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Cognitive Behavioral Therapy within Risk-Needs-Responsivity in Treatment of Sex Offending Psychopaths

Delita Gourdine Welch

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Walden University
2021

Abstract

Cognitive-Behavioral Therapy within Risk-Needs-Responsivity in Treatment of Sex

Offending Psychopaths

by

Delita Gourdine Welch

MS, Walden University, 2017

BS, National University, 2015

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Human Services

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Abstract

Debate exists that supports the integration of cognitive-behavioral therapy (CBT) within risk-needs-responsivity (RNR) in treatment when managing the behaviors in diagnosed sex-offending psychopaths. Although sex offending psychopaths are challenging, they are not immune to managing their behavior and maintaining a positive lifestyle and they can benefit if they can be retained in treatment. Guided by the cognitive behavioral theory, the purpose of this study was to examine how therapists manage the behaviors of diagnosed sex-offending psychopaths when integrating CBT within RNR. Therapists in practice who integrate CBT within RNR with sex offending psychopaths, answered questions about several aspects of CBT within RNR, such as the integration of CBT within RNR in treatment of diagnosed sex-offending psychopaths in managing the behaviors, challenges when designing treatment modalities, the challenges of designing treatment modalities, cognitive behavioral techniques to change the cognitive distortions and maladaptive beliefs in sex offenders, borderline personality disorder techniques, and techniques to address the deviant sexual arousal. The interviews were coded using NVivo, looking for repeated patterns of meanings and themes across responses. CBT coupled within RNR have shown to soften the stance of therapeutic pessimism in that sex-offending psychopaths could benefit if they are retained in an evidence-informed treatment program. This study furthers social change by supporting the rationale for CBT within RNR in treatment: to provide corrective interventions in managing the behaviors of diagnosed sex-offending psychopaths, thereby improving the safety of communities.

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Dedication

This is dedicated to all those who told me that I was capable of doing anything I set out to do and would be good at it. To my mother, who always said she was so proud of me and that I was always smart and would succeed. To my nephew, who always told me to never give up and he is proud of me. To me for believing in myself, although I suffer from a few health challenges. To my brother who always had faith in me. This is dedicated to all my family and friends who provided me with encouraging words of support. Giving God all the glory.

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This has been an amazing journey filled with a lot of tears and challenges. At times I never thought that I would complete this journey, but knowing and trusting, I was able to fulfill this goal and know that I could do anything.

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Chapter 1: Introduction to the study

Therapists in practice who integrate cognitive-behavioral therapy (CBT) within risk-need-responsivity (RNR) work to develop treatment modalities based upon the RNR assessment to place diagnosed sex-offending psychopaths into the most effective treatment programs. RNR, a model for the assessment and treatment of offenders (Blanchette & Brown, 2006), has been used for more than 40 years in sex behavioral management to address the offenders risk, level, criminogenic needs, and responsivity factors (Andrews & Bonta, 1998). The RNR principle has resulted in measurable gains in terms of reliable assessments of sex offenders who are treated in programs that follow these principles (Andrews & Bonta, 2010; Polaschek & Devore, 2011). In practice, rehabilitation programs using RNR also use CBT to help them manage the behaviors of diagnosed sex-offending psychopaths. CBT focuses on criminal thinking and how it contributes to criminal behavior and offending (Clark, 2010), whereas RNR focuses on the risk level, criminogenic needs, and responsivity factors to manage the behaviors of the diagnosed sex offending psychopaths (Andrews et al.,1998). The purpose of CBT within RNR is to address the management of the behaviors of diagnosed sex-offending psychopaths. This reflects an attempt to manage the behavior by developing individual treatment modalities to remediate the behavioral traits. In this study, I focused on how therapists are integrating CBT within RNR in the treatment of diagnosed sex-offending psychopaths to manage their behaviors.

Many cognitive-behavioral therapists who have used CBT within RNR when helping diagnosed sex offenders manage their behaviors. Husman (2013) cited the

limitations that suggested that interviewing more cognitive-behavioral therapists would help to understand CBT within RNR in treatment and how it works to manage the behavior of diagnosed sex-offending psychopath. The data from the therapists helped me to understand where a gap exists either in the integration or the individualized treatment modalities. Only cognitive-behavioral therapists who have integrated CBT within RNR in treatment with diagnosed sex-offending psychopaths were used for this study due to the specific focus in the future using the research. Findings from this research can be applied to other therapists, as discussed by Harris et al. (2004). Understanding the process behind CBT within RNR can offer therapists more knowledge on managing and diagnosing behaviors of diagnosed sex-offending psychopaths.

In this chapter, I review CBT within RNR in treatment and discussed in depth the purpose of this study and the theoretical framework that I used. I presented the potential limitations that I used in the generic qualitative method and discussed the scope of the study.

Background

According to Anderson and Kiehl (2014) individuals with psychopathy are unique because they demonstrate a risk of instrumental and reactive aggression. Clark (2013) stated that CBT works to manage the behavior by addressing the problems that are associated with the criminal behavior. The RNR assessment is effective when addressing the risk level, criminogenic needs, and responsivity when tailoring individual tailored treatments to manage their behaviors (Abracen & Looman, 2015). RNR may be vital in managing the behaviors by providing a reliable assessment of the offenders to allocate

them to services that align with their criminogenic needs. By using therapeutic approaches derived with using counseling, along with skill-building and multiple programs, may result in the reduction of further criminal behavior (Patrick, 2011). By integrating CBT within RNR may help offenders comprehend how their thoughts and feelings influence their behavior.

Problem Statement

Debate exists in the literature among some authors that supports the value of therapeutic interventions for sex offenders diagnosed with psychopathy, a serious personality disorder, whereas others state that therapeutic interventions may be more detrimental than helpful for treatment (Olver, 2016). Some researchers believe there a problem exists when treating diagnosed sex-offending psychopathic offenders. Olver (2016) stated that treating sex-offending psychopaths could be challenging due to their lack of motivation and their resistance to change. Other researchers have suggested that sex-offending psychopaths could benefit from appropriately designed treatment modalities and treatment interventions that could be beneficial in managing their behavior (Reidy et al. 2013). This is a challenging population and they are not immune to changing their behavior and making positive lifestyle changes if they receive corrective therapy (Beal, 2018).

Many researchers view that the treatment of sex-offending psychopaths does not exist, and no conclusion can be drawn regarding the degree to which sex-offending psychopaths can benefit from treatment (Kiehl & Hoffman, 2014; Polaschek, 2014). Some researchers have shown that the behavior of the diagnosed sex- offending

psychopath does not change with client-centered therapy, psychoanalysis therapy, group therapy, electroconvulsive therapy (ECT), or drug therapy (Tracy, 2019). A study about therapeutic interventions showed that sex-offending psychopaths who were treated with these therapies had a higher violent recidivism rate as opposed to psychopaths who did not receive any form of therapy (Anderson et al., 2014).

Martin (2019) claimed that an RNR assessment tool and CBT can be effective when dealing with behaviors of the diagnosed sex-offending psychopath. I have not found any research that supports the view that CBT as a treatment modality can be effective in diagnosed sex-offending psychopaths. Beal (2018), stated that CBT can be effective when managing the behaviors of the psychopath. CBT is a form of psychotherapy that addresses the psychopathic traits and antisocial behaviors that work to distort the cognitions to change the destructive patterns of behavior (Reidy, et al, 2013). George (2016), stated that using RNR, an assessment tool, could be beneficial to individual psychopaths when recommending a treatment plan.

The RNR model assessment works to link clients to the appropriate services based on the individual's social and psychological needs (Hamilton et al., 2017). The RNR model was designed to outline the offender's assessment and treatment and to determine treatment modalities and treatment interventions that could work to manage the behavior of the psychopath (Early & Grady, 2016). The RNR model uses most of the risk-needs assessment instruments and is shown to be the theoretical model that is used to explain the offenders' treatment (Hamilton et. al, 2017). Olver (2016) stated that psychopaths can be treated using CBT within RNR by addressing the criminogenic needs that are linked to

the maintenance of their behavior and using cognitive-behavioral methods of behavioral change that are adapted to their characteristics that can affect response to services.

However, I have not found literature that explored how therapists are using CBT within RNR in treatment to respond to the specific population of diagnosed sex offenders.

Purpose

The purpose of this generic qualitative research was to understand how therapists integrate CBT within RNR in treatment with diagnosed sex-offending psychopaths. My goal was to understand how the behavior can be managed with CBT within RNR in treatment. The integrated RNR provides a list of areas that should be assessed in any comprehensive assessment (Abracen et al., 2015). With this paradigm, the offenders risk levels and criminogenic needs are targeted to determine treatment modalities and treatment interventions that could work to manage the behavior of the psychopath. The needs principle of the RNR focused on remediating the behavior traits along with the risk factors relating to the offenders' behavior. The treatment programs were developed in the RNR by including CBT techniques that address the risk factors that work to change the behavior in sex-offending psychopaths.

The approach when using CBT within RN works to manage the behavior by targeting the criminogenic needs along with the correctional interventions that are tailored to meet the individual needs of the patients (Blasko & Jeglic, 2016). The goal of this study was to understand how therapists integrate CBT within RNR in treatment with diagnosed sex-offending psychopaths. This research will help assist therapists to use their insight to manage the behaviors when providing interventions.

Research Question

The research question aligns with the problem and purpose to understand how therapists integrate CBT within RNR in treatment with diagnosed sex-offending psychopaths. The purpose of this generic qualitative research was to understand whether CBT within RNR could work in managing the behavior of diagnosed sex-offending psychopaths. This research may assist other therapists in feeling more confident when integrating CBT within RNR in treatment so that they can identify and change the dysfunctional thinking patterns.

RQ: How do therapists integrate CBT within RNR in treatment with sex-offending psychopaths?

Theoretical Framework

The framework that I used was CBT (Beck, 1960). This theory is “based on the cognition and behavior of a person” (Beck, 1960, p. 11) and focuses on emotions and behaviors and therefore the human personality.

The theory explains how CBT works to identify and change dysfunctional thinking patterns, where the patterns are exposed and challenged (Beck et al., 2014). This theory focuses on knowing how something works the way it works to change, repair, or manage it. CBT has been used by therapists to understand the characteristics of the psychopath to increase their self-confidence so that they can move away from their self-destructive behavior (Hamilton et al., 2017) Evidence suggests that behavior can improve with therapy, even if core characteristics such as a lack of empathy remain (National Health Services, 2018).

Olver (2016) stated that it is important that therapists work to develop treatment and intervention procedures for psychopathic offenders. Applying cognitive-behavior therapy, in the beginning, was to find out what the therapists say about CBT. Therapists were involved in the process from the beginning using the RNR model. Understanding this theory helped to determine the success of therapeutic change and psychological treatment.

Nature of the Study

For this study, I used a generic qualitative approach was used. The generic qualitative study was chose over other methods of the framework because I sought to uncover the individual meaning of a process or phenomenon from the perspectives of the participants.

Bellamy et al. (2016) stated that the objective when a generic qualitative study is used is to draw out the participants' ideas about things that are "outside" themselves (Bellamy et. al., 2016); rather than focusing on their feelings that the researcher seeks to understand a phenomenon, a process, or the perspectives of the participants. The generic qualitative approach helps researchers understand how the person interprets, constructs, and makes meaning from their world and their experiences (Bellamy et. al., 2016). This generic qualitative study aimed at a rich description of the phenomenon under investigation (Lim, 2011), that focused on "(1) how people interpret their experiences, (2) how they construct their worlds, and (3) what meaning they attribute to their experiences" (Merriam, 2009, p. 23). Bellamy et al. stated that conducting generic qualitative studies

uses several skills, knowledge of the phenomenon, competency in interviewing, surveys, or questionnaires.

I used NVivo to help in the thematic analysis to identify, analyze, and interpret the patterns of the meaning that emerged during this study. NVivo is regarded as a world-leading software and the most comprehensive programs in the field. NVivo collects, transcribes, organizes, analyzes the data for qualitative and mixed-method research so that it can be visualized and then published.

Assumptions

When using this generic qualitative study, it was likely that there would not be enough data collected to identify the different themes on the integration of CBT within RNR in treatment with diagnosed sex-offending psychopaths. This will be addressed by using cognitive behavioral therapists in practice who integrate CBT within RNR in treatment with sex-offending psychopaths.

The next assumption was that each participant would answer the semi-structured interview questions clearly and honestly. Revell (2013) stated that the concept of conversational partnership refers to the effective building of trust with the participants to obtain reliable data.

The restorative practice that dealt with an approach to justice that works to strive to repair any harm that is affected to all participants involved would be addressed in the structure of the interview and the initial invitation letter that was a part of this research.

Scope and Delimitations

The scope of this study was the therapists in practice integrating CBT within

RNR in treatment with diagnosed sex-offending psychopaths. Identifying the therapists will be accomplished by sending an email to the National Association of Cognitive-Behavioral Therapists (NACBT) along with the criteria of the study. Although there were numerous therapists who practice CBT, it was limited to those integrating CBT within RNR in treatment with diagnosed sex-offending psychopaths.

The NACBT will be contacted to obtain a list of cognitive-behavioral therapists in practice who integrate CBT within RNR in treatment nationwide with diagnosed sex-offending psychopaths. Once the information is obtained, an introductory email will be sent out asking for participation in the research. The interviews will be conducted via Skype and the questionnaires were sent via email. The study will be limited to therapists in practice who have not integrated CBT within RNR in treatment with diagnosed sex-offending psychopaths. The study started with cognitive-behavioral therapists practicing nationwide. Due to the specific focus, only therapists integrating CBT within RNR in treatment with diagnosed sex-offending psychopaths will be invited to participate.

