

Putting the 'B' back into CBT: The use of behavioural contingencies in sex offender treatment - Summary of paper presented at the annual NOTA Conference 2002, Lancaster

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This paper aimed to highlight the neglect of the behavioural aspect of cognitive behavioural treatment with sexual offenders. Recent groundbreaking ideas have focused on the role of cognition in sexual offending (e.g. Ward & Keenan, 1999), and most treatment programmes emphasise the role of cognitive restructuring as a treatment method (e.g. Mann & Shingler, 2000; Accreditation guidelines). Whilst we do not aim to dismiss the importance or relevance of this work, we do point out that the 'C' is only 50% of CBT. Whilst some programmes include the use of specific positive reinforcement as a treatment strategy (Mann & Shingler, 2000; Fernandez et al 2001), there is a wealth of opportunities to use other behavioural strategies that at best are being overlooked, and at worst misused due to a lack of awareness (Kohlenberg & Tsai 1994, 1995).

Behaviourism is associated with B. F. Skinner and developed from his experiments in animal learning. He developed the notion of 'operant conditioning', which describes how learning occurs via associating a behaviour (e.g. with pigeons, pecking a red key) and the outcome (getting food or not). Those behaviours that are followed by outcomes viewed as favourable by the subject (e.g. getting food if you are hungry) will increase in frequency and intensity, whereas those behaviours associated with outcomes viewed as unfavourable by the subject (e.g. not getting food, or getting an electric shock) will result in the behaviour desisting.

Behaviourism is one of the fundamental principles on which psychology is based, and had considerable affect on the provision of psychological intervention for many years. However, behavioural treatment fell out of favour, following criticisms that it was simplistic and that it ignored the role of cognition, emotion and free will. As Kohlenberg and Tsai (1994) comment, 'Most people see radical behaviourism as a narrow theory, one that deals only with overt behaviour, not thoughts and feelings'.

We aim to promote the benefits of integrating a behavioural approach into a traditional psychotherapeutic approach. We do not consider that the criticisms of behaviourism are valid if the approach is applied with compassion, sensitivity and an understanding of the client's perspective.

The first stage in this paper was to consult the literature to look for the integration of behavioural principles into psychotherapy. A literature review highlighted two forms of therapy that do this.

(1) Functional Analytic Psychotherapy: Kohlenberg & Tsai (1994)

This is a radically behavioural approach to psychotherapy. The main thrust of this therapy is described as follows:

'The theory on which FAP is built [is that] you and I and our clients act the way we do because of the contingencies of reinforcement we have experienced in past relationships. Based on this theory, it follows that clinical improvements, healing or psychotherapeutic change, all of which are certain acts of the client, also involve contingencies of reinforcement that occur in the relationship between the client and the therapist'. (p. 177)

Kohlenberg and Tsai's point is that by noticing and then changing the contingencies that operate to keep the client in dysfunction, significant changes can result as the client learns new contingencies and experiences new outcomes to modified behaviours. They also suggest that the therapeutic environment mirrors that of the 'real world' in its 'functional similarity'; that is, the therapeutic environment is similar to the every day environment in the extent to which it elicits the same behaviours. If the two environments do elicit the same behaviours (and it is clear from clinical experience of working with sexual offenders that this is the case), then manipulating contingencies in the therapeutic environment could and should lead to change in the natural environment.

Kohlenberg and Tsai also described the importance of context in defining a behaviour as problematic or not – that you cannot judge any behaviour as normal/abnormal in absence of context. What is normal for one is abnormal for another. They give the example of arriving late to a session being considered maladaptive for an avoidant person, but progress for an obsessive-compulsive person. With sexual offenders, looking at adult pornography might be progress for a child abuser, but possibly risky for a rapist who objectified women.

In order to promote generalisation from the therapeutic environment into the ‘real world’, Kohlenberg and Tsai’s FAP emphasises the use of *natural* reinforcers over *contrived* reinforcers. Natural reinforcers are typical and reliable in the natural environment, contrived ones are generally not. For example, fining a client a pound for not making eye contact is contrived. The spontaneous wandering of the therapist’s attention when the client is looking away is natural. Contrived reinforcers can be highly effective when the environment is restricted. They are less effective when the changed behaviours are expected to generalise to every day life. Verbal reinforcement of a behaviour (e.g. ‘I’m so glad that you used assertiveness skills there’) is unlikely to occur in the environment, whereas taking the client seriously and listening hard to their needs is likely to occur. Therefore, the behaviour is more likely to generalise. Kohlenberg and Tsai comment that:

‘Reinforcement is ubiquitous in our daily lives and in psychotherapy – it almost always occurs naturally and is rarely the result of someone ‘trying’ to reinforce another. The strengthening occurs at an unconscious level – that is, awareness and feelings are not required’ (p. 178)

Their point here is that most people find some sort of social cues reinforcing. If we think across our own lives, we can all think of people we prefer to spend time with, and those we avoid. Those we choose to spend time with are those that provide us with the reinforcement that we find valuable, be that time to talk, being confided in, being listened to, or whatever.

