A Quest for Self-soothing: A Systematic Case Study into Emotion-Focused Therapy with an
Emotionally Avoidant Client who Committed Sexual Offenses

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Abstract

Objective: The current study is part of a multiple case study that investigated emotional change in individuals who have committed sexual offenses (ISOs). This case study highlights how one client used sex as maladaptive coping strategy in order to suppress negative emotions.

Method: A mixed methods design was used to track changes in the client's Affect Regulation (AR) during 4 phases, including a baseline (phase A), treatment as usual (phase B), treatment with an Emotion-Focused Therapy (EFT) component added (phase C), and follow up (phase A).

Results: The qualitative description with verbatim clinical vignettes, revealed deeper insight into some important steps and hindrances and the impact of specific EFT-interventions.

Quantitative analysis of self-report and observational measures showed a significant improvement in the client's AR across different phases of treatment.

Conclusions: The study improves our knowledge of emotional change in ISOs during treatment and illustrates some key interventions, steps and hindrances.

Keywords: emotion-focused therapy, individuals who committed sexual offenses, affect regulation, trauma, sex as coping, systematic case study

A Quest for Self-soothing: A Systematic Case Study into Emotion-Focused Therapy with an Emotionally Avoidant Client who Committed Sexual Offenses

Affect Regulation (AR) difficulties are common in Individuals who have committed Sexual Offenses (ISOs) and are linked to evidence-based risk factors (Gunst, Watson, Desmet, & Willemsen, 2017). Because many ISOs are cut off from their affective experience and use maladaptive coping strategies to suppress negative emotions (Byrne, Bogue, Egan, & Lonergan, 2014), emotional responsiveness in treatment is considered a major challenge (Day, 2009). Making contact with emotions in combination with experiential reflection is associated with good outcome in different therapeutic approaches (Cain, 2016), so it is important to examine if and how emotional change can occur in treatment of ISOs. As Emotion-Focused Therapy (EFT) has been shown to be effective in addressing the underlying and dysfunctional processes for many psychological problems and disorders (Elliott, Greenberg, Watson, Timulak, & Freire, 2013), it is important to explore its application to ISOs (Gunst, Watson, Willemsen, & Desmet, 2018). Sexual offending is a complex problem requiring comprehensive treatment in order to reduce recidivism. A recent review of meta-analyses shows a small significant effect in favor of cognitive treatments but also highlights the need for improvement as well as the exploration of other interventions (Kim, Benekos, & Merlo, 2016).

In the current study, we examined the emotional change trajectory of an emotional avoidant client through different phases of psychological treatment using a mixed methods design. The first objective of the study was to qualitatively describe the change process assuming that qualitative data might provide important insights that quantitative data can not. The second objective was to investigate if psychological treatment effected change in AR based on self-report and observational data and whether EFT, in comparison to treatment as

usual, had an incremental effect on change in AR for this client. Following hypotheses were examined:

H_{a1}: there would be an improvement on measures of AR throughout treatment.

H_{a2}: there would be a greater decline on measures of AR in the second treatment phase when EFT was added to the program, compared to the first treatment (as usual) phase.

Method

This study took place in an inpatient treatment facility for ISOs in Belgium. The current client was chosen for the case study because there was little missing data, no interruptions in the treatment process, and the client demonstrated considerable problems in terms of over regulation of AR at the start of treatment. The treatment consisted of four phases. Phase A included the wait time between the initial intake assessment and the actual start of the treatment; phase B was treatment as usual; phase C was treatment with an EFT component added; finally, phase A was the follow-up period after the client had been released back into the community.

Treatment as Usual

During phase B, the client received weekly cognitive behavioral therapy sessions focusing primarily on changing assumptions and attitudes that reinforce problematic behavior, and secondarily on the development of new skills and strategies to maintain appropriate behavior. In addition, he participated in weekly sessions of psychomotor therapy, art therapy, drama therapy, and socio therapy.

Emotion-Focused Therapy

In phase C, EFT group therapy was added to the treatment as usual program. The primary focus in EFT is to promote more effective AR and emotional processing. In the current treatment, empathic reflections and *focusing* instructions (Gendlin, 1981) were the two primary interventions used to encourage clients to become aware of their bodily experiences

and symbolize them in awareness to develop more adaptive emotional responses. Other treatment tasks that were used included two-chair-dialogues to change a person's negative treatment of self and empty-chair-dialogue for attachment injuries with significant others (Elliott, Watson, Goldman, & Greenberg, 2004). EFT group therapy is based on the principles of individual EFT and explores intra-psychic and interpersonal problems of the participants (Gunst et al., 2018). The group took place twice a week.