According to Husman (2013), there are issues with the sampling size in this type of study. By using only 10 participants for this study would limit the opportunity to duplicate the results to other therapists. Castellano (2014) conducted a study that showed one of the limitations is the number of participants in the study; stating that additional Twenty participants were involved in the interview and the data collections of this research, which gathered an in-depth understanding of the phenomenon which centered on the how and why of this study. Crouch and McKenzie (2006) stated that fewer than 20 participants in a qualitative study help to build and maintain a close relationship that

allows for the open and frank exchange of the information, which helps mitigate the bias and validity threats that may be inherent in the research. Therapists in practice integrating CBT within RNR in treatment with diagnosed sex-offending psychopaths will be asked to be part of this project.

Cognitive-behavioral therapists in practice and their integration of CBT within RNR in treatment to manage the behavior of diagnosed sex-offending psychopaths were the focus of this study. This helped to understand the integration of CBT within RNR in treatment from different angles. This study provides a rich picture and insight into the integration of CBT within RNR in treatment with diagnosed sex-offending psychopaths. Therapists in practice who have not integrated CBT within RNR with diagnosed sex-offending psychopaths will be excluded from this study because they had no knowledge of this integration and population.

Several theories will be considered for this project such as the Social Learning Theory, pioneered by renowned Stanford psychology professor Albert Bandura in the late 1960s. The theory was later validated in many research projects. This theory looked at how humans learn through society's interactions. This would result in a conflict with the integration of CBT within RNR in treatment. Bandura (1977) stated the behavior and personality could be altered when changing the environment; therefore the personality trait changes according to the specific situation. This theory would not help the sex offender manage their behavior, because their behavior can change based upon their environment. The social cognitive theory looks at the behaviors of the individual based on the environment and is a representation of the contact between their environment and

the person's "locus of control" (Rotter, 1966). The issue with this theory is that to understand the behavior, one must consider persons' relationship to their environment (Rotter, 1966).

The next theory considered was the behavioral personality theory, represented by figures such as John B. Watson and B. F. Skinner (Bollin et al., 2006). This theory emphasizes the observable behavior based upon the individuals' history and that behaviors are acquired through conditioning. Conditioning occurs to the responses through the interaction with the environment, thus shaping actions (Cherry, 2019). The theory states that criminal behavior occurs when a person associates themselves with criminals, and then the criminal behavior increases. Both theories will be excluded from the scope of this project because they did not meet the needs of the research.

Limitations

When using this generic qualitative study, there may not be enough data that will be collected to identify the different themes on the integration of CBT within RNR in the treatment of diagnosed sex-offending psychopaths. So, finding enough participants who were willing to take part was a limitation.

The other limitation was the selection bias. The data was limited due to not having a large sample size. Each therapist will be asked to participate so that an adequate sampling could be achieved of the different aspects of the process. The actual data could be limited if a therapist is not represented, meaning they could not speak on the integration of CBT within RNR in treatment among diagnosed sex-offending psychopaths. The target population was cognitive-behavioral therapists in practice who

have integrated CBT within RNR in treatment with diagnosed sex-offending psychopaths. Many therapists in practice were using CBT. I used a smaller, purposeful sample that fit a set of criteria to obtain the data saturation. The selection bias needed to be considered or some of the conclusions may not have been accurate. The number of therapists practicing CBT ranged from 400 to 550 with an average of 120 practicing therapists who have integrated CBT within RNR in the treatment of diagnosed sex-offending psychopaths nationwide.

The last limitation was that one therapist could blame another therapist for any negative issues that may arise (Levi, 2016). A defense mechanism exists within a workplace that has the potential to affect other therapists (Walsh et al., 2011). This will be addressed during the semi-structured interviews by paying attention to the responses and keeping the participants on the topic of the integration of CBT within RNR.

The purposive sampling began with therapists located nationwide with an email sent to the NACBT along with the criteria of the study. The NACBT will be contacted to obtain a list of therapists nationwide in practice integrating CBT within RNR in treatment with sex-offending psychopaths. Once the information is obtained, an introductory email will be sent out asking for participation in the research.

I asked for information on their integration with CBT within RNR in treatment with diagnosed sex-offending psychopaths and their outcome. The questions were made to be generic to the project so that if anyone who read the final study could not identify the participant. To gain their trust, it was important to prove how their identities would remain confidential. By gaining the trust of the therapists without violating the

confidentiality of their practice or who they are, the research can be successful. The APA Code (8.03) stated that in all cases precaution must be adhered to to protect the identity of the participants.

Significance

In this study, I examined how therapists are integrating CBT within RNR in treatment to manage the behaviors of diagnosed sex-offending psychopaths. This study helped to gain an understanding of the integration and would be effective in treatment with this population. The therapists will be asked whether integrating CBT within RNR with diagnosed sex-offending psychopaths worked to manage their behavior. Anderson et al. (2014) explained that by understanding the risk characteristics, therapists will be able to provide corrective interventions to manage the behaviors of sex-offending psychopaths.

Taxman et al. (2014) stated by examining the behaviors of psychopaths, therapists can gain a better understanding of interventions and how they work to manage the behavior of the offenders. By implementing the social change of CBT within RNR in treatment could provide therapists with the opportunity to manage the behaviors and understand why the behaviors were not appropriate to develop treatment and intervention procedures to manage the offenders' behavior that drives the criminal activity. The significance of the study examined how the integration of CBT within RNR in treatment with diagnosed sex-offending psychopaths could lead to managing the behavior.

Summary

In this chapter, I have defined the scope of the study, the purpose, and the

problem that I addressed. The problem statement explained why there is a need for this type of study and how the integration of treatment and intervention procedures can work to manage the offenders' behavior that drives the criminal activity. The significance of the study showed how the integration of CBT within RNR in treatment could work to manage the behaviors of diagnosed sex-offending psychopaths. Therapists in practice who integrate CBT within RNR in treatment were a part of this study to show how the integration could work to manage the behaviors of diagnosed sex-offending psychopaths. The social impact of the information gathered can be used to help therapists in practice with integrating CBT within RNR in treatment with sex-offending psychopaths to manage their behaviors. By using a problem-solving approach to help the diagnosed sex-offending psychopaths manage their behaviors, the therapists' integration can aid in the design of effective treatment programs.

The literature review covered the integration of CBT within RNR in treatment with diagnosed sex-offending psychopaths. Understanding the integration of CBT within RNR in treatment will help in managing the behaviors of diagnosed sex-offending psychopaths. In Chapter 3, I will discuss the generic qualitative study. I will explain the methodology and the study design in depth.

Chapter 2: Literature Review

Introduction

For the past 40 years, the RNR approach was used for sex offender management (Schaffer et al., 2010). Using this paradigm, the offenders' risk level, criminogenic needs, and responsivity were tailored to the offenders' risk levels to place offenders into individually tailored treatments to manage their behaviors. The needs principle works to focus on the remediation of the behavioral deficits and the risk factors relating to the offenders' behaviors. Olver et al. (2018) stated that the responsivity principle works to stipulate the management that works to match the offender's learning style and motivational level, along with their cultural background.

CBT, a problem-focused, therapeutic approach is used to identify and change the dysfunctional beliefs, thoughts, and behavioral patterns that contribute to their behaviors. CBT explains how the flawed thinking process and cognitive distortions contribute to criminal behaviors (Clark, 2010). The rehabilitation programs developed RNR used CBT that addresses the risk factors that are associated with the behaviors of sex-offending psychopaths, as well as the cognitive and behavioral techniques that are addressed in the risk factors (Hanson & Morton-Bourgon, 2004).

CBT within RNR addresses the growing need for managing the behavior in sex-offending psychopaths. The justification for these types of treatment is due to the characteristics traits that lead to violence (Olver, et al., 2018). CBT within RNR was designed to manage the behavior among sex-offending psychopaths. CBT was designed to focus on the challenges by managing the cognitive disorders and behaviors while

working to improve the emotions by developing personal cognitive strategies that target the behavior (Manejwala, 2016). RNR addresses the individual treatment modalities to place sex-offending psychopaths into programs that will address their criminogenic needs which are linked to the behavior of sex-offending psychopaths. CBT addresses the psychopathic traits and antisocial behaviors that work to distort the cognitions to manage the destructive patterns of behavior. CBT was designed out of necessity to address the growing need for managing the behaviors of the sex-offending psychopath (Lipsey et al., 2007).

The justification for using CBT within RNR is due to the need to find individual treatment modalities that are effective for managing the behavior of diagnosed sex-offending psychopaths. Olver, et al. (2018) stated that CBT within RNR would work to manage the behavior with individual treatment modalities. In the literature review, I examine the integration of CBT within RNR in treatment and how it works with managing the behaviors of diagnosed sex-offending psychopaths.

The first section provides the history of the emergence of CBT and how it works to manage the behavior of diagnosed sex-offending psychopaths. Next, RNR will be discussed and how it works in assessing the services and programs for sex offenders based on their risk and need factors. Following, I discuss CBT within RNR in treatment in managing the behaviors of the diagnosed sex-offending psychopaths. In addition, I discuss the role of the therapists and how they manage the behaviors of diagnosed sex-offending psychopaths. I review how therapists integrate CBT within RNR in treatment with diagnosed sex-offending psychopaths. In the final section, I describe the acceptance

of CBT within the RNR approach. The goal of this study helps to assist therapists in using their insight to manage the behaviors when providing interventions, for which there is a gap in the research. This study will help therapists in practice work to manage the behaviors of sex-offending psychopaths.

Search Strategy

The following key words will be used in this study to identify literature published in the last 5 years: *psychopaths, cognitive-behavioral therapy, CBT, RNR, Cognitive-Behavioral Therapy within Risk-Need-Responsivity in treatment, sex offender treatment programs, cognitive-behavioral therapy of sex offenders, history of behavioral and cognitive-behavioral treatments, psychopathic traits, psychological treatment of sex offenders, treatment of psychopathic sexual offenders, cognitive behavioral theory, sexual offenders with psychopathic traits, reducing psychopathic violence, cognitive-behavioral treatment, sex offending, effectiveness of treatment for sex offenders, psychopathic sex offenders, effectiveness of cognitive-behavioral therapy within RNR, protocols of cognitive-behavioral therapy within RNR, concepts and programs of sex offender treatment, sex offender treatment program, interventions, motivations, personalities, cognitive-behavioral therapists, emergence of CBT, RNR tools, history of CBT, managing behaviors of psychopathic sex offenders, behavioral therapists, utilizing the behaviors in cognitive-behavioral therapy for sex offenders, reducing psychopathic violence, treatment of sexual offenders with psychopathic traits, treatment, psychopath sexual offender, offender assessment, sexual deviance, therapeutic relationship in sex offender treatment, treatment and intervention with sex offenders, management of sexual*

offenders, treatment modalities, risk assessment, responsivity, needs, behavior research and therapy, criminogenic needs, risk factors, and cognitive behavioral approaches to sex offender treatment.

The following databases will be used: Google Scholar, Walden Library, Walden Dissertations, APA PsycNet, PsycINFO, and Nih.gov. The official website of the National Association of Cognitive-Behavioral Therapists (NACBT) also contained valuable information to help guide this dissertation, as did that of the Center for Advancing Correctional Excellence.

There exist very few dissertations on therapists that use CBT within RNR in treatment with diagnosed sex-offending psychopaths. For this study, I chose cognitive-behavioral therapists who integrate CBT within RNR in treatment with diagnosed sex-offending psychopaths.

Theoretical Framework

The theory that constituted the framework of this study was CBT. This theory was designed by Beck in 1960, based on the “cognition and behavior of a person,” which focuses on the emotions and behaviors and therefore the human personality. Although there is not a single definition of this theory, the individual theories are combined together by the assumptions, techniques, and research strategies, which maintains a view regarding the role cognitions play in changing the behavior. The cognitive theory focuses on the rationality of a person’s thinking pattern that deals with the connection with behaviors, thoughts, and feelings. The behavioral theory deals with human behavior, but not with the internal mental processes. In cognitive-behavioral theory, the nature of

change is apparent in the hyphenated term. Clients can manage their behavior, cognitively, by identifying and changing their distorted thinking; behaviorally by offering skills training that works to improve their coping capabilities; and experientially by setting up natural experiments to test the client's belief (Kalodner, 2011).

According to Beck (1960), "If beliefs do not change, there is no improvement. If beliefs change, symptoms change. Beliefs function as little operational units" (p. 4) meaning that a person's thoughts and beliefs could affect their behavior and their subsequent actions. Beck stated that the dysfunctional behaviors may be caused due to dysfunctional thinking, where thinking shapes beliefs. He states that patients could manage their behaviors if they think constructively by forsaking negative thinking.

The cognitive-behavioral theory focused on one's thinking patterns along with the connections with their feelings, behaviors, and thoughts (Beck & Haigh, 2014). Corcoran and Walsh (2016) stated that the behavioral theory does not deal with the mental processes but with human behavior, whether problematic or adaptive. The nature of change in the cognitive-behavioral theory is apparent in the hyphenated term (Corcoran et al., 2016). With this theory, the client worked to manage their behavior, cognitively by teaching them ways to help them identify and manage their distorted thinking; behaviorally by providing skill training that works to improve their coping capabilities and experientially, by working to set up nature experiments to test the extent to which their beliefs about an event are rational (Corcoran, et al., 2016).