These reinforcers are made use of in FAP by using them strategically to effect change. As skilled and responsive therapists, it is likely that you use social reinforcers (e.g. nodding, smiling, time to talk in the group, listening, etc.) in every interaction you have with your clients. At times, these reinforcers will be effective in that they will occur in response to a functional and socially ‘acceptable’ behaviour. At other times, you will be using those reinforcers unwittingly to reinforce dysfunctional and socially disabling behaviours (such as interrupting, shouting, failing to listen to others, egocentrism, etc.). The aim in paying more attention to contingencies is to make more strategic use of contingencies to effect pro-social behaviour change in clients. Kohlenberg and Tsai comment on the:

‘Need to structure therapy so that genuine reactions to client behaviour naturally reinforce improvements as they happen,.... a sensitive and genuine therapist can naturally reinforce improvements as they occur (p. 180).

(2) Dialectical Behaviour Therapy: Linehan (1993)

Dialectical behaviour therapy (DBT) was designed for use with clients suffering from borderline personality disorder exhibiting parasuicidal behaviours. In her description of this therapy, Linehan makes use of both direct and indirect behavioural approaches. She comments that, in the use of contingency management,

‘The aim is to harness the power of therapeutic contingencies to benefit the patient’. (p. 294)

In this quote, the implication is again that contingencies are constantly being used within the context of therapy. The aim of a skilled therapist is to be aware of the role of contingencies and to use them strategically to bring about desired therapeutic change. Linehan also comments that,

‘...contingency procedures require the therapist to carefully monitor and organise his/her own interactions with the patient so that behaviours targeted for change are not inadvertently reinforced while positive, adaptive behaviours are ignored’. (p. 294)

This highlights the need for therapists to be aware of the contingencies maintaining problem behaviours and to constantly monitor the client’s behaviour and the therapist’s responses in order to make the best use of contingency management.

Application to sex offender treatment

Having identified other psychotherapeutic approaches that make clear use of behavioural contingencies, the next stage is to add this to our own clinical observations and to consider how this approach might be used within the content of group work with sexual offenders. It has to be said that our view is that this approach should be considered as an additional therapeutic tool that can be used by experienced therapists in the context of whatever programme they are working within, in the same way that we apply techniques of Socratic questioning or specific positive reinforcement. This approach should not be seen as an additional exercise, or as something that will take up too much time in a group – it is a tool available to assist therapists to assist clients to change in a pro-social direction.

The following bullet points summarise our guidance on how to use this approach within sex offender groupwork programmes:

- Use this approach primarily to work on problematic interpersonal behaviours demonstrated in group. However, it is important to remember that behavioural principles can be helpful in trying to understand an ongoing problem.
- Know your behavioural principles. It is essential to have a firm understanding of the nature of reinforcement and punishment, as well as the nature of shaping and extinction. It is a prerequisite that readers are sufficiently familiar with these paradigms to implement them strategically and effectively. The reader is directed towards Pryor (1999) for a user-friendly introduction.
- The first stage in using this approach is assessment. It is not possible to move in and manipulate contingencies until you have a clear idea of what contingencies are in operation. The first step, then, is to watch for 'Clinically Relevant Behaviours'. That is, look for behaviours that are problematic for the individual and need to be changed, and look for behaviours that are pro-social and that need to be maintained. When conducting this assessment stage, it is important to remember the idea of context – you are setting individual goals here for group members based on their needs, deficits and strengths.
- Using principles of shaping, it is also important to look for new adaptive behaviours that are developing and need to be strengthened.
- Watch for the conditions under which those behaviours appear: notice your behaviour and group conditions under which problematic behaviours are reinforced (usually unwittingly); notice conditions under which adaptive or developing behaviours appear; notice if adaptive/developing behaviours are unwittingly punished, either by yourselves or group members.
- Behaviourally define the target behaviour. It is important to describe the behaviour non-judgementally and non-pejoratively in behavioural terms, using verbs, not nouns or labels. This allows you to set clearly defined goals for what it is that you want to change. For example, you could describe an individual's behaviour as 'resistant', but this does not tell you what he is doing that is problematic, or in what way his actual behaviour needs to change. Instead, describe the actual behaviour that you observe, for example, 'He stares out of the window, he does not complete homework tasks, he argues with other group members, he frequently comments that the group is a waste of time'. This description not only allows you to make a much clearer assessment of the problem, but also allows you to identify and define behaviourally what would constitute an improvement.
- Think long term goal and sub-goals. Problem behaviours are not going to disappear quickly, especially those that have been consistently reinforced over a lifetime. It is therefore important not only to think about the ultimate goal for the individual, but what steps he can take along the way that will contribute to the overall goal. If you wait until a group member who frequently shouts and interrupts others is waiting his turn quietly, apologising to others, and talking calmly at all times before you give reinforcement, you will have a very long wait. A lengthy period of time with no reinforcement will be frustrating for the group member, so it is important to consider what steps he could take that would be an improvement, and that can be reinforced along the way.
- After you have conducted a thorough assessment (and taken your observations to supervision), the next step is to plan how you will intervene – *how you will make changes to your own behaviour so as to change the contingencies that are maintaining problem behaviour and/or undermining pro-social change*. Remember, 'Every therapist response observed or experienced by the patient (i.e. public behaviours of the therapist) can be either neutral, punishing or reinforcing' (Linehan, 1991). When planning your intervention, it is important that you plan to use reinforcement procedures only. A lack of reinforcement may be experienced by the client as punishing, which is a natural consequence, but it is important not to deliberately set out to use aversive procedures