Client

In order to protect client confidentiality, identifying information has been changed. The participant, a White Caucasian man of low average intelligence, was 35 years old when he was admitted to the treatment unit after two years of imprisonment. As a child, Nico (a pseudonym) had been through several adverse experiences. During his very early years (3 to 6), his grandfather taught him to sooth himself at night by stimulating his genitals. While this was never labeled as abuse, contact with his grandparents was suddenly broken without explanation after his mother discovered this behavior. Nico, however, continued the habit throughout his life. In primary school, he experienced bullying, which exacerbated his shyness and insecurity. At the age of twelve, Nico was sexually abused by a neighbor over a two year period. At age 17, he started molesting young boys in his neighborhood. Later, he recruited boys via computer chats which led to obligatory out-patient treatment in his late twenties. Due to his recidivism, he was referred to the residential treatment program for ISOs. Nico's risk for reoffending is considered 'high' based on a combined score of 7 (high) on the Static-99R (Helmus, Thornton, Hanson, & Babchishin, 2012) and a score of 11 (medium) on the Stable-2007 (Hanson, Harris, Scott, & Helmus, 2007). Nico met the DSM-5 criteria (American Psychiatric Association, 2013) for Pedophilic Disorder on the basis of his sexual fantasies and behaviors involving prepubescent children. The client was also diagnosed with

hypersexuality, compulsive masturbation, premature ejaculation, and confusion about his sexual identity. Nico's personality was characterized as having dependent and avoidant traits.

According to our emotion-focused case formulation (Goldman & Greenberg, 2015), Nico was highly emotionally avoidant when he came to treatment. Nico had little awareness of his bodily states except somatic experiences and sexual excitement; he over-modulated his arousal and expression of emotion; and had difficulties accepting and reflecting on his emotions (Gunst et al., 2017; Watson & Prosser, 2004). Sex and eating were used to avoid negative feelings.

Therapists

The EFT group sessions with 8 clients were led by two therapists. The first therapist was a 40-year old White Caucasian woman with almost fifteen years of clinical experience as a forensic psychotherapist and training in EFT. The second therapist was a 50-year old White Caucasian man with 25 years of clinical experience, including 10 years in a forensic setting and training in experiential psychotherapy.

Outcome measures

Difficulties in Emotion Regulation Scale. The DERS (Gratz & Roemer, 2004) is a 36-item self-report questionnaire designed to assess six aspects of emotion dysregulation: Lack of Emotional Awareness, Lack of Emotional Clarity, Non-acceptance of Emotional Responses, Difficulties Engaging in Goal-Directed Behavior, Limited access to Emotion Regulation Strategies, and Impulse Control Difficulties. Participants rate each item on a scale from '1' (almost never) to '5' (almost always). The measure has shown high internal consistency (Cronbach's alphas between 0.80 and 0.93).

The Observer Measure for Affect Regulation. The O-MAR (Watson & Prosser, 2004) is an observer-rated measure that assesses clients on five dimensions of AR: Awareness and Labeling, Modulation of Arousal, Modulation of Expression, Acceptance, and

Reflection. Each subscale is rated on a 7-point Likert scale from '1' (lowest level of functioning) to '7' (highest level). An overall score is calculated as the average of the five ratings. Preliminary findings indicated that the O-MAR has high internal consistency, and acceptable construct and predictive validity (Watson, McMullen, Meghan, Prosser, & Bedard, 2011). The raters achieved a good inter-rater reliability ($ICC = .97$).

The Stable-2007. This measure assesses dynamic risk factors linked to sexual recidivism (Hanson et al., 2007). It consists of 13 items assessed using a three-point rating scale (from 0 to 2) and organized into five sections: capacity for relationship stability (one item), intimacy deficits (five items), general self-regulation (three items), sexual self-regulation (three items), and cooperation with supervision. The Stable-2007 has shown high inter-rater reliability for the total score ($ICC = .92$) and good internal consistency ($\alpha = .80$).

Process Measures

The Postsession Evaluation Questionnaire. The PSEQ is the Dutch revised version (Stinckens, Geys, Vos, Vrancken, Smits, & Claes, 2015) of Llewelyn's (1988) Helpful Aspects of Therapy Form. This brief form contains a series of open-ended questions about helpful and hindering in-therapy events. A visual analogue scale is used to measure the extent to which these moments were experienced as being helpful or hindering.

The Treatment Progress Interview. The TPI is an unstructured form of the Change Questionnaire (Stinckens et al, 2015) and the Client Change Interview (Elliott, Slatick, & Urman, 2001) assessing the way the client experienced the treatment and his progress.