Based on this theory, a therapy was devised that would work to treat this disorder, CBT. CBT deals with cognitive processes and behavioral strategies, with the goal of

achieving cognitive and behavioral change (Kalodner, 2011). CBT uses the strengths and skills-based model when the person is ready to take action geared towards their problems and when it appears that they lack the knowledge or skills represent a barrier to more effective functioning (Kalodner, 2011).

CBT, a form of psychotherapy describes how problems can boost happiness by modifying dysfunctional emotions, behaviors, and thoughts. CBT is based on the idea that our thoughts cause our behaviors and feelings. CBT can work to manage the behavior even if the situation does not change. CBT focuses on solutions, encouraging patients to challenge distorted cognitions and change destructive patterns of behavior.

The idea of CBT rests on the perceptions and thoughts that influence behavior. CBT works to identify the distorted thoughts, whether they are an accurate picture of reality, and if not, and begin to employ the necessary strategies to challenge and overcome the thoughts.

The soundest approach for the treatment of sex offenders involved the integration of the RNR assessment with the CBT approach. Programs developed in RNR utilize CBT techniques to address the risk factors that have been associated with managing the behavior of sex-offending psychopaths. The use of cognitive and behavioral techniques is well suited to address the risk factors (Hanson et al, 2004). Andrews et al., (2010) stated “risk are the characteristics of people and their circumstances that are associated with an increased chance of future criminal activity” (p. 2).

CBT described how this application could be used with the therapist. It was soon hypothesized that therapists could use CBT within RNR in treatment with sex-offending

psychopaths. Kalodner (2011) described how cognitive behavior was intended with sex-offending psychopaths to manage their behavior. Therapists began to take an active approach with CBT within RNR in treatment with sex-offending psychopaths to help them manage their behaviors. Therapists looked at how CBT within RNR addressed the behaviors of sex-offending psychopaths. By targeting the behaviors of the sex-offending psychopaths, the cognitive-behavioral model was designed to produce successful outcomes.

In the past, CBT within RNR has been used with many different intervention techniques. Cognitive-behavioral interventions work to target both the cognitive and behavioral problems that use full integration of the behavioral and cognitive strategies. For over 40 years traditional CBT has dominated treatment programs. Wong and Hare (2005) stated that CBT is appropriate for sex-offending psychopaths, as it is for other high-risk sex offenders, made with modifications to address the RNR issues of the psychopath.

In the past, cognitive-behavioral has been applied in many different areas of CBT within RNR. There have been several studies that discuss how CBT works to manage the behavior of sex-offending psychopaths. According to a study conducted by Hanson et al. (2013), therapists can apply CBT within RNR to manage the behavior of the sex-offending psychopaths. A study conducted by Gonzalez-Prendes and Resko (2013) showed that if therapists applied CBT within RNR to sex-offending psychopaths, it could significantly manage their behaviors while placing them into the treatment modalities needed to manage the behavior. Losel and Schmucker (2017) looked at the role of

therapist concerning how they could apply cognitive behavior and the impact they could have on their clients. Losel et al. (2017) stated that if therapists embraced this theory, then they could work to manage the behavior of the sex-offending psychopaths and work to help the client get into individual modality treatment. This research looked at the therapists and whether applying this theory had an impact.

Past research demonstrated that applying CBT within RNR could produce a good outcome for sex-offending psychopaths by managing their behavior.

The emergence of Cognitive Behavioral Therapy

From 1920 until the late 1960s behaviorism dominated the field of psychology, which was scientific, useful, and practical (Laws & Marshall, 2003). CBT, a type of psychotherapy was developed in the 1960s by Aaron Beck, who formulated the idea for this therapy when noticing many of his patients had internal dialogues in the form of talking to themselves. Beck (1960) observed that “the thoughts often impacted their feelings, calling these emotionally-loaded thoughts “automatic thoughts”. Originally to The Development of Cognitive-behavioral therapy (2014), stated that Beck originally named CBT “cognitive therapy” due to its focus on the patient’s thought process.

In the early 1970s, cognitive psychology emerged and the cognitive processes began to include behavioral treatment that was used with sexual offenders (Manejwala, 2016). This process contributed to the dominance of using cognitive-behavioral and behavioral approaches within this population, by targeting the changes in the cognitive process such as attitudes, beliefs, perceptions, and other thoughts that directed the behavior of the sex-offending psychopath. It was not until the 1980’s that a more

conceptualization of cognitive processes focused on what is known as “cognitive distortions” (Laws et al., 2003). CBT, a problem-focused, therapeutic approach works to identify and change the dysfunctional beliefs, thoughts, and patterns of behavior that focus on the problem behaviors of the sex offender. The purpose of CBT works to explain the cognitive deficits, flawed thinking process, and the distortion which could lead to criminal behavior (Clark, 2010). For sex offenders, CBT addresses the number of problems that are associated with criminal behavior such as self-control, moral reasoning, and impulse management (Clark, 2010). To address these problems use of cognitive skills training, anger management, along with other strategies is used in CBT to manage the behavior of the offender (Clark, 2010; Lipsey et al, 2007).

CBT is based upon the theoretical foundation that focuses on how “criminal thinking” contributes to criminal behavior, meaning that distorted cognition may be a characteristic that is found in criminal offenders (Clark, 2010). This behavior may lead to self-justificatory thinking, lack of moral reasoning, and feelings of entitlement (Development Services Group, Inc. 2010; Lipsey et al., 2007). Clark (2010) stated that CBT is based upon the cognitive deficits of the offender and the criminal-thinking patterns which are learned. With this, CBT interventions utilize a set of structured techniques that work to build the cognitive skills where the offender has a deficit, by restructuring the cognition where the offender has distorted or biased thinking.

CBT works to change the emotions, behavioral schemata, and thoughts associated with sex offending, by addressing the following issues during treatment:

- i “Biological problems

- ï Problems of self-worth
- ï Cognitive distortions
- ï Taking up responsibility
- ï Offense cycle chain
- ï Coping skills
- ï Social skills
- ï Sexual preferences
- ï Self-management/relapse prevention” (Losel et al., 2017)

CBT for offenders was based upon the beliefs that the foundations for criminal activity were due to the dysfunctional patterns of thinking. CBT explores the relationship between feelings, thoughts, and behaviors, which arises from two schools of psychology: behaviorism therapy and cognitive therapy. Its roots can be traced to these models and their merging. Behaviorism, based on the behaviors, that can be trained or even changed. Cognitive is based on a person’s emotions that can arise from their thoughts (The History of Cognitive Behavioural Therapy, 2014).

CBT uses a training approach that involves teaching new skills where the offender shows a deficit, such as a problem awareness, finding other solutions rather than reacting on their first impulse, evaluating their consequences, resisting peer pressure, deciding on a more beneficial course of action, and listening to others perspectives (Thigpin, Beauclair, Keiser, Guevara & Mestad, 2007). CBT in offender treatment works to target the choices, thoughts, attitudes and meaning system which are associated with the antisocial behavior and deviant lifestyle (Thigpin et al., 2007).

CBT is one of the organized therapeutic approaches within the group of cognitive-behavioral therapies that share a similar set of assumptions. These approaches fall into a scope of three approaches that deal with CBT that assumes that the internal cognitive processes also called thinking or cognition which affects the behavior; cognitive activity may be altered and monitored; and that the behavior change may be effected through cognitive change (Beal, 2018).

The first fundamental proposition of CBT stated that the external situation does not determine the feelings and behaviors, but the perception of the situation determines their behavior and feelings leading to different emotions and behaviors. The next assumption suggests that the desired behavioral change might be affected through the cognitive change through reinforced contingencies, which may alter the behavior.

CBT based on the cognitive model stated that the feelings, thoughts, and behavior are conjoined and that individuals can work toward overcoming their issues and meet their goals by identifying and managing their distorted thoughts, problematic behaviors, and any emotional responses (Early & Grady, 2016). “This involves the individual working collaboratively with the therapist to develop skills for testing and modifying beliefs, identifying distorted thinking, relating to others in different ways, and changing behaviors” (The Development of Cognitive-Behavioral Therapy, 2014).

The conjoining of cognitive therapy techniques and behavioral modification techniques gives rise to CBT. Nurius and Macy (2008), stated that “cognitive [behavioral] therapy is the application of cognitive [behavioral] theory ...to the individual case”. Cognitive therapy includes the behavioral components to maintain and

establish the integrity as distinct, where CBT is the mechanism of change (Early et al., 2016). The integration of cognitive and behavioral theories into CBT share similarities but interferes with the differences. Both are similar, behavioral and cognitive theories, that explain human behavior and thus human nature. CBT is based upon the theories which explain human behavior.

In earlier scientific studies, these theories were aimed at studying the behavior – “why do people do what they do”. Later this idea was applied to altering the behaviors and their treatment models emerged (Gambrill 2004; Spiegler & Guevremont 2010)

Over the last few decades, there have been several psychological therapies that have used cognitive behavioral therapy with sex-offending psychopaths. CBT, one of the well-known therapies has been used in a variety of settings to help people gain a better understanding of themselves. There are many therapists who use CBT to help their clients deal with managing their behaviors, and many more who have benefited from its use. CBT looks at the beliefs and patterns that may contribute to self-destructive behavior (NAMI, 2015).

The sexual offender treatment paradigm is derived from CBT, which Ellis and Ellis (2014) states that individuals can “adopt reason and can be trained to uncover and correct the distorted information that maintains maladaptive behaviors and emotions”. Due to cognitive distortions that are addressed in the sexual offender treatment, are those that allow the diagnosed offender to minimize or justify the sexual act and the impact it has.

By merging the elements of cognitive and behavioral approaches focuses on the principle of “self-reinforcement”, although these two approaches were not intended to be connected. This concept stated that both approaches reinforce each other. The cognitive change leads to changes in action and behavior, which produces a sense of well-being which strengthens the changes in thoughts and strengthens the behavioral changes (Ellis et al., 2014). This process is the key element of the cognitive-behavioral approach, which helps the client to better understand the cognitive-behavioral process.

Using CBT works to blend both the behavioral and cognitive theories in conjunction with attention to the individual’s context which has the potential to address the individual in their environment (Early et al., 2016). If a true cognitive-behavioral theory develops or whether the cognitive-behavioral model reflects both behavioral and cognitive theories, CBT will serve the needs of the sex-offending psychopaths. By understanding the history and concepts of the theories, the therapist will be able to deliver a more theoretical model of interventions giving weight to both the individual and the environment (Early et al., 2016).

RNR History

RNR (Andrews et al., 2010) has been the approach for treatments in offenders in Canada, along with other parts of the world for over three decades (Looman et al., 2013). The RNR model which was formulated in the ’80s and formalized in 1990 (Andrews et al., 2010), is used for the assessment and treatment of offenders and has been an approach used in the treatment for offender rehabilitation. RNR addresses three principles: the risk principle that asserts the criminal behavior of the offenders which can predict and that the

treatment should be focused on the higher risk of the sex offender, the need principle which states the importance of the criminogenic needs within the delivery and design of the treatment, and the responsivity principle which states how the treatment should be provided (Bonta et al, 2007). The importance of the RNR principles is evident in the domains of the offenders' assessment and treatment (Andrews, Bonta, & Wormith, 2011).

The study of the criminal justice interventions emerged within the last 20 years (Polaschek, 2012). The key aspects of RNR include the provisions of treatment, the prioritization of offenders for interventions that work to address the needs and responsivity, and assistance in case management (Hamilton et al., 2017). RNR does not represent a theory of interventions, but a principle of effective correctional intervention (Andrews et al., 2010), wherein a variety of therapeutic interventions can be utilized. RNR, an assessment designed by James Bonta and Donald Andrews in 1990, represents the principles of effective correctional interventions.

RNR, a theoretical framework outlines the causes of criminal behavior, and principles for reducing crime (Polaschek, 2012). There are a number of factors that have to be considered in the comprehensive theory of criminal behavior, which includes the biological/neurological issues, temperament, and social and cultural factors, stating that criminal behavior is multi-factorial (Andrews et al., 2010). These three principles of effective corrections termed risk need, and responsivity represents the assessments and treatment in the offenders' population.

Within the framework of RNR, the programs also contain other issues to ensure a thorough intervention (Andrews et al., 2010; Andrews et al., 2011). Examples developed in England and Wales:

- ï “clear model of change;
- ï a thorough selection of offenders;
- ï targeting a range of dynamic risk factors;
- ï effective learning and teaching methods;
- ï skill-orientation;
- ï adequate sequence and duration;
- ï promotion of offender motivation;
- ï ensuring program integrity; and
- ï ongoing evaluation” (Maguire, Grubin, Losel, & Raynor, 2010, p.13)

RNR has been described as a psychometric model that is derived from a reliable and valid assessment that deals with the offenders’ traits (Andrews et al., 2011). The assessment works by applying three principles, the risk principle which supports the level of the intensity to the offender’s risk level; the need principle which states that treatment should be tailored to address the criminogenic needs of the sex-offending psychopath that are directly linked to the criminal behavior, and the responsivity principle that dictates the treatment style that needs to be tailored to meet the learning style and ability of the sex-offending psychopath, based upon the behavioral and cognitive-behavior techniques and processes (Andrew et al., 2011).

