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Supporting Professionals to Prevent Sexual Abuse

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In what would become a highly influential essay back in 1974, criminologist Robert Martinson asked ‘Does nothing work?’ His concern that rehabilitation efforts in prisons weren’t working resulted in massive de-funding and elimination of services in the criminal justice world. His essay, which became the basis for the ‘nothing works’ philosophy, was premature. Indeed, the following year, Martinson was part of a team whose findings were more optimistic (Lipton, Martinson, & Wilks, 1975). Martinson would subsequently recant his earlier arguments (Martinson, 1979), but by then the stage was set for decades of belief that criminals don’t change and that treatment doesn’t work. It would be roughly 15 years before improved statistical methods further supported rehabilitative efforts in the criminal justice field (e.g., Gendreau & Ross, 1987).

Against this backdrop and prompted by concerns that traditional counseling approaches were not enough to help people lead abuse-free lives, efforts to treat people who had sexually abused have historically often been overtly confrontational in nature (e.g., Salter, 1988). However, a meta-analysis by Karen Parhar and her colleagues found that coercive methods of correctional treatment are less successful than voluntary, invested participation (Parhar, Wormith, Derksen, and Beauregard, 2008). Ultimately, recent studies of psychotherapy and therapeutic processes, including with people with sexual behavior problems, have made clear that:

- The most effective therapists who treat sexual behavior problems are warm, empathic, rewarding, and directive (Marshall, 2005);
- Poorly administered treatment can replicate the dynamics of abusive relationships. For example, clients in treatment who simply follow their therapists’ orders may be re-enacting power-based relationships similar to intimate-partner violence (Shamai & Buchbinder, 2010);
- Therapists who treat sexual behavior problems often believe themselves to be more helpful than their clients do (Beech, & Fordham, 1997);
- The average therapist rates themselves as more effective than approximately 80% of their peers (Walsh, McAlistor, O’Donnell, & Lambert, 2012);
- People tend to change more in response to what they hear themselves say than in response to what others say to them (Bem, 1972);
- Although many people start to make changes to their lives because of outside factors, they typically find their own internal reasons for change along the way (Deci & Ryan, 2002).

Unfortunately, many of these factors can conspire against professional attempts at self-improvement and establishing effective alliances with clients. Why work to improve our communication skills if we already think we’re more effective than our peers? This is where approaches such as motivational interviewing come in. By practising an evidence-based communication style, we can improve our ability to make our other treatment approaches meaningful to clients.

At its heart, motivational interviewing (MI) is ‘a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion’ (Miller & Rollnick, 2013, p. 29). Central to this definition are the following:

- Four key processes in MI are engaging, focusing, evoking, and planning;
- Engaging is the process of establishing a helpful connection and working relationship;
- Focusing is the process by which you develop and maintain a specific direction in the conversation about change;
- The process of evocation involves eliciting the client’s own motivations for change and lies at the heart of MI;
- The planning process encompasses both committing to change and formulating a concrete plan of action;
- Five key communication skills used throughout MI are asking open questions, affirming, reflecting, summarizing, and providing information and advice with permission (p. 36).

Even today, the MI spirit factors of...
partnership, acceptance, and compassion can seem very strange to professionals who find themselves concerned by their clients' past behavior. It is ironic, however, that professionals can have such a difficult time developing the MI spirit with people who have sexual behavior problems, when research shows that problems with developing and maintaining relationships are a strong risk factor for sexually abusive behavior. In any case, developing the MI spirit requires practice for people treating sexual behavior problems. However, practitioners using MI are often among the first people in these clients' lives to develop a healthy relationship with them.

Of course, developing the style, spirit, and skills of motivation can take years of work. Many go to motivational interviewing trainings but do not actively hone their skills. It is hoped that this brief overview serves to inspire readers to reconnect with this area of therapeutic practice.

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References