Procedure

DERS was completed monthly during both phase A's and weekly during treatment phases B (4.5 months) and C (17 months). TPIs were conducted at intake, every month during treatment (B+C) and after follow-up. They were used to rate the O-MAR after completion of treatment. The PSEQ was completed after every session of EFT. These sessions were video

recorded. The O-MAR was rated after every EFT session when the client had been verbally active for more than half of the group session (circa once a month). Dynamic risk factors were assessed using the Stable-2007 at the end of phase A, B and C.

Data-analysis

In a first step, a ‘thick description’ (Ponterotto & Grieger, 2007) of the therapy process was made. The change process was qualitatively and coherently described and changes in quantitative measures were linked to the treatment narrative. The data used in this step were the interviews (TPI), therapist notes and for phase C also client notes based on the EFT sessions (PSEQ) and their associated recorded session transcripts. Significant moments were selected based on the client’s ratings in terms of helpfulness (highest scores on the PSEQ) and on observations of critical fluctuations in AR (O-MAR). To validate the presented findings, literal quotes were used.

The second step encompassed quantitative investigation of the data after treatment was completed. Standard parametric inferential statistics were used to test the hypotheses using R version 3.5.1. Piecewise linear regression (Center, Skiba, & Casey, 1985-1986), whereby the original scatter plot was split into pieces equivalent to the different phases, modeled the changes in AR using DERS and O-MAR. A separate line segment was fit to each interval. The significance of change within and between phases was assessed. Model assumptions of no residual auto-correlation (Durbin & Watson, 1951), normality and homoscedasticity were checked.

Results

Qualitative Description of the Change Process

Phase A: Baseline. Given the client relapsed after previous treatments, Nico was convinced that an intensive inpatient treatment and stepwise rehabilitation was needed. He expected change in his recurring thoughts about ‘soliciting sex from minors. This is what I do

daily in my head, I still do.’ Nico’s first two TPIs (at start and end of phase A) were characterized by constricted affect. His speech was monotonous and besides fear, he labeled no other emotions. Scores on the O-MAR showed that he was over-regulating his affect. However, scores on the self-report measure of AR, DERS, dropped to the normal range during this phase, which might reflect hope or a lack of insight in his disconnection to his feelings. Based on the Stable-2007, dynamic risk factors at play were: incapacity for relationship stability (2), emotional identification with children (1), poor cognitive problem skills (1), sexual preoccupation (2), sex as coping (2), deviant sexual interests (2), and lack of cooperation with supervision (1).

Phase B: First treatment phase – treatment as usual. At start of treatment, Nico attributed his sexual deviance to his biological constitution. He described a sexual addiction starting from puberty involving frequent use of pornography. Before his arrest, soliciting sex from minors as well as adults was a daily habit. His investment in biological explanations of his behavior was reflected in his insistence on getting hormonal medication. Given the short probation period, the psychiatrist declined this demand, and encouraged him to invest in the psychological treatment. The TPI six weeks after admission illustrated a shift in his ideas: *‘Before, I attributed the offenses to my bodily needs, but there are also affective needs in play. ... feelings I had in that period because of other problems...’*. However, he did not name these affects or needs.

In his CBT sessions, a chain analysis revealed the proximal and distal factors that contributed to his sexual offenses. It became clear that his fantasies of sex with minors were clearly linked to his own abuse, albeit he was now the abuser not the abused. Also contacts with adults, both women and men, were based on sexual gratification and not on intimacy or connection. There was also a fear of failure because of an early ejaculation problem. This sexual dysfunction was specifically targeted in sexual counseling.

In a TPI after two months into phase B (week 44), Nico recognized that he used sex in order to feel better. He also searched for situations in which he felt power as compensation for the powerlessness he experienced when abused and bullied during his childhood. However, his narrative was disconnected from emotional referents. In his offense chain analysis, Nico discovered a pattern of ‘being a good boy’ at home and ‘living more fully’ outside the home. This dynamic became visible in the therapy and in the TPI. He exerted much effort to be perceived as a good client and his way of speaking often demonstrated a tendency to state other people’s views rather than his own personal experiences: *‘Apparently, this was a weight I carried, without feeling it as a burden.’*

There were also moments when Nico lost contact with the present and dissociated, indicating that he had experienced trauma. Flashbacks of being abused bubbled up, during the day as well as in his dreams. Although there was a growing realization of the link between being a victim and an offender, he preferred to focus on what *he* had done wrong to *his* victims. He mentioned that it was too early to talk about what happened to him and that it was still a secret to his parents. This highlighted his tendency to restrict his own experience. Although his AR was still characterized by over modulation, there was an apparent intention to be more open (*‘It’s a goal to learn to listen to my feelings and to express them, I never learned that before.’* TPI week 53). The self-report measure (DERS) indicated increasing AR problems and increased awareness of his difficulties. The observer measure, O-MAR, showed a moderate capacity for AR, including: labeling some feelings without full awareness, some limited focus on self and little reflection (O-MAR: around 3, Watson & Prosser, 2004). Based on the Stable-2007, current dynamic risk factors were: incapacity for relationship stability (2), poor cognitive problem skills (1), sexual preoccupation (1), sex as coping (2), deviant sexual interests (2), and lack of cooperation with supervision (1).