The risk principle has two components, the first being the reliability of predicting criminal behavior and the need for evidence-based risk assessment. The second component is making sure that the level of service matches the offenders' risk level (Bonta et al., 2010). The risk principle which references the concept of risks, states that the treatment offered should be observed for higher risk groups of offenders, such as sex-offending psychopaths (Looman et al., 2013). The need principle states that treatment should focus on the criminogenic needs (Looman et al., 2013), by identifying the central risk/need factors to develop and maintain the criminal behavior. The responsivity principle consists of two components, the general and specific responsivity. The general responsivity deals with the interventions that are based on the cognitive, behavioral, and social learning theories (Smith, Gendreau, & Swartz, 2009), while the specific responsivity deals with assuring that the treatments, attributes, and circumstances align with the criminogenic needs (Andrews, et al., 1990).

The RNR assessment works to link clients to the appropriate services based on the individuals' social and criminogenic needs. The RNR assessment was designed to guide an offenders' assessment and treatment, to determine the individual treatment modality and treatment intervention that could work to control the behavior of the psychopath. The RNR assessment uses some of the widely-used instruments to manage their behaviors which are adapted to their characteristics. The RNR assessment suggests that therapists speak with the sex-offending psychopath about any issues and use the issues to draw upon what RNR offers. RNR works to build upon the strength alternatives to the risk factors that favor criminal activity.

The RNR principles are important in both the assessment of the offender and the treatment. In addition to the risk and changes in the criminogenic need with treatment, the characteristics of the individual will impact treatment effectiveness. Even if the treatment is aligned with the risk principles, the treatment that addresses the need, along with the therapeutic environment is conducive to change, the factors which are specific to the sex-offending psychopath will still work to play an important role in determining whether change occurs within the individual can occur (Harkins & Beech, 2007). This can be referred to as the responsivity factors, relating to the ability of the individual to benefit from treatment (Andrews et al., 2003).

Psychopathy has been studied among the criminal population. Psychopathy is marked by interpersonal traits such as lack of motivation, resistance to change, manipulation, pathological lying, lack of empathy, and having a persistent violation of social norms (Hare, 2003). There is evidence that would suggest that psychopaths are “untreatable” (Olver, 2016). Another outcome would suggest that psychopaths could present an obstacle to therapy, but the obstacle can be overcome (Harkins et al., 2007). Psychopathy could be seen as a block to treatment. Psychopaths are identified as having more criminogenic needs and should be viewed as the responsivity factor to which the learning factors could be used to guide the responsivity interventions (Looman et al., 2005).

According to Prochaska and DiClemente (1982), the motivation for treatment in sex offenders has been considered as a “transtheoretical model of change, ranging from the lack of acknowledgment of the problem, to beginning to acknowledge the problem, to

beginning to acknowledge the problem and make changes, through to the maintenance of the changes that are made in treatment” (pg. 621). Responsivity is important to deliver treatment in a manner where the individual can be most responsive (Andrews, et al., 1998). Responsivity deals with the responsivity principle which focuses on the following principles for effective interventions:

- ï “Focusing on the target behavior by using evidence-based interventions
- ï Increasing the severity of the responses which are based upon the risk level
- ï Increasing the intensity of the intervention when the severity of the criminogenic needs increase
- ï Using CBT and/or social learning interventions
- ï Embedding the interventions within the criminal justice environment which are responsive
- ï Focusing on building the motivations that change by providing the feedback reports to the offenders
- ï Measuring the outcomes and evaluating the programs regularly” (Center for Correctional Excellence, 2013, p. 2)

RNR serves as the premier treatment for offenders, which has led to the empirically derived and effective treatment intensity for sex-offending psychopaths (Andrews, et al., 2006). RNR deals with the risk interactions and classification of the offenders, based upon the observations of their behavior, risks while targeting the treatment outcomes along with the offender-based factors that work to influence the outcome. Ogloff and Davis (2004) stated that RNR focuses on the personal,

interpersonal, and social factors which are involved in the acquisition and maintenance of criminal behavior. When dealing with the need and responsivity principles in the assessment of criminogenic needs and responsivity factors, it is important to note that change is an important aspect of life and that any behavioral changes can be facilitated with an appropriate intervention (Polaschek, 2014).

Sex offending programs must be differentiated according to the offenders' risk level, crime-related needs, learning styles, staff competencies, and setting features (Losel et al., 2017).

RNR is grounded in a number of principles that are researched to ensure the programs are implemented with effectiveness (Gendreau, Goggin, French, & Smith, 2006; Smith, Gendreau, & Swartz, 2009). With the responsivity component, each of the program groups must adhere to the principle for effective interventions:

- ï Focusing on the primary behavior by utilizing evidence-based interventions
- ï Increasing the response which is based upon the risk level: increasing the restrictions/control as the risk increases
- ï Increasing the intensity of the interventions when the criminogenic need increases
- ï Using CBT with the learning interventions
- ï Focusing on building their motivation in order to change reports to the offenders
- ï Embedding the interventions in the justice system which are responsive

- ï Measuring the outcome and evaluating the programs regularly (Center for Advancing Correctional Excellence, George Mason University 2013, p. 17)

The key components are criminal history risk, which is validated by a risk assessment, primary criminogenic needs that are related to the offenders' behavior, and the self-improvement & management which works after consideration of the individual's needs, which are used to place the sex offenders into the appropriate programs, and controls that are based upon their risks and needs.

Although RNR does not represent a theory of intervention, RNR does represent the principles of dealing with effective correctional intervention in sex offenders (Andrews et al., 2010), where a variety of therapeutic interventions can be used. Andrews et al. (2010) stated that a number of factors need to be considered in the theory of criminal behavior; the biological/neurological issue, the temperament, and the cultural and social factors while noting that criminal behavior is multi-factorial. Andrews et al. (2010) have outlined the principles for effective corrections, labeled risk, need, and responsivity. These principles have resulted in several decades of research in the practice of effective assessment along with the treatment of the sex offender population, making the factors of RNR clear, empirically verifiable, and concise (Looman et al., 2013).

Cognitive Behavior Therapy within RNR in Sex-offending psychopaths

The approach for the treatment of psychopathic sex offenders involves the integration of the RNR principles (Andrews et al., 2010) with the CBT approach. Rehabilitation programs that are developed in RNR use CBT techniques that address the risk factors that are associated with managing the behavior, as cognitive-behavioral

techniques are suited to address the risk factors. Cognitive-behavioral interventions based on the principles of risk, needs, and responsivity are said to be the most common form of treatment when used with sex offenders (Polaschek, 2014).

Andrews et al., 2010 stated that treatment for sex-offending psychopaths are effective when (a) there was an allocation of resources devoted to high-risk cases with fewer resources being available to low-risk offenders, (b) treatment that is focused on the risks factors such as criminogenic, and (c) having the treatment delivered in a warm empathic, and respectful way that matches the individual's unique learning capacity and personal characteristics (Olver, et al., 2018), which are shown to be important to the sex-offending psychopaths treatment.

In the responsivity principle in RNR, there are two parts; general and specific responsivity. The general responsivity deals with the use of cognitive social learning which influences the behavior (Andrews et al, 2010). The core correctional practices, “prosocial modeling, the appropriate use of reinforcement and disapproval, and problem-solving” works to outline the specific skills which are represented in the cognitive social learning approach (Polaschek, 2014).

The specific responsivity works to fine-tune the cognitive-behavioral intervention by taking into account the learning style, motivation, personality, and bio-social characteristics of the individuals. The correlation of these two processes is interlinked to provide treatments that can work to correct the undesired physical aspects of the sex-offending psychopath, the treatments such as hormone control, along with the psychological aspects as it relates to the difficulties with social skills (Mathews, 2014).

Although there are different theoretical frameworks that exist, the combination of CBT within RNR has positive results (Mathews, 2014).

A treatment program that incorporated CBT, was the Sex Offender Treatment Program which was set up in 1991. The program was divided into 4 sections; core treatment, extended treatment, booster treatment, and thinking skills (Mathews, 2014). While the extended treatments focus on the behavioral aspects of offending, the core treatments focus on the cognitive factors, meaning that the offender is aware of their moods which could increase the level of risk daily. This aligns with the RNR principles that illustrate how identifying and treating the risk factors, could lead to positive results.

Evidence demonstrates CBT within RNR has shown to work accordingly for sex-offending psychopaths. By examining the subcategories of the sex-offending psychopath, shows that different- sex-offending psychopaths require different aspects of these programs (Howitt, 2011). By identifying the risk factors, it can determine which of the subcategory areas require the most focus, by following the concept of the need principle (Howitt, 2011). Another program, The Kia Marama Sex Offender Treatment program was established in 1989, due to the high rate of reoffending among child molesters. This treatment places emphasis on tackling the sexual deviance with cognitive restructuring and coping methods, which do not dispel the distortions, but allows the sex-offending psychopath to develop ways to manage the behavior. This treatment shows the importance of identifying the need factor of RNR within CBT to manage the behavior of the sex-offending psychopath. The RNR programs are prioritized for higher-risk individuals and mainly include CBT (Department of Corrections, 2018a).

When assessing the intervention of the sex offender treatment program, it is vital to note the reason behind the offending and understand that sex offender psychopaths cannot be treated identically. By following the RNR principles it will allow for specific treatment of the subcategories that may appear to be similar but may require different methods of treatment. When integrating CBT and RNR, the treatment of sex-offending psychopaths can provide specific treatments to correct any specific motivations, either cognitive or behavioral. When applying CBT within RNR in sex offender treatment programs, may provide the offender the opportunity to manage their behaviors.

To yield beneficial results, the sex offending program must work to distinguish their treatments based upon the tailored treatment services. It appears that incorporating CBT within RNR is effective to manage the behavior of sex-offending psychopaths. CBT interlinked with RNR works in sex offending treatment programs to manage the behaviors. RNR utilizes CBT techniques to address the risk factors that are associated with cognitive distortions, as cognitive and behavioral techniques address the risk factors (Hanson et al., 2004).

Andrews et al. (2010) stated that the based approach for effective treatment of sex offenders involves an integration of the principles of RNR within a CBT approach. RNR demonstrates that treatment for sex offenders is found to be effective when the allocated resources are devoted to the high-risk cases, making sure that the treatment focuses on the criminogenic factors, and that the treatment is delivered in a rewarding way that matches the personal characteristics and learning capacities, that is relevant to sex

offender treatment (Olver et al., 2013). Andrews and Zinger (1990) stated that the treatment is effective when modeled on the cognitive behavioral therapy approach.

The responsivity principle of RNR can be equated with the cognitive- behavioral therapy approach. RNR, a risk-based model works to provide a set of principles that address the principles and treatment, which includes CBT as a modality when working with sex-offending psychopaths (Andrews et al., 2010). By delivering CBT in a manner informed by RNR principles shows that it is compatible when addressing the needs of managing the behaviors of sex offenders (Andrews et al., 2011; Wormath et al., 2012).

CBT within RNR includes providing clients with information on how to manage their behaviors, but also the required steps on how to develop new skills, habits, routines, and thinking patterns to combat the risk factors, to reduce the overall risk profile (Andrews et al. 2011).

Therapists protocol when integrating CBT within RNR in Sex-offending psychopaths

Research would suggest that delivering treatment for sex-offending psychopaths shows that the impact can be both positive and negative (Clark, 2004). It has been suggested that therapists integrating CBT within RNR in treatment are considered a critical occupation, where the community encounters the events that may impact upon the psychological well-being (Dean & Barnett, 2011). While performing this work, the effects on therapists can be detrimentally indicated by a fifth to a quarter of their reports negative effects resulting from their work (Clark, 2004). Further research suggested positive effects of working therapeutically with sex-offending psychopaths (Dean et al.,

2011). Studies are crucial when the management of treatment is delivered. By understanding the effects that are experienced by therapists in treatment settings will lead to the development of more tailored support systems to protect, enhance or maintain the therapist's well-being (Clark, 2004).

Psychopathic sex offenders are challenging to treat, and do not respond to treatment programs, due to their lack of motivation, and the resistance to change. Dean et al., (2011) stated that "...no effective interventions yet exist for psychopaths".

CBT works to combine the basic theories of how a person learns (behavior) with theories that align with how a person thinks and interprets the events in their life (cognition). With CBT, the therapist and client work to identify the patterns of their behavior and their thinking. Therapists use exercises to assist the clients in evaluating and changing their thoughts and behaviors (Mitchell, Wormith, & Tafrate, 2016). The treatment focuses on mostly the thoughts, while some focus on the behavior. If the client has difficulty in identifying and challenges the negative thoughts, the therapist must then focus on addressing the behavior. But if the behavior is not noticeable, the therapist must focus on challenging the detrimental thinking.

Therapists use constructed exercises to evaluate and change the thoughts and behaviors of a sex-offending psychopath, by using common CBT interventions such as:

- ï “setting realistic goals and learning how to solve problems
- ï learning how to manage stress and
- ï identifying situations that are often avoided and gradually approaching feared situations

- ï identifying and engaging in enjoyable activities such as hobbies, social activities, and exercise
- ï identifying and challenging negative thoughts
- ï keeping track of feelings, thoughts, and behaviors to become aware of symptoms and to make it easier to manage to change the criminal thinking and the criminal behavior (Skeem, Kennedy, Monahan, Peterson, & Appelbaum, 2016).