- If you want to extinguish a behaviour, withdraw whatever it is that is reinforcing, and use that reinforcement for another more adaptive behaviour. If you are maintaining a maladaptive behaviour via reinforcement, it is clear that whatever behaviour you are emitting in response to the maladaptive behaviour is reinforcing to the individual. Therefore, (unless your behaviour is inappropriate!) it would be more effective to transfer this existing reinforcer to an alternative adaptive behaviour, rather than withdraw the reinforcer altogether. It is very frustrating when an interaction is completely devoid of any reinforcement, so whenever you plan to withdraw reinforcement for one behaviour, you must plan to re-instigate that reinforcer or another, equally valuable reinforcer, elsewhere.
- Use natural reinforcers wherever possible. For example, time to talk in the group; smiles/nods/interest from you; clear approval, verbal or non-verbal; listening carefully; being left alone; being asked to participate more; being asked to participate less. The important thing here is to notice the effect of the reinforcer that you use. Remember that punishment and reinforcement are defined functionally, not by what you *intend*, but by the outcome. Kohlenberg and Tsai (1995) comment that, *'If therapists have been emitting behaviour that they think is reinforcing, it would be important for them to actually observe whether they are in fact increasing, decreasing or having no effect on a particular client behaviour.'*
- For developing behaviours that are starting to change, it is important to notice any attempt at change or improvement, no matter how small, and reinforce it (shaping). So much valuable learning can be lost by failing to notice subtle changes that are indicative of an individual starting to make a step forward. For example, your aim is to encourage a very quiet group member to start participating voluntarily. During a session, he interrupts another group member, and you direct him to the contract that makes it clear that interrupting is not OK. This clumsy step of interrupting may well be an example of the individual trying to participate more, and the response given in this situation is likely to punish that behaviour, and then make it harder for the individual to reach the ultimate goal of participating voluntarily and appropriately. A more effective response may be to ask him to hold on for a moment, and then to go to him and ask him to speak the moment the other person has finished.
- When using principles of shaping, it is important to reinforce progressive steps towards the new behaviour. Using the example above, if you always react in this way, you will end up with a group member who interrupts. Instead, when you are clear that he has taken the step to contribute voluntarily, albeit by interrupting, you need to 'change the goalposts', and wait for a slight further improvement before reinforcing again – for example, ignore attempts to interrupt, and wait for him to speak without interrupting before he is given air time.
- In some cases, where the individual's skills require considerable development, you may need either to give clear feedback about the deficits, and set clear goals for improvement, or you may need to coach in the desired new behaviour. It is also essential that you naturally model pro-social behaviour yourself, at all times.
- When trying to change maladaptive behaviours, it is important not to reinforce problematic behaviours (no matter how tempting). Remember that you may not be intentionally reinforcing the behaviour, but the response that the individual receives to the behaviour may be experienced as reinforcing to him. This is why the assessment process is so crucial. It is also important to be aware that when you stop reinforcing problematic behaviours, they will probably get worse before they get better. This is known as an 'extinction burst.'
- When you have withdrawn reinforcement for the maladaptive behaviour, you need to find an alternative way to give the individual reinforcement. Merely withdrawing reinforcement (which is punishing) does not teach the individual what he has to do in order to get reinforcement – i.e. it does not help him to change his behaviour in a more pro-social direction. This pairing of the withdrawal and then redirection or reinforcement is essential for effecting change.

Summary and conclusions

In this paper, we aimed to explore the use of behavioural techniques in psychotherapy and discuss their application to sex offender treatment. It must be made clear that this paper describes advanced treatment techniques that will be most useful to experienced group or individual workers who have a good understanding of behavioural principles. When starting out in sex offender treatment, the range of skills and knowledge required are overwhelming, and thinking about an additional skill is not recommended. But for those therapists who have mastered the key fundamental skills in working with sexual offenders, paying attention to the contingencies in operation can add significantly to the progress of the individual client.

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