Phase C: Second treatment phase – EFT added. In the first TPI during phase C (week 59), Nico reported that his use of sex services and abuse of boys was not merely about sexual needs but also served as a relief from a lack of intimacy. The scarcity of bodily contact with his parents in contrast to the sexual abuse during childhood, as well as a sudden loss of a first partner in a car accident made him afraid of ‘truer’ intimacy and engagement in relationships. He also indicated a fear of losing control of himself, referring to a session where he was overwhelmed by traumatic memories and emotions. He wrote in the PSEQ *‘I re-experienced everything and had to shut myself down’*. In the TPI, he showed a growing awareness about how he absorbed ideas from others without noticing. *‘I don’t pause to ask myself if it fits for me.’*

The EFT therapists noted that Nico’s searching for words to express himself proceeded slowly, and that he often seemed lost in the desert. In the next TPI (week 64) he said that the most important thing to ensure that he did not relapse was to learn to identify different emotions. *‘Before there were only two feelings, good or bad, and bad feelings were transformed to good feelings using sex.’* Nico was laboriously practicing being more open and honest on the ward and with family members. In the EFT group in week 66, some undifferentiated irritation was explored and seemed to contain anger at perpetrators (including himself), but also at his family for deserting him when he was a boy. He could only express *‘why didn’t you help me?’*. Attention to his hurt child that still wanted care suddenly evoked anger towards himself for what he did wrong. When the therapist put a chair beside him to represent the wounded child, he got emotional. When a chair was placed on the other side to symbolize his destructive part, he got angry. He rated that session as very helpful (PSEQ=10) as it helped him separate being an offender and a victim and differentiated his experiences. He found it helpful that therapists searched for words for what he was not yet able to express and to experience the compassion of the group for his pain and grief.

In week 76 (PSEQ= 8.8) he discovered that an undifferentiated feeling had chased him since childhood, marked by anxiety and with which he coped using sexuality. He often had nightmares of his own abuse. Waking up he masturbated to sooth himself. It confused him that he did the same acts while abusing others. During treatment, he explored these experiences to some degree with a lot of process guidance. A few sessions later (week 78), Nico talked about the difficulty speaking up for himself. The following fragment demonstrates Nico's problem with over-regulation and the sudden reversal into under-regulation as well as with accepting his experience.

C: *Yes, they think they know who I am, but they don't. They can put you in a direction against my own feeling. I often followed the feeling that people told me, 'ooh, how you look happy', then I felt happy, but actually it was different inside. Bottom line is, I followed more the feeling of another than mine. [...] Before I said, they will be right, my feelings don't add up.*

Other client: *Why did you think before that your feeling was wrong?*

C: [quiet moment.] *This comes from much, much earlier in my life, that I learned it.*

T: *This seems important to me. I have the impression that there is again more contact. What happens now (inside you)?* [because the client seemed touched, the therapist stimulated contact with the client's bodily awareness to go into what is painful, in order to change it]

C: *It was imposed upon me.* [bent over, silence]

T: *You seem to force yourself.*

C: *Yes, I don't dare to express, it hurts too much.*

T: *I can see the pain.* [the therapist stays with the client and his pain]

C: *I am trying not to fall into it [referring to his own abuse], otherwise you lose me. But I am aware of it now. [...] I have noticed that I am too far away or too much in it. Then, I relive it and cannot feel it otherwise.*

In these last words, Nico expressed awareness of having difficulty controlling the intensity and focus of his experience. He noted in the PSEQ (=10) that he was *'guided towards your feelings, learning to contact your feelings and describing what you feel, ... which brought me close to myself'*. In a later PSEQ of week 80 Nico mentioned *'It seems as if I get dragged into a waterfall of emotions.'* However, he described it as somewhat helpful (=7.3) to search what touched him so deeply in the story of the other client. He still fought against his own experience because he was not able to regulate the intensity or to sooth himself: *'It is too overwhelming, I don't want it.'* To facilitate AR, and to make a distinction between himself and his emotion, he was instructed to exercise with the phrase *'something in me feels...'* (Cornell, 2012). It was also very helpful when Nico witnessed another client working with his harsh 'inner critic' and how the attacked 'experiencing self' could express pain and grief (week 82, PSEQ=10). He noted afterwards *'life can be beautiful when you learn to understand what your emotions are telling you'* and *'it feels good to empathize with another person'*. In the following sessions he referred to his child part and became more aware that his fear of his feelings prevented his feelings and needs from being expressed. However, it was still difficult to explore his inner world.