Researchers state that sex-offending psychopaths cannot be cured and will do worse with treatment (Bonn, 2016). But if the program targets two of the main factors, the intrapersonal within the individual that focuses on the criminal thinking and identity, along with the criminal identity which focuses on the criminal value can work to manage the behavior of the sex-offending psychopaths (Babiak, 2012). Sex-offending psychopaths “can be trained and managed but not cured” (Bonn, 2016, p. 1),

In order to facilitate change, the therapist must increase the use of the positive/strength-based approach, based on RNR. By incorporating CBT within RNR the risk, needs, responsivity principles must be addressed. The risk principle deals with matching the intensity of the offenders to their risk level, the needs principle works to address the criminogenic needs, and the responsivity principle works to tailor the treatment methods that are addressed to the unique learning skills, style, and ability (cognitive – behavior + skills).

The risk principle matches the services according to the sex-offending psychopaths’ intensity to their risk level, by using standardized risk assessment measures. The higher the risk determines the most intensive measures. The strong predictor of the

risk is determined by the behavior plus the criminogenic needs. The criminogenic needs include the risk factors that predict criminal behavior and attitude.

The needs principle works by targeting the criminogenic needs to manage the criminal behavior. The pro-criminal attitude such as antisocial personality affects the criminogenic needs. The pro-criminal attitude cuts across a range of criminogenic needs that plays a role in targeting the treatment for sex-offending psychopaths.

Evidence-based interactions use the risk and need assessment to determine which level of treatment and control is needed. The interactions are used to build an engagement with the offender to participate in treatment that will motivate them to manage their behaviors, by involving the sex offender in case planning and to teach them how to recognize and manage the triggers that result in detrimental behaviors (Skeem et al, 2016).

To facilitate change with the responsivity principle, the intervention style has to be matched with the offender's style of learning while focusing on effective learning. Cognitive-behavioral interventions are used with the responsivity principle. There are elements and factors of intervention that are involved in an effective therapeutic relationship (responsivity):

1. Relationship factor: Influence

Building relationships that influence the "if" and "what" will be learned, by showing interest, being open, warm, respectful, genuine, and having unbiased communication (Cohen & Whetzel, 2014).

2. Structuring factor: Direction of influence (pro-criminal to pro-social). Using direct

learning with evidenced-based interactions and exercises, which are determined by the behavior model, and the content of the messages (Olver & Wong, 2011).

While the responsivity principle directs the therapists with a CBT approach, that each treatment has to be provided on an individual treatment modality, and that the case formulation and treatment should not follow a one size fit all approach (Cohen et al., 2015).

Therapists Used for this Study

The therapists used for this study were nationwide. The approach was to understand how integrating CBT within RNR in treatment manages the risk factors that are associated with sex-offending psychopaths, and how these techniques are employed in both of these paradigms. Therapists are looking to manage the behaviors by integrating CBT within RNR in treatment to comprehend how the thoughts and feelings influence the behaviors. Therapists cited the benefit of CBT within RNR in treatment and how it could manage the behaviors of the sex-offending psychopaths that are associated with the criminal behavior and how by addressing the risk level, criminogenic needs, and responsivity tailored to treatment could work to manage the behavior, by placing them into services that align with their criminogenic needs. No studies have been conducted with these therapists on the integration of CBT within RNR in treatment with diagnosed sex-offending psychopaths.

Generic Qualitative Approach

A study conducted by Brooks, Bilby, and Wells (2006) looked at therapists in practice who use CBT within RNR in treatment to manage the behaviors of sex-offending

psychopaths. Brooks et al. (2006) designed the study to view how therapists integrated RNR in treatment. The participants were interviewed with Skype, and open-ended questions were used, along with open-ended questionnaires that were emailed to the participants. By using multiple therapists, data triangulation was used. This study found that when treatment is modified according to their criminogenic needs, the behaviors of the diagnosed sex-offending psychopaths could be managed.

This generic qualitative study provided a better understanding of the integration of CBT within RNR in treatment, and how it may be effective in managing the behavior of diagnosed sex-offending psychopaths.

Summary

The literature review showed an in-depth look at cognitive-behavioral therapists and their integration of CBT within RNR in treatment. Each section provided a look at the responsibility of the therapists as well as applying the cognitive-behavioral theory to help the offender, and the community.

Studies existed on the behaviors of sex-offending psychopaths from a qualitative perspective. The history of sex-offending psychopaths showed a correlation between criminal behavior and criminogenic needs. CBT within RNR assessments was designed that addressed the behaviors to help the sex-offending psychopaths (Blasko et al., 2016).

But, few studies exist from a therapist's integration of CBT within RNR in the treatment of diagnosed sex-offending psychopaths. Based upon the previous research that has been conducted it was necessary to gain the knowledge of CBT within RNR in treatment from the therapists. It was critical to understand the integration of CBT within

RNR so that other therapists can integrate their own programs to help diagnosed sex-offending psychopaths manage their behaviors.

Chapter 3: Methodology

The purpose of this research was to understand how therapists integrate CBT within RNR in treatment, to manage the behavior, and address the risk factors associated with diagnosed sex-offending psychopaths. In this chapter, I discussed my research design and the rationale for using this design, my role as the researcher, and how I dealt with the barriers and ethical issues will be dealt with. The methodology was discussed along with the rationale for its use, the research strategies, how the participants were selected, and how the data were collected and analyzed. With this research, I accounted for the validity and reliability of this study and discussed any ethical concerns relating to this study and how any concerns will be addressed.

Research Design and Rationale

The research question for this study was:

RQ: How do therapists integrate cognitive behavioral therapy within RNR in treatment with sex-offending psychopaths?

A generic qualitative approach was used for my research to understand how therapists integrate CBT within RNR in treatment with diagnosed sex-offending psychopaths to manage their behaviors.

This approach was used to understand how therapists are integrating CBT within RNR in treatment across their practices. Using the generic qualitative approach involved therapists to uncover the data that could answer the question of the integration of CBT within RNR in treatment with diagnosed sex-offending psychopaths.

Using the generic qualitative approach, allowed the therapists to explain the integration of CBT within RNR in treatment when managing the behaviors of diagnosed sex-offending psychopaths. Bellamy et., al. (2016) stated that conducting generic qualitative studies uses several skills, knowledge of the phenomenon, competency in interviewing, surveys, or questionnaires.

The phenomenological study approach was considered for this research but was ruled out. The first reason was that the phenomenological study looked at clarifying and enlightening how people understand and comprehend certain phenomena' (Davidsen, 2013). Looking at the exploration of multiple perspectives was one part of this study; this research focused on the commonality of lived experience within a particular group and how they describe their experience of a concept or a phenomenon.

An ethnographic study approach was also considered, but I decided not to use this method for the study. According to Ellis et al. (2011), an ethnographic study is a detailed and faithful representation of the person's attitudes and behaviors. As described by Wood (2009), an ethnographic study describes human society, customs, and cultures, and it requires having a thorough knowledge of the customs and cultures of this type of study. This study was not concerned with the attitudes and behaviors of the therapists; rather, it was concerned with addressing how therapists use CBT within RNR in treatment with diagnosed sex-offending psychopaths.

Role of Researcher

The discussion of the researcher's role is important. Creswell (2014) stated that the research locations have to be in a natural setting. When interviewing the participants, it was important that the setting was comfortable as opposed to a location that was uncomfortable for the participant. The research was conducted via Skype and email.

With any study, I as the researcher was the key instrument. I collected and interpreted data, along with any other documents from the therapists. I looked at the categories, themes, and patterns that emerge to build the research from the bottom by organizing the data (Vaismoradi et al., 2016). It was important that I did not lose focus on the meaning that the participants describe as their perspective. To avoid this, I conducted one interview at a time and waited 24 hours before coding so that the information was still fresh and did not become tainted by the prior interview.

In research, it was important that I was aware of any biases. The biases for this research may be that I have provided CBT and RNR and may tend to believe that this integration is a positive addition in helping sex-offending psychopaths to manage their behavior. This could have represented a biasness in how I asked the questions and the way the data would be interpreted. Because I am not a therapist and would not be integrating CBT within RNR in treatment to any diagnosed sex-offending psychopaths, there was no bias that existed with the therapist and their integration of CBT within RNR in treatment with diagnosed sex-offending psychopaths. Once the transcripts were coded, I emailed a one-to two page summary of the findings from a copy of the interview for their review to ensure that the information provided was detailed accordingly. This

helped to eliminate any biasness and ensured that the information matched what the participant stated in the in-depth semi-structured interview. During this research, I avoided any personal and professional relationships with any of the participants, to avoid biases.

Methodology

Data for this research was gathered by conducting in-depth semi-structured interviews and open-ended questionnaires with the participants while looking for the theme and patterns regarding how therapists integrate CBT within RNR in treatment to manage the behaviors of diagnosed sex-offending psychopaths.

According to Thomas (2015), interviews can be conducted successfully in many ways. One is the in-depth semi-structured interviews which are presented in the interview schedule that includes the issues that need to be addressed during the time frame. The goal of the interview obtained feedback on the integration of CBT within RNR in treatment with sex-offending psychopaths. The interviews used open-ended questions about the integration of CBT within RNR in treatment with sexual offending psychopaths to manage their behavior. The interview structure gave the opportunity for the participants to openly share with a thorough explanation of the integration of CBT within RNR in treatment, and not just a yes or no question (Thomas, 2015).

Eckerdal and Hagstrom (2017), stated that open-ended questionnaires can be conducted successfully in many ways. By choosing to email the questionnaires to participants to collect specific data alleviated the pressure to answer immediately, and the responses were more accurate. The open-ended questionnaire allowed the participants to

express their views openly. The goal of the open-ended questionnaire was to obtain feedback on how therapists integrate CBT and RNR in treatment with sex-offending psychopaths. This allowed for the deep insights that may be gained from it; the respondents' answers (Eckerdal et al., 2017).

Using data source triangulation helped to develop a comprehensive understanding of the phenomena to make the research findings more reliable and variable. By using the data source triangulation, I was able to obtain more comprehensive data as well as getting a better insight into the research topic. For the research methodology data, it was the main factor to influence the research result. Triangulation was used to facilitate the validation of the data through cross verification from more than one source. This assured the validity of the research by using in-depth semi-structured interviews and open-ended questionnaires to collect the data, followed by comparing and combining the results.

Although triangulation was not necessary to cross-validate the data, it worked to capture the different dimensions of the same phenomenon (Carvalho et al., 1997). Triangulation assisted in gaining a clearer understanding of the different perspectives of the investigated phenomenon. This did not necessarily mean that cross-checking the data from two sources or methods and confirmed if it is true or not. Triangulation worked to increase the level of knowledge about something as well as strengthening the researcher's standpoint from the various aspects (Alan Bryman Social Research Methods, Oxford). This allowed for the abundance of data to be collected, among different perspectives, to fully evaluate the reliability and validity of the results being examined (Oliver-Hoyo & Allen, 2006).

Participant Selection

Choosing the participants' selection for this study will be done by sending an email to the National Association of Cognitive-Behavioral Therapists (NACBT), asking their permission to send out an email flyer with the criteria related to the study. I used purposive sampling for the variation sampling for this research. The main goal of purposive sampling was used to focus on the particular characteristics of a population that are of interest, that best enabled the participants to answer the research question. Neubauer, Witkop, and Varpio (2015) stated that this will help the researcher to identify any common themes which may be relevant to gain a greater insight into the phenomenon. Purposive sampling helped to provide rich data for therapists who integrate CBT and RNR in treatment, to have the opportunity to be part of this study.

Furthermore, as claimed by Palinkas, Horwitz, Green, Wisdom, Duan, and Hoagwood (2016) by using this strategy the number of people that are interviewed will be less critical but will reflect the diversity of the population. I asked for participation from therapists who integrate CBT within RNR in treatment with diagnosed sex-offending psychopaths in their practice. It was important to know that when using this sampling strategy, the researcher must have advanced knowledge of this particular target population (Gentles, Charles, & Ploeg, 2015).

The participants' sampling size can vary depending on the response from the initial emails. It is estimated that there could be potentially 400-550 participants of this study nationwide, based upon the NACBT. The estimate from this study were 20 participants from this profession. There is a total of 400-550 cognitive-behavioral

therapists nationwide, 120 who are integrating CBT and RNR in treatment with sex-offending psychopaths.

The sample size I used for this generic qualitative approach was 20 participants. Boyd (2011) regarded that two to 10 participants were sufficient to reach saturation and Creswell (1998, pp 65 & 113) stated 10 participants was sufficient to reach saturation for a generic qualitative approach. This sample size was large enough to obtain enough data that will sufficiently describe the phenomenon of interest and address the research question. The goal was to attain saturation. or an ethnography, Morse (1994) suggested approximately 30 – 50 participants for an ethnography study. Morse (1994) suggested 30 – 50 interviews for a grounded theory, and Creswell (1998) suggested 20 – 30. Creswell (1998) recommends 5 – 25 for phenomenological studies while Morse (1994) suggested at least six. Although these estimates represented the number of participants needed, the required number of participants depended on when saturation was reached.

By using this generic qualitative study, it allowed a more reliable focus towards the direction of future research (Boddy, 2016). In a phenomenological study, Creswell (1998) recommended 5-25 participants, and Morse (1994) suggested that there needs to be at least 6. Boddy (2016) stated that research participants are important and can work to generate the insight to justify the sample sizing. Dworkin (2012) stated that 5 to 50 participants are adequate, but qualitative samples should not exceed 50. Marshall et al, 2013 suggested that no more than 30 interviews would be sufficient for the study when used in research.

