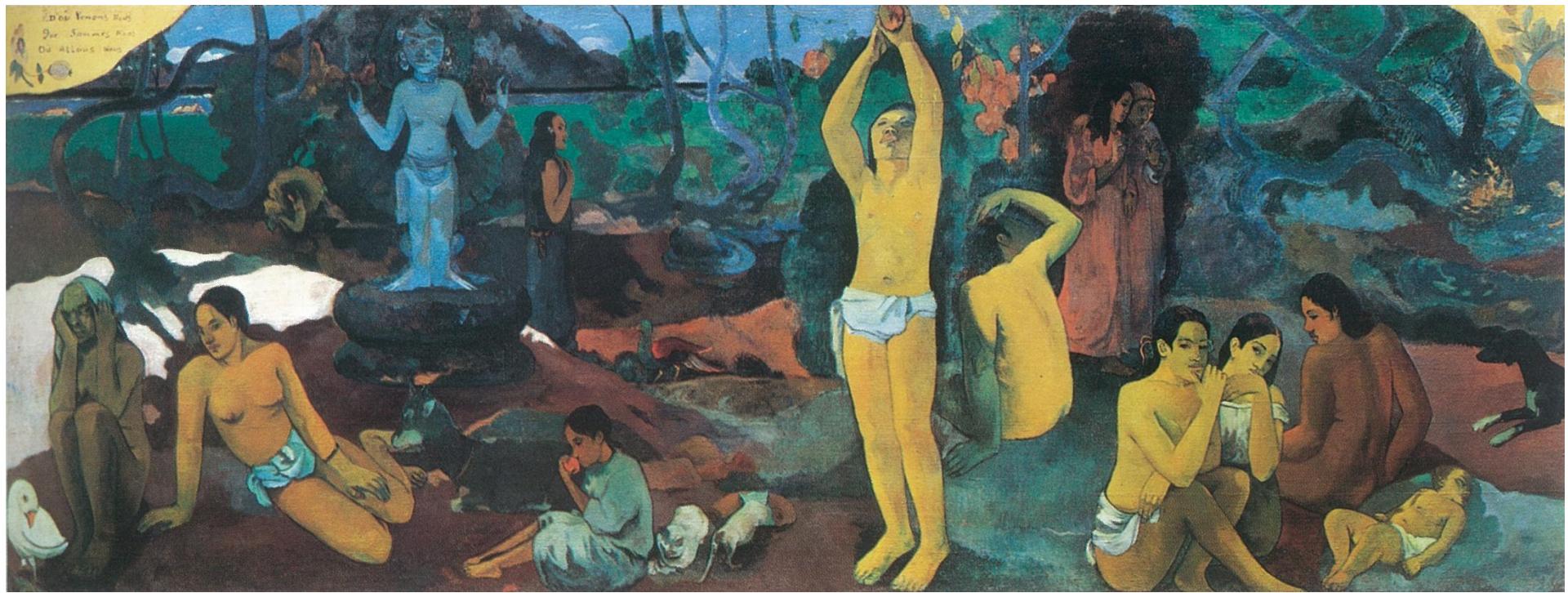


Milestones in Sexual Offender Research and Treatment

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Pre 1970s

- Phallometry
- Conditioning theory
- Behavioural treatment
- Broader non-behavioural approaches

1970s

- Beginning of emergence of CBT
- Expansion of treatment targets

1980s

- Introduction of RP – Janice Marques
- Finkelhor's model
- First conferences
- Formation of ABTSA leading to 1st conference
- Quinsey's landmark chapter
- Knight & Prentky's classification systems
- Launch of Annals of Sex Research
- Weinrott et al's review

1990s

- Expansion of theories
- Andrews' RNR
- Transfer of Annals to ATSA
 - Barry Maletzky 1st editor
- Remarkable growth and expansion of research
- Beginning of development of actuarial risk assessment
 - Quinsey, Rice, & Harris
 - Epperson, Kaul, & Huot
 - Hanson & Thornton
- Ward et al's criticism of RP
- Hanson & Bussiere's meta-analysis
- Beech & Fordham begin the analysis of "process" issues
- Publication of the first volume of two important series
 - Barbara Schwartz's "The Sex Offender"
 - Laws & O'Donohue's "Sexual Deviance"
- Appointment of Connie Isaac as Executive Director of ATSA

Early 2000s

- First identification of dynamic risk factors
 - Hanson & Harris
- Increased broad visibility (i.e., citation index) of SAJRT
 - Excellent editors
 - Barry Maletzky
 - Judith Becker
 - Howard Barbaree
 - James Cantor
- Expansion of research on therapeutic process
 - Allows clearer understanding of Andrew's CCP
- Ward's GLM
- Connie Isaac's resignation and appoint of Maia Christopher

Current

- Discussion of a reduced emphasis on RP in ATSA Forum
 - Yates & Ward
 - Carich, Dodkowski, & Delehanty
- Wider integration of GLM
 - Mann’s “approach” versus “avoidance” goals
 - Maruna’s desistance

Future

Yogi Berra: “It is tough to make predictions, especially about the future”

- Future risk: develop a “generic” disposition toward future risks
- Shift focus to a “strength-based” rather than a “deficit orientation” in:
 - Research
 - Child molesters frequently resist opportunities
 - Examine “resilience” factors even in risk assessment
 - Treatment
 - GLM
 - Positive psychology
 - Offer a better life
 - Focus on building strengths rather than overcoming deficits

FINAL THOUGHTS

1. *“The physician must pay attention to the patient’s strength, the matter of the disease, and its duration; for if the strength is weak, but the disease-matter plentiful and the duration long, then the patient should be offered from the very beginning something which sustains the strength while not increasing the disease-matter – and there is nothing more appropriate for that than the right amount of chicken broth.”*

*Ya’qūb ibn Ishāq, Treatise on the Errors of
Damascene Physicians*

FINAL THOUGHTS

2. *“We believe that in every offender there is a good person waiting for the opportunity to throw off the burden of his dysfunctional past and that it is our job as therapists to facilitate the emergence of that good person.”*

Marshall, Marshall, Serran, & O’Brien, (2011).

Rehabilitating Sexual Offenders: A Strength-Based Approach. American Psychological Association