In the TPI in week 85 Nico was talking about a recent situation in which he had been confronted with old friends and had felt deep shame, guilt and pain. Afterwards, he was also overwhelmed by great sexual desire. He had noticed that talking about his feelings helped him to lessen the urge. *'Before, I knew only one way to get rid of that bad feeling, and then it would have led to abuse or using sex services. [...] Now I felt the urge, but I also knew that this was not a good way to cope with bad feelings. [...] That I could express my feelings to someone was never taught to me. [...] Being abused, I blocked my thoughts, I was actually absent-minded, shutting everything down, but to feel disconnected felt good, and I linked that to sexuality. Since my childhood I have always fled from bad feelings into sexuality to shut*

down my thoughts and feelings. . . [.] This became a reflex.” For Nico, his new way of coping heralded a new episode in his life, the best period until then.

Although there was a growing acknowledgement of his emotions and their value, Nico also expressed a continuing ambivalence to really engage in emotional work. Besides that, he wanted to build his own new life and reported in the TPI in week 97 feeling stuck after 14 months in treatment. It felt gratifying to have a more open connection to family and friends. The next TPI (week 101) illustrated a new engagement. In a working alliance dialogue, he had discussed with his personal nurse the further goals in treatment. Besides increasing his autonomy, the most important point for the team and for himself was working with his painful experiences in order to meet his underlying needs. He expressed that it felt like a boiling pot inside, and he did not dare to open the lid. Through psychoeducation the EFT therapist made clear that opening the lid actually could prevent the pot from boiling over.

Some weeks later he shared his story in the EFT group. His performance in that session led to his highest score on the O-MAR, 4.8. In the PSEQ (week 104 =10), he described it as his most difficult session, one in which he became aware that his traumatic experience needed to be taken care of. Therapists noted that some other clients helped him to give words to his overpowering shame, resulting in both relief and connection. However, this was rapidly followed by overwhelming feelings of guilt and asking himself why he accepted the disgusting proposal of the offender. Seeing other reasons than financial profit, helped to lessen the self-criticism and – at least at a more rational level – to understand himself as a child. Some sessions later (week 106, PSEQ=10), Nico shared again his ambivalence and the group explored his reluctance. To cultivate a workable distance he was asked to explore how far or near the feelings might have to be placed and if he had an image to symbolize them. The client symbolized these feelings as a box that contained all aspects of his own abuse.

However, when he tried to put them there, they did not want to be placed in it and came back to him. The client was asked if he had any idea why it did not want to stay there.

C: *Because I simply cannot push it away, that I cannot put it aside.*

T: *Yes, and we heard you say, I would like to let it disappear ... If you could say, I will put you there for a moment, but it is okay that you are there, I just want to feel how that is, I don't want you to go away ... But I don't know if it would work for you to say that? And see if it wants to be there then, but with the intention to look at it. How does it respond?*

C: *It feels like it is calming down inside.*

The client could observe that the box was full of unclear and confusing emotions, but that it felt okay to look at it without being overwhelmed. He got a little emotional remembering how lonely he had been when he had shut down his emotions after the abuse but it rapidly turned into anger towards his feelings. The moment he blamed himself for '*having caved in for money*' and '*screwing everything up for myself*', the therapist invited the client to engage in a two-chair dialogue to build self-compassion (Elliott et al., 2004). When the client was in the other chair, the therapist repeated the critic voice explicitly and asked how it felt.

C: [in the other chair as 'the experiencing self'] *I feel terribly lonely.*

T: *Hm, you feel terribly lonely, what would you like to say to him?* [to the 'critic' in the other chair. The client cries, other client brings a tissue] *It is so painful to feel that, right. Can you see if there is something you want to say or ask him from that pain or lonely feeling, what would you want from him?*

C: *Do I have to stay my whole life in that tomb* [cries deeply].

T: *Will you leave me in that tomb whole my life? It sounds a bit like, it becomes time to get me out of here.*

C: *Yes!* [sigh, cries deeply, overwhelmed].