The participants were chosen based on specific criteria. The requirement was that participants must be in practice and have a working knowledge of CBT and RNR in treatment with diagnosed sex-offending psychopaths.

For the purpose of this study therapists practicing nationwide were contacted for participation. An email was sent to the NACBT asking their permission to send out an email flyer with the criteria related to the study nationwide. Permission was obtained from the IRB board prior to sending the e-mails.

I sent an e-mail introducing myself and the purpose of my study once the participants had been identified. The e-mails started a paper trail of the correspondence between the participants and myself. The email included the attached interview questions along with a link to the questionnaire which will consist of the open-ended questions, that gave the therapists the opportunity to review the questions before agreeing to participate.

Instrumentation

Several sources were used for this study, consisting of an in-depth semi-structured interview and open-ended questionnaires that were administered through, data collection such as notes, memorandums, references used by the therapists, any literature that is used or referred to as their guideline, any instruments, tools, and skill-building models from cognitive-behavioral therapists. Data source triangulation was used in-depth semi-structured interviewing and open-ended questionnaires to collect the data in my research, to develop a comprehensive understanding of the phenomena, and to make the research findings more reliable and variable. Using the data triangulation helped to gain more comprehensive data as well as a greater insight into the research topic, which is greater

than adopting just one method (Patton, 1999). For the research methodology data was the main factor that influenced the research result. Triangulation facilitated the validation of the data through cross verification from more than one source. This assured the validity of the research by using a variety of methods to collect the data, which involved different types of samples as well as methods of data collection.

The interview questions were reviewed by the researcher based on an expert panel of 6 cognitive-behavioral therapists who use CBT in their practice. No research has been done on therapists who integrate CBT within RNR in treatment with diagnosed sex-offending psychopaths. So, it was necessary to design a set of questions that captured the data. Other questions were designed by speaking with other therapists who use CBT with sex-offending psychopaths in their practice, using their suggestions to develop the questions that would gain the data that were necessary to answer the research questions. The open-ended questions were reviewed to be non-leading and unbiased.

Although triangulation is not necessarily to cross-validate the data, it worked to capture the different dimensions of the same phenomenon (Carvalho et al., 1997). Triangulation assisted in gaining a good understanding of the different perspectives of the investigated phenomenon. This does not necessarily mean that cross-checking the data from two sources or methods and confirmed it is true or not. Triangulation worked to increase the level of knowledge about something as well as strengthening the researcher's standpoint from the various aspects (Alan Bryman Social Research Methods, Oxford). Triangulation was viewed as a qualitative research strategy to test the validity through the convergence of information from different sources.

When relying on one option is to do with bias, triangulation helped to minimize bias by working with multiple methods of data collection. There were several types of bias that are encountered in research, but in most cases triangulation can help with the measurement bias, sampling bias, and procedural bias:

- ï The measurement bias deals with the way when collecting data. Triangulation will allow you to combine individual and group research options to reduce bias such as the peer pressure on the focus group participants.
- ï The sampling bias deals with limiting the populations which you are studying (omission bias) or just covering some populations because it is more convenient (inclusion bias). Triangulation works to combine the different strengths of these samplings to ensure that you get sufficient coverage.
- ï The procedural bias occurs when the participants are under pressure to provide the information needed. Triangulation works to combine the short engagements with longer engagements so that the participants have more time to give the considered responses (Carvalho et al., 1997)

Data triangulation worked to overcome the bias that will allow it to develop certainty in the research methodology by checking the data validity, reliability, interviewers' biasness, and methodological problems. Carvalho et al. (1997) stated that triangulation allows the researcher the advantage of two approaches by counterbalancing the defects of one approach with the qualities of the other. It can be said that data triangulation, the combination of different approaches and methods in the same

phenomenon will help the researcher to overcome any bias and uncertainty in the research findings to be widely acceptable and useful in further research.

Triangulation was used for a number of reasons. It allowed the researcher to obtain a variety of information on the same issue, to use the strength of each method to overcome any deficiencies of the other, to achieve the highest degrees of validity and reliability, and to overcome any deficiencies of the single method studies (Carvalho et al., 1997). It worked to help the researchers to choose the relevant data collection methods, thus minimizing the uncertainties that reduce bias and minimizing the personal effects on the research findings (Carvalho et al., 1997). So, it can be said that triangulation can be defined as the combination of different approaches and methods in the same phenomenon that helps the researcher to overcome bias and uncertainty in the research findings in order to be widely acceptable and useful for future research. When the data is collected from genuine, authentic sources research findings will be more acceptable. It would be more reliable and valid. If data triangulation is maintained from authentic sources, validity and reliability will be higher in the research that will lead to acceptability (Carvalho et al., 1997).

Each question was designed to understand the integration of CBT and RNR in treatment in managing the behavior of sex offending psychopaths.

1. How would the integration of CBT within RNR work when managing the behavior of the sex offending psychopaths?
2. What is the approach when integrating CBT and RNR in treatment with diagnosed sex-offending psychopaths?

3. What are the challenges that may be encountered when designing treatment modalities?
4. How would cognitive therapy techniques work to change the cognitive distortions and maladaptive beliefs in sex offenders?
5. How would borderline personality disorder work as a treatment with emotion dysregulation to manage the behavior of a sex offender?
6. What techniques are needed to address the deviant sexual arousal to reduce deviant sexual behavior?
7. What other information would you like to address regarding the integration of CBT and RNR?

The questions were designed to understand the therapists' integration with CBT within RNR in treatment as it relates to managing the behavior and addressing the risk factors associated with diagnosed sex-offending psychopaths.

Procedure for Data Collection

Data for this study were collected through in-depth, semi-structured interviews using open-ended questions and open-ended questionnaires to get narrative responses from the participants (Creswell, 2005), to yield more pertinent and detailed information. The in-depth semi-structured interviews were conducted via Skype and the open-ended questionnaires were emailed. I used data source triangulation by using in-depth semi-structured interviewing and open-ended questionnaires to collect the data in my research, to develop a comprehensive understanding of the phenomena, and to make the research findings more reliable and variable. By using the data triangulation, it helped to gain

more comprehensive data as well as a greater insight into the research topic, which is greater than adopting just one method (Patton, 1999). For the research methodology data was the main factor to influence the research result. Triangulation facilitated the validation of the data through cross verification from more than one source. This assured the validity of the research by using a variety of methods to collect the data, which involves different types of samples as well as methods of data collection.

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According to Husman (2013), each in-depth interview and questionnaire should take between 30 - 45 minutes, as these interviews and questionnaires will confer with the same guidelines for this research. When conducting these interviews, the questions were recorded along with notes that were transcribed and recorded, and all of the interview paperwork were destroyed using a document destruction company. The in-depth semi-structured interviews was conducted via Skype and the open-ended questionnaires were emailed. If additional interviews were needed to clarify the data, participants were contacted through e-mail. The clarification was done by e-mail.

The recruitment for this study was undertaken by sending an e-mail to the NACBT asking their permission to send out an email flyer with the criteria related to the study nationwide. Once the participants were identified each participant was sent an email asking for their participation in the study. The e-mail was sent to the potential participants introducing the study and detailing the relevant information of the study. If fewer than 20 responses to participate had been received, additional emails will be sent to additional potential participants nationwide. Once IBR was approved, I asked the NACBT to send an email flyer along with the criteria to their therapists. I sought approval from the IRB board that 20 participants would be a part of the study. The participants were chosen by order of their response to the email flyer to participate.

Once the participants exited the study, the researcher contacted them by phone and let them know that the research was completed and did a debrief on the study, and informed them that the information obtained will be destroyed after the data was confirmed as accurate by the participants.

Data Plan Analysis

According to Yin (2009), there are five different ways to look at data. This generic qualitative study used the inductive thematic analysis for the semi-structured interviews and SurveyMonkey for the open-ended questionnaires. The inductive thematic analysis was chosen because it applied to a number of interviews or focus groups, or a range of texts – to find repeated patterns of meanings (Braun & Clarke, 2006).

SurveyMonkey was used for the open-ended questionnaires to target a specific demographic while making sense of the responses to ensure the quality of the data.

Thematic analysis worked to identify, analyze, and interpret the patterns of meaning (themes). The analysis used five steps: the initial reading of the text data, the identification of the specific text segments that relate to the objectives, the labeling of the segments of the text used to create the categories, the reduction of overlapping and redundancies among the categories, and the creation on the model that incorporates the most important categories (Thomas, 2006, p. 242). These five steps were used to develop the important themes from the interviews. Data collection and data analysis will be intertwined. With the aspects of data analysis techniques, the approach of qualitative data analysis is thematic and content-based since it is a study of recorded human communications for meanings (Babbie, 2003).

Thematic content analysis was also adopted for this study. Krippendorff (2004) stated that this analysis works to address the word frequencies, the context relative to the data, and the definition of the data since these elements would reflect the more important concerns in human communications. During the data analysis, the pages of the data text from the interview were read, and then a line-by-line coding with the reflection memos was done. This allowed me to identify specific text segments that related to the research aim and label the segments of text as initial themes. The themes were named in three ways: the participants' words, the literature concepts, and my words.

All of the recorded interviews were transcribed, and the recordings were then destroyed. The transcripts were put into NVivo. The qualitative data analysis package NVivo was used for this initial coding. NVivo aided in organizing the materials by

nodes. According to King (2004), NVivo can be understood as being the container of the research material itself and also thoughts around the material. With NVivo the coded text was assigned to free nodes in a disordered arrangement. Then the different types of analytical memos were written to record the researchers' interpretation of the data. Based on the initial coding, specific segments of information emerged from the texts and then were grouped together for the continuous coding of the interview transcripts. Segments of the information were labeled based upon the interviewee's phrases or the words that were based on their descriptions. When the data saturation was achieved, the themes were developed or extracted from the interview transcripts. This worked to reduce any overlaps and redundancies among the themes. The memos continued to be written, aimed to help with the reduction of continuous data. To establish the trustworthiness of the analysis, I used the techniques of member checking from the participants and peer debriefing from two experienced qualitative researchers.

SurveyMonkey worked to perform automatic data analysis of the responses to the questionnaires to ensure the quality of the data. With open-ended questions, the participants were not limited to the predetermined set of possible answer choices which may result in the collection of a rich pool of genuine answers from the participants. The research worked to dig deeper into the open-ended questionnaires by reading through the responses to make sense of what is being said, mapping out general categories to put each

of the responses in, creating the sub-categories underneath the general ones to provide even richer detail, and double-checking and re-categorize the responses (Lurie, 1999).

The data from SurveyMonkey was imported into NVivo to analyze the text. NVivo analyzed and categorized the responses to provide a more detailed picture of the participants' opinions in their own words and also to help with why the participants felt the same way. SurveyMonkey categorized the responses that were placed into a category.

The proposition for this research was the integration of CBT within RNR in treatment with diagnosed sex-offending psychopaths.

The specific question was:

RQ: How do therapists integrate cognitive behavioral therapy within risk-needs-responsivity in treatment with sex-offending psychopaths?

The data were analyzed looking for patterns in the data collected that added to the trustworthiness of the research, any discrepant cases were also coded. This research was to understand the integration of CBT within RNR in treatment in managing the behavior of diagnosed sex-offending psychopaths. Any negative information towards the CBT within RNR added rich data to the study. Any data that contradicts added to the trustworthiness of the research.

This study looked at the data collected by therapists nationwide to understand how the integration of CBT within RNR in treatment could manage the behaviors of sex-offending psychopaths.

Issues of Trustworthiness

I addressed the validity and reliability of this study to demonstrate the trustworthiness of this research project. The research examined CBT within RNR in treatment to see how it could manage the behavior of diagnosed sex offending psychopaths. I asked the participants about the integration of CBT within RNR in treatment. The research question was discussed throughout the project to ensure the original question had been answered. According to Thomas and Magilvy (2011), it is important that the researcher also discussed the background of the researcher which has shaped the interpretation of the findings. The final piece of trustworthiness was to clarify any biases to ensure that none of the data was altered due to any biasness.

Transferability

Transferability for this study was achieved by showing how the data was obtained and the questions that were used. The thick description was accomplished by observing the participant when answering the questions, such as a nod to a question, a pause before answering or even a word or phrase interjected into the interview. Thomas (2015) addressed the transferability of the research, by adding a thick, rich description of the research. This was done by showing what the research was measuring and its intention for this study so that the reader can experience being part of this study. Thick description as described by Thomas (2015) was placing yourself in the other persons' shoes to interpret what they are doing. Thick descriptions worked to help the research by addressing the credibility of the research by providing the settings, participants' data and how it was collected, and how the data will be analyzed. Carlson (2012) stated that

transferability can also be obtained by the description of the process in obtaining the data, the selection of the participants, and the outcome of the data. The methodology detailed for the study can be transferred to the other readers.

The methodology detail regarding this study can be told to other readers on how the study can be transferred. Shenton (2004) stated that several points must be discussed in the research findings. The first point was that some of the therapists who were involved in the research were important to show how this study can be transferred to other practices. The finding can be transferred to other practices because the therapists also integrate CBT and RNR in treatment with sex-offending psychopaths. I discussed the thick rich description in the finding of this prospectus.

