREOCCUPATION

The section on sexual preoccupation in our Regular Treatment Program manual can be used. It is best to not discuss risky, or deviant, sexual interests unless the group members are curious about that topic. I sometimes ask the deniers, if I have a strong therapeutic alliance with them, if they are interested in learning about how in the regular program we deal with guys who are deviant. Some of the deniers may be willing to acknowledge some sexual preoccupation and/or sexual interests (e.g., S & M) as part of the reason others thought they had committed their offence and therefore would benefit from discussions on sexual preoccupation, risky sexual interests, and healthy sexuality.

FAQ

1. Can I do this adaptation for a categorical denier within a regular treatment program?
 - a. Although you could use this adaptation within a regular sex offender treatment program, it is not recommended. First, most categorical deniers will not agree to participate in a regular program. Second, it can have a somewhat negative effect on the guys in the regular program as they can be resentful that this person can be denying while they are admitting. I would only recommend taking a categorical denier into your regular treatment program in the circumstance where they will otherwise not get treatment.

2. What should I do if a group member appears to be moving towards admitting to their crimes?
 - a. If a group member appears to be moving toward admitting his offences it is best to have a conversation with him privately about this and get clarification. Be sure to say it in an inquisitive way, such as “I was listening to you speak in group and it kind of sounded to me like you were thinking of acknowledging your offences? I may have misunderstood what you were saying but if you are moving in that direction we need to discuss how to handle that”. If the group member says “no”, then apologize and say you must have misheard them. If he says yes, then ask them to please not do that in the group. Then let him know that he has the option of completing this group or we will try to move him into a group for men who admit to their offences, whichever he prefers however he is not to admit to his offences in the categorical deniers’ treatment program.
 - b. The key is to make sure he does not admit to his offences in the deniers group as this will have a damaging effect on the group dynamics and therapeutic relationship. It will also likely make it difficult to convince future potential group members to participate.

3. What if the denier has other non-sexual issues that need to be addressed? For example, substance abuse issues.
 - a. This program is designed to reduce sexual reoffending. Presumably because the program takes a self-regulatory approach, we have demonstrated an effect of reducing non-sexual non-violent and non-sexual violent reoffending as well. However, we have not investigated the program’s effect specifically on substance

abuse problems and therefore clients with this and any other non-sexual offender related need should be referred to an appropriate program. The therapist will also need to use their best judgement in terms of whether the client needs further help with, for example, emotional self-regulation (Anger Management or Domestic Violence). In which case a referral to an appropriate group may be needed.

4. When treatment group is completed, can we say the denier is “Treated”?
 - a. Although we now have 2 unpublished studies on our deniers group ($n=82$) showing very low rates of recidivism (2.5%) over an average of 3.5 years at risk (Range 1-8.89 years) against an expected rate of reoffending of more than 13%, the results are still preliminary. However, given the low rate of reoffending, it does appear to be no less reasonable to say the deniers have been treated as sex offenders in a regular sex offender group.

5. Is this approach “colluding” with the denier?
 - a. In our opinion it is not colluding provided the therapist/facilitator does not agree with the group member that he is innocent. We merely suspend concern for whether or not the group member is guilty so that we can get them to work on known criminogenic issues and this approach is supported by the research on both denial in sex offenders and in non-sex offenders where admission and denial are shown to not predict reoffending (i.e., they are not criminogenic issues). Given that we cannot truly know whether or not the denier is guilty (e.g., some convicted people are later found to be innocent), what we can do is address issues that place them at greater risk for future sexual offending or being falsely accused, regardless of whether or not they have yet committed an offence. Most therapists would happily provide treatment to someone who is displaying a risk for abusing substances whether or not they have actually experienced negative life consequences, overdosed, or been in conflict with the law, with the hope that the treatment would reduce the likelihood of future substance abuse. A similar idea is being examined in Germany by the Dunkelfeld Prevention Project where treatment is offered to people who self-report having an attraction to children but claim to have not yet acted upon these urges. Early data suggest the Dunkelfeld approach to be promising.

6. What are some of the challenges we will face in running a deniers group?
 - a. There are many challenging aspects to facilitating a categorical deniers group in the way that we do it. Below are just some of the challenges we have faced and our strategies for dealing with them. When facing a new challenge, it is best to discuss it with your colleagues and try to generate a few alternatives of ways to deal with the challenge.