The therapist invited the client to switch chairs again. The critic affirmed that it was time to let 'him' out. He was surprised that connecting to that part of himself felt helpful rather than threatening. This fragment illustrates Nico had ongoing difficulties concerning over-regulation of affect and non-acceptance, but also an important shift at the end of the session. However, when his early childhood trauma by his grandfather was touched on in a later session (week 108, PSEQ= not helpful) Nico fell back to a lower level of AR as he became blocked. Although he recovered quickly, Nico continued to struggle to achieve balance between being completely distracted from his emotions or being too emotional, showing that this traumatic experience needed to be processed further. In week 110, we worked again with his destructive part that searched for sex in order not to feel and his wounded, speechless part who just wanted to be hugged. Nico was able to comfort that part. The next week he worked with his grandfather. In the PSEQ (=7.2) he reported that he was confused as he tried to process his grandfather's abuse while also missing him. He discovered that masturbation and sexuality became loaded after his mother reacted with panic when she heard about the abuse.

The TPI in week 111 reflected increased well-being. Although it tired Nico to feel more intensely, he also felt more connected and empathic to others without losing himself. Connection with others was the last theme to emerge in the last months of EFT-phase. Nico reluctantly shared that he felt in love (PSEQ week 114= 7.6). In week 125, this was explored as an inner conflict between his need for affection and acceptance on the one hand and anxiety for a new loss on the other. He feared that attending to his needs would lead to the return of deviant fantasies. Fear had prevented him from getting close to others. He expressed deep thankfulness towards the group members and therapists because of the connection he felt for the first time of his life with himself and others. Ending treatment was therefore harder for Nico than he had imagined.

Based on the self-report and observer measure, the client developed improved AR strategies during phase C, increased awareness and differentiation of feelings, more use of regulation strategies to enhance his functioning, increased expression of emotion, more acceptance and nurturing behaviors towards his experience and more able to clarify the meaning of his experience. Dynamic risk factors that were still present based on the Stable-2007 were: incapacity for relationship stability (2), sex as coping (1), deviant sexual interests (1), and lack of cooperation with supervision (1).

Phase A: Follow-up. In the TPI at discharge Nico looked back on the twenty-two months of treatment very positively. The most important thing he learned was *‘to express my feelings and go on with it’*. When he felt the urge for sexual arousal he tried to *‘listen what is really going on instead of fleeing’*. It felt good that he was surrounded with family and friends that he could trust and who were aware now of his past as victim as well as offender. He did not self-identify as a pedophile but argued that in the past he had engaged in sex with minors because, first, it felt safer because he was in charge and felt in control in the ‘relationship’ and second, because it was not a real relationship he was less afraid of loss. Until he achieved that understanding, he had avoided making close contact with an adult woman.

In the TPI six months later he sounded very proud that his new job had started the week after discharge and that his life was going well. He illustrated how he dealt with his old ‘sex as coping’ strategy. *‘Last Saturday, after losing a competition game, I really felt the urge to use pornography. But in fact I knew I was very disappointed. It was just a bad feeling because I played bad. I could link it to each other and just went to bed.’* He also reported having goals that he wanted to realize and that were hidden by his problems in the past, like living on his own and finding a partner. It felt good to *‘have a healthy and clear mind, and nothing to put away’*.

Quantitative Analysis of the Outcome Data

There was already a decline in scores on the DERS during the initial waiting phase (phase A), but this was not significant ($Z=-2.12$, $p=.072$).

H_{a1}: we tested whether there were changes during treatment (phase B+C). A significant decline was indicated on the DERS and the O-MAR ($Z_{\text{DERS}}=-15.58$, $p < .001$; $Z_{\text{O-MAR}}=7.40$, $p < .001$) throughout the entire treatment (phase B+C), confirming the first hypothesis.

H_{a2}: we tested whether there was a greater decline in problems during phase C (EFT added), in comparison to treatment as usual during phase B. Although a significant decline in scores was found in phase C on both the DERS ($Z=-11.80$, $p < .001$) and the O-MAR ($Z=4.40$, $p=.002$), the change in slope between phase B and phase C was not significant (all $p > .05$) on any measure ($Z_{\text{DERS}}=-0.99$; $Z_{\text{O-MAR}}=-0.86$). Consequently, the hypothesis was not supported.

During the follow-up period of six months, the scores on DERS and O-MAR remained the same as at the end of treatment. We also compared the amount of dynamic risk factors based on the Stable-2007 at the end of phase A, B and C. The total scores were respectively 11, 9 and 5 (still medium risk).