Validity and Reliability

Validity was based upon determining whether the findings were accurate from the researchers' standpoint, the participant, or the readers of this study, whereas the reliability indicates that the approach was consistent across different projects and researchers (Creswell, 2005, 2007). Yin (1989) stated that providing a detailed protocol for the data collection and analysis so that the procedure of a qualitative study could be replicated in another setting. To endure the reliability of this study, the collection and analysis of the data followed the procedure as previously described in the data collection and analysis sections of this chapter. The interviewing process adhered to the interview protocol for each of the interviews with the introduction and inclusion of the interview questions. Although each interview gathered different flows of data resulting from the interview questions, due to the different directions of the responses and the details that

were given by the individual participants. The qualitative validity was improved by using the NVivo thematic analysis software that aided in systematically identifying, organizing, and offering insights into the patterns of meaning (themes) across a data set. By using this software, the researcher was able to conduct identifying and organization of the data, which allowed the researcher to attach any codes to the invariant constituents, along with searching for codes and regrouping the coded invariant constituents, while maintaining the integrity of the data. Using this qualitative software provided a system to reduce the human notation errors while maintaining the sources of information or textual data by automatically tagging any invariant constituents with source information, which served to improve validity.

To ensure the validity of the obtained data, member checking was used. Lincoln and Guba (1985) stated that member checking is an important means in a qualitative study to improve validity. For this study, each participant received a copy of the transcribed text of their interview, along with a copy of the analysis to make sure that the transcription was accurate, and the analysis accurately represented their experiences and perceptions that were obtained during the interview process. Lastly, the interview data was included with the collection of the demographic data such as gender, age, race/ethnicity, and years in practice. The demographic data was used to determine if the data collected, the themes uncovered in the analysis, were consistent across the demographic variables, or if the data collected demonstrated any differences across the variables.

Ethical procedures

Before the interview, the participants in the study received an introductory email solicitation and an unsigned consent form, to review prior to the interview.

It was important to understand that the risk of harm needed to be minimized. In order to reduce the risk, the researcher obtained informed consent from the participants, by making sure that the participants understood that they were taking part in this study and what was required during the research such as the purpose, the methods that were used, and the possible outcomes of the research along with demands, discomforts, inconveniences, and any risk that the participant could face (Neumann, 2003). The other component of the informed consent was that the participants were volunteers, who were taking part in this study without having been deceived and coerced.

Protect the anonymity and confidentiality of each participant. If the data collection methods used were insensitive, this could create a greater danger than any harm could be caused once the data was collected. This could occur if the data was not treated confidentially, in terms of storage. Permissions were given before any confidential data was disclosed. All identifiers were removed. Confidentiality is a process that dealt with making sure that all personal information was kept without disclosing it to the public and is was an important responsibility of the researcher when conducting a research study (Neumann, 2003). Special precautions were established to protect the confidentiality of their responses. The participants were notified that the transcribed interview data was archived by the researcher on a flash drive and will be kept in a locked and secured file cabinet for five years and that all the electronic documents and

data were destroyed, for research purposes. To maintain confidentiality, each participant was given a pseudonym for the purposes of the research study, and the name and addresses of the participants were excluded from the interview data.

It was important to avoid any deceptive practices and provide the participants with the right to withdraw. And always know that participants have the right to withdraw at any stage in the research process. Participation in this study was voluntary, and no payment was given to the participants for their responses and there were no foreseeable risks to the participants during this study. A \$10 Starbucks gift card was emailed to each participant thanking them for their time and participation.

Summary

Chapter 3 focused on the phenomenon for this study. It looked at why a generic qualitative study was chosen over all the other research designs along with the rationale for using it. This chapter discussed the research and how the biases were dealt with.

The population was identified and how they were selected, and what biases arose along with how the selection biases were addressed. Chapter 3 discussed how the data was collected from each participant and who was included in the study. It looked at how the data was recorded and destroyed. The instrumentation was discussed and how the questions were received and how the semi-structured interviews and questionnaires were conducted.

Chapter 3 discussed the ethical issues that arose during the interviewing process and any ethical issues that hindered the data collection. This chapter looked at how the ethical issues that surround the role of the researcher and IRB boards' involvement were

addressed.

Chapter 3 discussed trustworthiness and how validity and reliability were addressed. Transferability was also discussed in chapter 3 as well as an auditor that looked over the data to ensure that reliability was in the results.

Chapter 4 discussed the actual study looking at the setting and the participants that were used for the study. Chapter 4 looked at the data and the results of the study after the data had been analyzed.

Chapter 4: Results

The purpose of this generic qualitative study was to examine the perceptions of the therapists about the integration of CBT within RNR in treatment with diagnosed sex-offending psychopath. CBT within RNR was reported to be the most common form of treatment that is being used with sex-offending psychopaths (Olver, 2016). CBT, which is based on the cognitive model states that distorted and dysfunctional thinking is a common symptom of the psychological problems, and illnesses of a person's thoughts that influence their behaviors and moods (Logan et al, 2014) The basis of the RNR model is that the correctional intervention must be structured on three core rehabilitation principles. The risk principle, which is used to address the appropriate treatment must be done in accordance with the offender's risk; the greater the risk the more intensive treatment. The needs principle works to address the criminogenic needs of the offender that will work to modify their dynamic risk factor. The responsivity works to address the needs of the offender treatment therapies that match the offender's learning styles, cultural background, and motivation levels (Looman et al., 2013).

The data from this study could help therapists develop specific and tailored interventions that take into consideration the psychopaths' unique patterns of behavioral conditioning that work in managing their behaviors.

The research question that guided this study was:

RQ: How do therapists integrate CBT within RNR in treatment with diagnosed sex-offending psychopaths?

Research Setting

A total of 20 participants agreed to be interviewed for this study. The NACBT was contacted to obtain a list of therapists in practice integrating CBT within RNR in treatment with sex-offending psychopaths. Participants responded to the email that listed the criteria for the study, and then I sent the consent via email to each of the participants outlining the study. The first 10 participants who emailed back their consent forms were chosen to participate in the Skype interview and the remaining 10 participants received their questionnaires through email. I used Skype for the interviews and emails for the questionnaires. The first group of 10 participant Skype interviews was conducted at two different locations. These participants were identified as therapists A-J. Five interviews were conducted at their home offices and five interviews were conducted at their private office in the therapists' business. The other 10 participants, identified as therapists K-T, were emailed the questionnaires. The purpose was to obtain their perspectives on CBT within RNR in treatment with diagnosed sex-offending psychopaths in managing their behaviors.

Demographics

The demographics can be seen in Table 1. The participants consisted of male and female cognitive-behavioral therapists. Education level varied with the therapists. Ten of the therapists had two masters' degrees, one in psychology and the other in criminal justice, eight of the therapists had masters' degrees in social services, and two of the therapists had masters' degrees in forensic psychology and are working on their Ph.D.'s in human and social services. The age ranged from 40

to 60 years old. Each of the cognitive-behavioral therapists have been in practice for 8 to 27 years.

Table 1

Cognitive Behavioral Therapists Demographics of Participants in the Study

Therapists	Gender	Ethnicity	Location	Years in practice
Therapist (A)	Female	Caucasian	Therapist home	18
Therapist (B)	Male	Caucasian	Therapist office	16
Therapist (C)	Female	Caucasian	Therapist office	18
Therapist (D)	Female	Caucasian	Therapist home	22
Therapist (E)	Female	Caucasian	Therapist office	19
Therapist (F)	Male	Caucasian	Therapist home	15
Therapist (G)	Male	Caucasian	Therapist home	15
Therapist (H)	Male	Caucasian	Therapist home	11
Therapist (I)	Female	Caucasian	Therapist office	16
Therapist (J)	Female	Caucasian	Therapist office	8
Therapist (K)	Female	Unknown	Email	27
Therapist (L)	Female	Unknown	Email	20
Therapist (M)	Female	Unknown	Email	15
Therapist (N)	Female	Unknown	Email	11
Therapist (O)	Female	Unknown	Email	17
Therapist (P)	Female	Unknown	Email	10
Therapist (Q)	Female	Unknown	Email	9
Therapist (R)	Female	Unknown	Email	19
Therapist (S)	Female	Unknown	Email	20
Therapist (T)	Female	Unknown	Email	17

Data Collection

The interviews were conducted via Skype, which is a communication tool used for free calls and chats. Each of the professionals worked at both locations and chose to have the interviews conducted at the site that was convenient for them. There were only two people present during these interviews; the participant and me in both the home

office and the private office in the therapists' business. In their home, the therapist was in their office with the doors shut. Those who were in their private office at a therapist business site made sure that the interview was conducted during the lunch period and the office doors were locked, as not to be interrupted by clients. This allowed us the opportunity to be able to speak and not worry about anyone listening to our interview and gave them the feeling that they could be open and honest without being pressured. Each of the participants consented to the recording of the interviews and the taking of notes during the interview. The recordings were done using NVivo. The audios files were uploaded, formatted, and backed up after each interview. After each Skype interview, I waited 24 hours before conducting the next interview so that I could review it. At the end of each interview that was transcribed, I noted some impressions of what themes arose throughout the process.

During the Skype interviews, I asked several follow-up questions to seek clarification on what the participant had just said. The interviews lasted on average approximately 45 minutes. Each of the participants were asked the same questions. One of the 10 therapists from the interview answered only seven of the nine questions that were asked. During each of the interviews, I listened attentively, while making direct eye contact, and making sure that I did not show any emotions during the discussion of their own cases.

The next group of 10 participants received questionnaires that were emailed to them. This data collection method, it alleviated any pressures to answer immediately and for the participants to express their views openly and honestly. After receiving the

questionnaires, I sent an email and asked several follow-up questions to seek clarification on what the participant had written. I received the questionnaires within 40 minutes of being emailed to the participant.

Data Analysis

I used NVivo to identify the themes and patterns from the answers of the participants. Once the interviews and questionnaires were completed, each of the questions and responses were audio-recorded and then transcribed using NVivo. Each of the audios were downloaded into NVivo. I listened to the audio recordings which were listened to in sections and then I highlighted the recordings by coding all of the data and removing the interviewer content. After the interviews were coded, I placed a Heading 1 in NVivo before each question so that NVivo would eliminate them and just report on the participants' responses. After I completed the audio, I then coded them by carefully listening to the audio, and then I wrote the words that were verbalized by excluding the words "and", "a", "the" and "but", and any words of that nature, then I put them into NVivo. This coding was done by using auto coding for the interviews, questionnaires, and audio. When coding, I looked for themes that identified the words that were used the most to the words that were least used. The percentage that was based on the overall coding of the interviews was also revealed based on coding. The most common word that was identified in NVivo was *modalities*. The research participants said this word more than 213 times. The next most common word was *communicating* at 125. The coding showed more than 125 words used during the interview process, and the word used the least was *psychopath*, which was used one time.

Before the coding was started in NVivo, I examined the therapeutic framework which the research was based on along with the research questions and predetermined that any words that were said by the participants over 10 times were important based on the chapter 2 literature review. Once NVivo was ran there were over 100 themes when the analysis was started. NVivo noted that there were over 100 words said over 10 times and words that were said 9 times or less for the entire coding process. The themes were grouped together into categories. The themes were reduced to 50 at that point, by looking at the words being used the most. Some of the themes that emerged were population, community, management, and programs. The themes were grouped into smaller categories, after re-listening to the interviews and noting the keywords and how they were used, and in what context.

The themes were then grouped into smaller categories, after re-listening to the interviews and listening to the keywords and how they were used and in what context. An example of reducing the themes to smaller categories was the response from the therapists who spoke about the treatment and modalities, that could be placed into a category of treatment modalities. It was necessary to reduce the themes from fewer than 50 to more comprehensive ones. By doing this, 25 themes emerged, which led to grouping them into four themes. The data analysis stopped at four themes.

The three main themes identified by this analysis in descending order were modalities, communication, and behavior.

Modalities were the first theme. This word was mentioned by the participants 213 times. Each of the therapists spoke and wrote of the challenges and how individualized

treatment modalities could work to manage the behavior. By using programs such as cognitive behavioral therapy could yield positive outcomes in many cases. This cognitive model works to describe the person's perceptions, or spontaneous thoughts about the situations that influence their emotions and behavioral reactions, while given rise to their distorted thoughts. Therapists A stated "one treatment does not work for everyone" during the interview process. During the interview Therapist J spoke about the challenges that are faced with this population and stated that "it is important to understand that the same treatment does not work for everyone". Therapists K wrote, "the criminogenic needs must be addressed when placing this population into treatment programs". Therapist M wrote "high-risk individuals need to be placed into different treatment programs, according to their criminogenic needs". Each of the therapists spoke and wrote about how critical treatment modalities must apply to their criminogenic needs as it relates to their traits and characteristics.

The second theme was communication. This word was mentioned 125 times. Each of the therapists spoke and wrote about the difficulty in communicating due to their tendency to dominate or charm their therapists into believing what they say is true. Therapist A spoke about how difficult it is to communicate with psychopaths due to their personality traits, such as their psychological lying and manipulation. During the interview Therapists G and H stated that "it is hard to see past the complex lies to discover if they are being truthful". Therapist M wrote "they are charming to make you believe what they are saying is true". Therapist P wrote, "they tend to dominate the

conversation”. Therapists L, O, and P wrote that no relationships could be formed because the client was only looking out for themselves.

The final theme that emerged was behavior. This word was mentioned 72 times. All the therapists stated that the behavior could not change, but maybe managed to a certain degree.