Common challenges therapists face when delivering the categorical deniers program and some strategies for dealing with these challenges:

1. Denial of any problems: Intellectualizers are some of the most challenging clients. The only thing that has worked for us with this type of client is to work hard on building a therapeutic alliance with the client and enhance their self-esteem as often their denial of having any problems is related to their self-esteem problems. It may also be best to work on, at least initially, building strengths as a strategy to engage the sex offender and to deal with any deficits.
2. Suspicion about therapist and approach: This is a tough one as the deniers are particularly suspicious about our motives. They often believe that we really want them to admit and the group is just a ruse to gain admission of their offending. The important things are to maintain disinterest in their guilt or innocence, and to build the therapeutic alliance (in particular, trust).
3. Disinterest in treatment: Again, a significant problem amongst deniers. The categorical deniers are likely only taking the treatment because of external pressures – case manager, parole/probation boards, and/or their spouse. Again, the keys are to build the therapeutic alliance and to focus on things that the denier will value, e.g., how to have a more satisfying and successful relationship, how to cope with life problems, how to achieve sexual satisfaction.
4. Problematic group behaviour: It is true of any treatment group that managing problematic, or in the words of Dialectical Behaviour Therapy “treatment interfering behaviours” is a significant challenge. Whether or not a group member needs to be removed from the group is something all therapists struggle with. On the one hand, we would like all group members to receive treatment and because we tend to be optimists (a good thing) we hope they will eventually cooperate. On the other hand, we have to consider whether this group member is interfering with the ability of other group members to profit from the program. That is, you do

not want to sacrifice the progress of the other group members for the sake of one group member.

5. Poor participation by group members: A common occurrence in the Deniers group, especially at the beginning. Be patient, the group usually comes around once they trust that you are not trying to trick them into admitting. This can take several weeks or longer. Also, as in our regular group, there is sometimes just a mix of guys who would not be participatory in any group and they all happen to be in one group. Deniers tend to be along this dimension anyway. But, again, we have usually found this to change after a few weeks of the group.
6. Fear of being judged by other group members: This is usually around a fear that the other group members will not believe in their innocence. Once they hear each other's story, this tendency usually fades. However, it may also be reflective of low self-esteem and this is why it is good to have exercises designed to boost self-esteem early in the group sessions.
7. Lack of faith in system support for the categorical denier group: Sadly, they are typically not totally wrong in this perception. In order to help our deniers group be successful, we spoke with key stakeholders (Parole Board, staff and management of the facility, especially case managers) about the deniers group's goals and objectives and asked them to try to respond as positively to the guys having done the group as possible provided they observe improvements in functioning. This, as well, we hope, as the work the deniers did in the group, improved release statistics for the deniers from nearly all having to stay to the end of their sentence, to more than 50% gaining earlier release as a result of the deniers group. This definitely helped us to motivate subsequent potential participants. Other than that, I usually say to them, just as we do in our other "regular" groups that we can only control ourselves and therefore we should aim to do the best we can in the group and if others do not respond well, at least we can feel good that we have done what we can.
8. Managing your own reactions to preposterous accounts and "slips of the tongue": This can be a significant challenge in the deniers group. Sometimes I am convinced that they do not understand how preposterous their account of the events (offence) sound to others and it is no wonder to me that they ended up in prison. However, this would not be helpful feedback, especially to deniers. When the deniers say something that does not seem plausible, I simply ask them to clarify the event for me so that I can better understand what happened. Be careful not to do this about things that they might see as indicative of guilt. Sometimes it

is best to just ignore the preposterous part of their story/exercise and move on to other parts of the story/exercise. The key is considering how strong your therapeutic relationship is with that client and whether or not the issue is related to increased risk for reoffending. Current evidence says that neither denial nor admission is predictive of reoffending and therefore, do not focus on preposterous accounts around that issue. If you find yourself saying things like “the offence” or “the victim”, simply apologize. I usually say that this is the language I use in the regular group and I sometimes find it hard to remember to not use those terms in this group. I then include them in the process by saying that if they hear me using these terms to please let me know as I do not wish to use the wrong words. This demonstrates/role models to them that I am not perfect and that I am open to feedback and correction when I am doing something wrong. Something we hope they will do too.

9. A group member appearing to move toward admitting: It is very difficult to be sure that someone is doing this but we definitely do not want the denier to do that in a group because, as I mentioned before, the other deniers will think that the group was just a trick to get them to do exactly that, admit to their offences in the group. The way we have handled this before is to speak with the group member alone at the end of the session and say something like “I may be completely wrong about this but it sounded like you were thinking of admitting to your offences? Am I correct about this? If they say yes, offer them the choice to switch to the regular program. If they say no, apologize and say that you must have read the situation incorrectly but that you do not want anyone to admit in the group due to the possible effect it might have on the group and you thought you should check to make sure.

CONCLUSION

I hope this adaptation of our regular program to the deniers program is helpful. If you have any questions or suggestions for changes, please let me know and I may add them to this adaptation primer. Although the deniers program is initially challenging in many ways, I, and all of my colleagues who have run the program, find it a very rewarding and interesting group to facilitate. I hope you have a similar experience. I believe you will if you take an objective “my role is not to judge but to help people make positive changes to their life” attitude to the group.

Sincerely,

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