Discussion

The purpose of the study was to examine the emotional change process of a single case using mixed methods (Dattilio, Edwards, & Fishman, 2010). The qualitative data provide some indication of what EFT contributed to the change process. The first hindrance that needed to be overcome was the difficulty for Nico to be aware of and label his experience. This is seen the starting point in EFT (Greenberg, 2015) and is linked to therapy outcome (Elliott et al., 2013). The first step in the process, to become aware of the disconnection to experience and the relevance of it, was completed in phase B as a result of his offense chain analysis in the cognitive group. However, EFT assumes that insight alone is not enough to

promote change (Greenberg, 2015) and his insight did not result in more openness towards his experience. Constant attention to his bodily experience and empathic responding from the EFT therapists was required to put this in motion. Working actively with different self-parts was helpful to increase emotional arousal and assist Nico with differentiating feelings related to his experience of being an offender on the one hand and a victim on the other hand. Essential for Nico was to accept and explore underlying feelings when experiencing a desire for sexual gratification as an alternative to using sex as coping.

Another hindrance was he was easily overwhelmed and dysregulated by his emotions. An important step was for him to acknowledge his reactive secondary emotion of fear and shame that blocked his access to his underlying experience of pain, loneliness and longing. A workable distance towards his experience was created ([Pos & Paolone, 2019](#)) using empathic affirmation responses, and helping him to make space by imagining putting his overwhelming or threatening experience at a distance. Subsequently, two-chair work was used to overcome self-blame and build more self-compassion. Softening Nico's inner critic made it possible to connect and nurture his wounded child part. In addition to the improved adaptive self-soothing, he expressed gratitude towards the group members to whom he felt connected in a way that he had never felt before.

Quantitative analysis confirmed the client's improvement in AR. A first, unexpected finding was the decrease of self-reported AR problems during the waiting phase. This might reflect hope as the intake interviews were already reported as an important step by the client in the first TPI, or a lack of insight in his disconnection to his feelings. The changes in both the self-report and observational measures were significant throughout treatment (B+C) and for phase C separately, the phase within which EFT was added, though they were not significantly stronger than during the treatment as usual phase. Consequently, we cannot

make any claims about the added value of EFT in producing change based solely on quantitative data.

Although it was not possible to quantitatively demonstrate the incremental value of EFT, the emotional change process of Nico appeared in his qualitative data and was valuable in order to develop more adaptive AR strategies instead of using sex as a means of coping. This intense and important emotional work is hardly done in forensic treatment as usual.

Limitations and strengths

This single case highlights how EFT might contribute to change in ISO's. However, it is difficult to relate outcome to a specific treatment track or to compare different treatments within a single subject because of possible multiple treatment effects (Ray, 2015) especially given the multicomponent treatment and the differences between phase B and C in terms of treatment order, length, intensity, and research interventions (video recording and PSEQ was added in phase C). Future research could try to dismantle further what happens in the different components of treatment. More case studies (CBT or EFT based) are needed to enhance our understanding of emotional change processes in treatment of ISOs. The lack of a longer follow-up in terms of recidivism is another shortcoming. However, at time of publication, the client lives an offense-free life in the community for more than two years.

Conclusions

This single case study shows the challenges as well as the potential for emotionally engaging a normally emotionally avoidant client who uses sex as a maladaptive coping mechanism. In line with EFT-theory, sexual preoccupation and misbehavior could be seen as a "dysfunction arisen from the disowning of healthy growth-oriented resources and needs, the suppression of unacceptable aspects of experience, and the avoidance of painful emotions." (Goldman & Greenberg, 2015, p. 23). Although quantitative analysis alone could not prove the added value of EFT in producing change, the mixed methods approach made it possible to

describe the emotional change process that clearly appeared in the qualitative data. By improving AR, emotional deepening and processing was made possible. This contributed to the client's new understanding of his problem and the development of alternative behavior to cope with difficult feelings, and so to reduce his risk to reoffend. Future research is warranted to affirm and further investigate these findings.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Washington, DC: APA.
- Byrne, G., Bogue, J., Egan, R., & Lonergan, E. (2014). "Identifying and Describing Emotions" Measuring the Effectiveness of a Brief, Alexithymia-Specific, Intervention for a Sex Offender Population. *Sexual abuse: a journal of research and treatment*, 28(7), 599-619.
- Cain, D.J. (2016). Towards a research-based integration of optimal practices of humanistic psychotherapies. In D.J. Cain, K. Keenan, and S. Rubin (Eds.). *Humanistic Psychotherapies: Handbook of Research and Practice*, Second Edition (pp. 485-535). Washington DC: APA.
- Center, B. A., Skiba, R. J., & Casey, A. (1985-1986). A methodology for the quantitative synthesis of intra-subject design research. *The Journal of Special Education*, 19(4), 387-400.
- Cornell, Ann Weiser. (2012). Get bigger than what's bugging you. *E-course, Focusing Resources*.
- Dattilio, F. M., Edwards, D. J., & Fishman, D. B. (2010). Case studies within a mixed methods paradigm: Toward a resolution of the alienation between researcher and