Each therapist stated that it was uncertain if their behaviors could be managed. Therapists B, C, and E stated and Therapists N and O wrote that they were uncertain that their behavior can be managed due to their manipulative behaviors. During the interview process, Therapists A, F, and H spoke about and Therapist T wrote how the integration of CBT within RNR works in managing the behavior, but when dealing with the characteristics and traits may be challenging due to their manipulation and lies.

The final step in the data analysis was removing any words that were not related to the integration of CBT within RNR in treatment. An example of this was a therapist who wrote, “I have been in this field for over 15 years and the other therapists should listen when I tell them not to work with psychopaths”, Therapist N. The word that appeared was “not” but a review showed it was related to this one therapist and she said this word multiple times when referring to the questions of the research. This had nothing to do with examining the integration of CBT within RNR in treatment with diagnosed sex-offending psychopaths.

Evidence of Trustworthiness

Credibility

The credibility of this project was ensured by inviting cognitive-behavioral therapists nationwide to participate in the interview process and asking the same question of each participant. There were nine questions that were developed to examine the integration of CBT within RNR in treatment with sex-offending psychopaths. These study questions were not leading or trying to elicit a response that would lead this researcher in either direction. Each of the participants were invited to answer the questions without any interruption and the questions were kept open. Each of the participants said that they were honored to be part of this study because it provided them with the opportunity to state the integration of CBT within RNR in treatment with this population.

Transferability

Adding a thick description to research was critical in demonstrating the credibility of the research (Thomas, 2015). This was done by describing the research setting. While taking notes, the body posture, the answering of the questions, and nonverbal statements were noted. There were 20 in total, 10 interviews done via Skype and 10 were done by emailed questionnaires, and the verbal and non-verbal cues were recorded in the Skype interviews. While conducting the Skype interviews the non-verbal cues were recorded such as direct eye contact and sitting upright in their chairs that suggested that the participant was comfortable in answering the questions that were asked. Each participant spoke in a calm, slow tone voice. Each of the questions in the Skype interview was asked the same to each participant in a modest tone with the same body language. To ensure transferability, the participants that took part in this study were described including their

profession, the process of the collection of the data, the analysis of the data, and how the researcher could transfer this process to study the integration of CBT within RNR in treatment.

Dependability

Each of the interview questions and the responses that were handwritten was given to an unbiased third party to make sure what was recorded in NVivo and what was written on the questionnaires were accurate. Coding was done with auto coding to ensure that no words were missed or accidentally left out and looked for any words that were frequently used. Appendix D has an attachment of a word cloud. The audiotapes were also given to the unbiased third party to listen to, to ensure that the words were recorded correctly, to avoid any biases from the researcher. The data collection strategy was developed as outlined in Chapter 3.

Confirmability

Throughout the data collection and analysis process, a diary was kept to make sure that I was being reflexive. I made sure that I noted the non-verbal actions of the participants and myself to ensure that there were no biases that would affect or influence the outcome of the responses. When conducting the Skype interviews, I noticed the direct eye contact and the seating upright, which led me to believe that any responses would be given honestly and truthfully. Before each interview, I took a deep breath and did a mental check before asking the questions. One of the participants began to speak loudly when answering the questions, but I did not react, maintained direct eye contact, and let her say what she had to say in her tone and understood that this had nothing to do with

me. Checking my own reactions was important when conducting an interview because I had to remain calm and may sure to watch my body language so that it would not interfere with the responses.

Study Results

Three themes emerged from the interviews and questionnaires. A word cloud was developed to help demonstrate the themes presented in Appendix C. I developed a word cloud that represented the text data to represent the frequency of a term or topic from the therapist's interviews and questionnaires.

The themes that emerged were labeled modalities, communication, and behaviors. Each theme comprised subthemes, as can be seen in Table 2.

Table 2

Themes and Subthemes; Emerging from the Interviews and Questionnaires

Modalities	Communications	Behavior
Individualized Management Treatment	Quality of Communications Communication Style	Behavioral Therapy

Throughout the interviews and questionnaires, modalities were discussed as treatment, depending on the context. Therapists B-D stated that “by designing individualized treatment modalities may have a chance when managing the behaviors of diagnosed sex-offending psychopaths by targeting the criminogenic needs” Therapists G

stated, “programs that target their individual needs may or may not induce some change”. The individualized treatment plan could allow the individual to manage the behaviors that are the best fit for them cognitively and emotionally. Although in some cases there may be an overlay in treatment due to lacking motivation; however, Therapists N wrote “the treatment plan must encompass the unique situations of each of the individuals”. Therapist S wrote, “this population might not be treatable even with very intensive and carefully designed and implemented programs”. This may include individualized therapy plans that will address the specific psychological or behavioral issues. This highlights how individualized treatment modalities may not be effective in managing the behavior of a sex-offending psychopath in treatment.

The therapists spoke on the interventions with this population when managing their behaviors. Therapist B spoke and Therapist L wrote “this particular population is predators who lack the empathy or guilt. They are liars, manipulators who lack impulse control. They lack a sense of remorse and guilt, have superficial charm, are cunning, and violate the social rules. They tend to exploit others. They are impulsive, callous, have a shallow range of emotions, and fail to accept responsibility for wrongdoing. They are pathological liars, and behaviorally, live an impulsive irresponsible lifestyle. This population may be difficult to treat using conventional methods since they rarely seek out treatment. These psychological, emotional, physical, and social are as individual as the person who enters treatment; therefore, it is necessary to develop a treatment plan that works to complement the individual and their unique needs when managing their behavior”. Therapists L- S wrote “this type of population may not respond to treatment

and that treatment may not be effective when managing the behaviors of this particular population due to their characteristics.” Psychopathic sex offenders are a notoriously challenging population to treat, are often recalcitrant to change, and show the greater resistance to change. Each of the therapists stated, “there are really no effective interventions today that exist for this population”.

Communication

During the interviews, communications were discussed as being difficult due to the characteristic way of communicating. The communication with the psychopaths was a deterrent due to their focus on satisfying their immediate desires and manipulation. Therapist B stated that they are “less interested in relationships but always looking for ways to take advantage of others”. Highlighting how the communication style can be difficult.

Quality of Communication

Poor communication

Therapist A spoke of the struggles with communication with their clients. Therapist E stated that “it is difficult to talk with these clients due to their manipulation. Therapist J stated “it is hard to accept what they are saying because of their superficial charm”. Therapist P and Q wrote “psychopaths are great storytellers”. Therapists A spoke about the communication between the sex-offending psychopaths and how it impacted the community and victims. An example stated by Therapist J “they make you think they are the victims due to their personality traits.”

Therapists D spoke about the communication between the therapists and the sex-offending psychopaths. The therapists reported that communication is affected due to many factors, their personality traits, their charm, and their motivation for the conversation.

Therapists F and G stated, “they are manipulators and know how to play on people’s emotions.” Therapist L wrote, “the psychopaths communicate differs in many ways, such as their tendency to dominate the conversation and their non-genuine emotional expressions.” Therapists M and O wrote, “they play on people’s emotions and are master manipulators”. Therapist B stated, “they craft a calm demeanor that helps them gain more control in their personal interactions”. Psychopaths focus on satisfying their immediate desires and rarely work on achieving any goals.

Good communication

The therapists discussed when communication was strong, the victims and community all benefit. Therapist A stated, “boundaries must be established and maintained because psychopaths hate boundaries”. Therapists B and F stated “I look past the hand gestures, the smiles, and focus on what they are saying. Therapists K, O, and wrote that “I don’t look them in the eye, I focus on a facial feature.” Setting limits is essential. Therapists C stated, “it is important to remain calm and alert and focus on the words, not the diversions”.

Communication Style

The interviews highlighted the difficulties to how the therapist and psychopaths communicate and its effects it has on the community and victims. Therapist B said that

“communication was critical because it will offer more insight into the basic communication styles and strategies that psychopaths use to manipulate others.” The communication would result in getting a clear understanding of their psychopathic traits. According to Therapists M and O, this could result in developing treatment-specific and tailored interventions.

Modalities

Individualized Treatment

To date, the treatment of psychopathy has been challenging. Therapists A, C, E, and H stated and Therapists M, N, and O wrote that “addressing the criminogenic needs that are linked to the maintenance of their behavior, is critical”. Therapist D stated that “the treatment plan must be individualized according to the criminogenic needs”. Therapists B stated “there is no “one size fits all” approach”. Individualized treatment plans are important for the therapeutic model that provides us with measuring whether the therapy is working”. Therapist F stated and Therapist T wrote “developing treatment plans must complement to the individual and their unique needs”. Although there are no treatment plans that are effective when treating this population, Therapist S wrote that “the treatment plans must adapt to the characteristics that can impact response to services”

Behavior

Psychopaths are very challenging to treat. In many cases, sex-offending psychopaths are not capable of responding to the treatment programs. Therapists A and D stated, “it is impossible to place them into the appropriate programs because you are not sure if they are telling the truth”. Therapists M and O wrote, “I placed one of my clients

into a program based upon the assessment and the client had me believe that it was working, which turned out to be a lie”. Each of the therapists stated that managing the behavior of a sex-offending psychopaths is challenging.

Behavioral Management Therapy

This form of therapy works to identify and help change the self-destructive of unhappy behavior. Therapist A stated, “the behavior can replace the unwanted behaviors with more positive behaviors”. Therapist C stated that “behaviors are learned and that any unhealthy behaviors could be changed”. Therapists D and E stated “this therapy seeks to identify and can work to change the self-destructive and unhealthy behaviors”,

Summary

There were 20 participants nationwide. Three themes emerged examining the integration of CBT within risks-needs-responsivity in treatment with sex-offending psychopaths; they were modalities, communication, and behavior.

Modalities were the first theme, and the therapists talked about individualized treatment modalities that target their individual needs may or may not induce some change. The individualized treatment plan would allow the individual to manage the behaviors that are the best fit for them cognitively and emotionally. Therapists spoke about treatment modalities by targeting the risk factors or criminogenic needs of the individual needs.

The next theme was communication. The therapists stated that communicating with this population was difficult and frightening. Communicating with this population involved a give-and-take relationship (Gullhaugen & Sakshaug, 2019). Communication

was affected by many factors such as their personality traits and their psychopathic disorder.

The final theme was behaviors. Each of the therapists stated that due to the characteristics of this population they could not tell if they were being truthful or not. According to Beck (1960), the Cognitive Behavioral Theory (1960), focuses on the emotions and behavior of the human personality which are based on the cognition and behavior of a person and could be the preferred mode of treatment for this population.

This study aimed to examine the integration of CBT within RNR in treatment when managing the behaviors of diagnosed sex-offending psychopaths. The cognitive and behavioral, along with the motivational factors appear to be the characteristics that require consideration in the integration. These characteristics should not be seen as the shortcomings of this population, but act as a guide when developing specific and tailored interventions that take into consideration the psychopaths unique patterns of behavioral conditioning that works in managing their behaviors. Although diagnosed sex-offending psychopaths are challenging to treat, they are not immune to managing their behavior and maintain a positive lifestyle, when specific and tailored interventions are designed that address their specific needs.

This chapter examined the integration of CBT within RNR in treatments with sex-offending psychopath and how other therapists can benefit from this study.

Chapter 5 discussed the recommendations for further study and the conclusions of this study.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this generic qualitative research examined the therapists' perspectives about CBT within RNR in managing the behavior of a sex-offending psychopaths. This study explained how therapists are integrating CBT within RNR in treatment with sex-offending psychopaths when managing the behaviors. The interventions that are developed using CBT techniques within RNR address the factors that are associated with managing the behaviors, as cognitive and behavioral techniques are well suited to address the criminogenic factors (Logan & Hird, 2014), of this population.

I identified three main themes from this study. They were modalities, communication, and behavior. Most of the therapists emphasized modalities as the key component to treatment. Another key finding to this research was communications. The study showed that due to their pathological lies it is hard to place them into programs that will address their criminogenic needs. This brought about social change for the community and victims by developing specific and tailored interventions that target the criminogenic needs of the psychopath. This study reaffirmed the gap in the integration of CBT within RNR when managing the behaviors. The final key finding was behavior. This study showed, according to the therapists, was that the behavior could not be managed due to their lack of motivation and their resistance to change.

The results showed that sex-offending psychopaths are challenging but could maintain a positive lifestyle when specific and tailored interventions that take into consideration the psychopaths' unique patterns of behavioral conditioning are developed.

Interpretation of the Findings

This study showed the knowledge base of CBT within RNR: and how it could affect the treatment, the population, and the community. These findings are not to be generalized to all therapists nationwide but should be limited to cognitive-behavioral therapists in practice who have integrated CBT within RNR in treatment with diagnosed sex-offending psychopaths.

Additionally, I examined the integration of CBT within RNR in treatment. Looking at the explanations of each of the therapists and their own view of the integration must be considered, as discussed by Hamilton et al. (2017).

The data produced three major themes and several sub-themes. These findings were consistent with the literature sex-offending psychopaths offending psychopaths (Olver, 2016). Treatment was discussed by Early et al. (2016), as an integral part of intervention as to whether the psychopathic sex offenders are responsive to treatment. Although certain treatment approaches and interventions for high-risk offenders produced significant treatment effects (Andrews et al. 2003), individuals diagnosed as sex-offending psychopaths appeared unable to benefit from the CBT within RNR (Abracen et al. 2015).

Integrating CBT within RNR in treatment with sex-offending psychopaths, according to the data, showed that this integration could not work with this population.