

Friday, August 26, 2016

## Denial, Risk, and Good Lives: The Need for Protective Processes

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At a recent training on treating adolescents who have sexually abused, the discussion of polygraph came up, as it often does. My standard approach is to inquire whether professionals have truly asked all the questions they need before resorting to this measure. I explained that in the programs where I work, I have little reason to use it and outlined some reasons why. This led to a familiar case example: "Mr. Prescott, what if you are returning a young person who abused a sibling to his home where there are even younger siblings. Wouldn't you want to know whether the younger siblings have been abused?" On its face, this is a fair question. My answer is almost always the same: That I typically assume that the younger siblings have either been harmed, exposed to harm, or have otherwise been through bad experiences. This calls for diligent family interventions in order to restore safety and balance (and often to create it for the first time). The polygraph would only provide limited information about past events, while my sights are set on building better futures and preventing further harm.

At the same time, I do not want to "out" anyone who has been abused and has not reported it. Decades of work with people who have been victimized has made clear that people who have been abused need to disclose this information in their own time and in their own way. It's one thing when family members disclose their actions or those of others; it's another matter to go in and coerce this information, no matter how good the intentions. In the meantime, it is the responsibility of adults to keep all young people safe and provide access to rehabilitation and growth. A final consideration is in resource allocation: with scant resources, is it wiser to put money into a polygraph exam or family therapy?

The training organizers told me afterward that the person asking the



### SAJRT Bloggers' Profile

Chief Blogger Kieran McCartan, Ph.D. and Associate Bloggers David S. Prescott, LICSW and Jon Brandt, MSW, LICSW are longtime members of ATSA. We are dedicated to furthering the causes of evidenced-based practice, understanding, and prevention in the field of sexual abuse.

The Association for the Treatment of Sexual Abusers is an international, multi-disciplinary organization dedicated to preventing sexual abuse. Through research, education, and shared learning ATSA promotes evidence based practice, public policy and community strategies that lead to the effective assessment, treatment and management of individuals who have sexually abused or are risk to abuse.

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polygraph questions was likely a proxy for someone seated next to her. This person is apparently known for adopting a stance of, “I don’t care if it lacks research, I’m still using it.” In the end, I found myself wondering if, as a field, we only endorse evidence-based practice up to the point where it challenges our beliefs, many of which have little grounding in evidence. It’s not just an academic question; how many of us have seen actuarial risk estimates in adults revised upwards versus downwards?

A couple of days after this experience, an interested person asked whether the Good Lives Model (GLM) might be useful with people who categorically deny crimes for which they received convictions. This was another very good question and my answer here was that at a broad level, its collaborative and strength-based nature might help to elicit disclosures of past wrongdoing, but that there are other approaches in the literature that are also positive in nature (e.g., Serran & O’Brien, 2009). The GLM might help clients build on existing capacities, although without examining how one’s “good life plan” had gone awry in the past, its usefulness would be limited.

Together, these situations brought home the point that as professionals, we can often focus on managing risk to the detriment of building strengths. As others have observed, we tend to focus on having clients accept responsibility for the past when we may want to expend more energy on their taking more responsibility for their future.

Obviously, an understanding of past behavior and its connection to future risk is important. In some cases, however, one wonders if the cultural value we place on “confession” can actually impede conversations that build the trust and honesty that result in meaningful disclosure and further dialog. At a time in our profession when we have an increased focus on protective factors (those factors that protect against future recidivism), perhaps it is also important to think in terms of “protective processes” – those conversations and therapeutic intervention that actually build the capacities for accountability and honesty. While our field often finds itself looking for the newest technology for aiding assessment and treatment, it can be easy to overlook the role of skillful conversation

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## References

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