- practitioner in psychotherapy research. *Psychotherapy: Theory, Research, Practice, Training*, 47(4), 427-441.
- Day, A. (2009). Offender emotion and self-regulation: Implications for offender rehabilitation programming. *Psychology, Crime & Law*, 15(2-3), 119-130.
- Durbin, J., & Watson, G. S. (1951). Testing for serial correlation in least squares regression. II. *Biometrika*, 38(1/2), 159-177.
- Elliott, R., Slatick, E., & Urman, M. (2001). Qualitative change process research on psychotherapy: Alternative strategies. *Psychological Test and Assessment Modeling*, 43(3), 69-110.
- Elliott, R., Watson, J. C., Goldman, R. N., & Greenberg, L. S. (2004). *Learning emotion-focused therapy: The process-experiential approach to change*. Washington, DC: American Psychological Association.
- Elliott, R., Greenberg, L. S., Watson, J. C., Timulak, L., & Freire, E. (2013). Research on humanistic-experiential psychotherapies. In M. J. Lambert (Ed.), *Bergin & Garfield's Handbook of Psychotherapy and Behavior Change* (6th ed., pp. 495-538). New York.
- Gendlin, E. T. (1981). *Focusing*. New York: Bantam.
- Goldman, R. N., & Greenberg, L. S. (2015). *Case formulation in emotion-focused therapy: Co-creating clinical maps for change*. Washington DC: APA.
- Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in emotion regulation scale. *Journal of psychopathology and behavioral assessment*, 26(1), 41-54.
- Greenberg, L. (2015). *Emotion-focused therapy: coaching clients to work through their feelings*. Washington DC: American Psychological Association.
- Gunst, E., Watson, J. C., Desmet, M., & Willemsen, J. (2017). Affect regulation as a factor in

- sex offenders. *Aggression and Violent Behavior*, 37, 210-219.
- Gunst, E., Watson, J. C., Willemsen, J., & Desmet, M. (2018). The role of affect regulation in the treatment of people who have committed sexual offenses. *Aggression and Violent Behavior*.
- Hanson, R. K., Harris, A. J. R., Scott, T., & Helmus, L. (2007). *Assessing the risk of sexual offenders on community supervision: The Dynamic Supervision Project* (Corrections User Report No 2007-05). Ottawa, ON: Public Safety Canada.
- Helmus, L., Thornton, R., Hanson, K., & Babchishin, K. M. (2012). Improving the predictive accuracy of Static-99 and Static-2002 with older sex offenders: Revised age weights. *Sexual Abuse: A Journal of Research and Treatment*, 24, 64-101.
- Kim, B., Benekos, P. J., & Merlo, A. V. (2016). Sex offender recidivism revisited: Review of recent meta-analyses on the effects of sex offender treatment. *Trauma, Violence, & Abuse*, 17, 105-117.
- Ponterotto, J. G., & Grieger, I. (2007). Effectively communicating qualitative research. *The Counseling Psychologist*, 35(3), 404-430.
- Pos, A. E., & Paolone, D. A. (2019). Emotion-focused therapy for personality disorders. In L. S. Greenberg & R. N. Goldman (Eds.), *Clinical handbook of emotion-focused therapy* (pp. 381-402). Washington, DC, US: American Psychological Association.
- Ray, D. C. (2015). Single-case research design and analysis: Counseling applications. *Journal of Counseling & Development*, 93(4), 394-402.
- Stinckens, N., Geys, K., Vos, E., Vrancken, M., Smits, D., & Claes, L. (2015). Wat cliënten ons vertellen over psychotherapie: Een kwalitatief onderzoek naar veranderingen en veranderingsmechanismen. *Tijdschrift voor Cliëntgerichte Psychotherapie*, 53(1), 22-43.

Watson, J.C., McMullen, E.J. Meghan, Prosser, J., & Bedard, D.L.(2011). An examination of the relationships among clients' affect regulation, in-session emotional processing, the working alliance, and outcome, *Psychotherapy Research*, 21(1), 86-96.

Watson, J. C., & Prosser, M. (2004). *Observer-rated measure of affect regulation (O-MAR)*. Unpublished manuscript. Toronto, Canada: Ontario Institute for Studies in Education of the University of Toronto.