

Self-Referred Versus Court-Referred Sexually Deviant Patients: Success with Assisted Covert Sensitization

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The present study examined the difference in compliance and outcome measures in the treatment of self-referred versus court-referred sexual offenders. Self-referred patients entered therapy of their own accord while court-referred patients entered therapy under coercion from a legal source. Four separate groups of patients were identified: self-referred pedophile, court-referred pedophile, self-referred exhibitionist, and court-referred exhibitionist. The major treatment approach employed was "assisted" covert sensitization, though a variety of adjunctive therapies were also utilized. Compliance and outcome measures were evaluated at the end of treatment (approximately 6 months) and again at 6, 12, 18, 24, and 30-month follow-ups. Results indicated that treatment was effective across all four groups with no significant differences between self-referred and court-referred patients. The results indicate that the same techniques successfully applied to voluntary patients with maladaptive sexual approach behaviors can also be applied to an involuntary population as well.

It is commonly assumed that involuntary or court-referred patients, coerced into therapy by legal or social pressures, are less than optimum treatment candidates. It would seem logical that such patients would put less effort into therapy and hence receive fewer benefits. This might especially be true of the sexual offender entering behavior therapy. Many such offenders would not have come for treatment without the court's pressure. Moreover, behavioral methods often require tolerance of noxious stimuli and compliance with therapeutic maneuvers such as relaxation therapy, imagery, and homework assignments. Despite general consensus on this issue, no documentation of the unsuitability of court-referred patients for behavior therapy has been published, and comparisons between self-referred and court-referred patients have not been objectively studied. The issue is not a simple dichotomy, as to some extent

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all patients are under some pressure to attend therapy from families, employers, or from the stress of their own symptoms.

Nonetheless, in our work with aversive conditioning (Maletzky, 1974; Maletzky & George, 1973), two relatively distinct groups have been identified based upon means of referral: those sent by the court and obtaining treatment as a condition of probation or parole, and those self-referred. If a difference does exist between these two groups, further work would then be indicated to improve treatment results of the less successful group.

The present study addressed whether there is a difference in outcome between self-referred and court-referred patients treated for maladaptive sexual approach behaviors with behavior therapy. If differences were found, causative factors could be examined, such as variables concerning treatment technique, patient compliance, demographic differences, or patient attendance. Furthermore, the permanency of treatment changes could be examined.

METHOD

Subjects

A total of 100 male patients were included in the present study. Data for many of these patients have been reported elsewhere (Maletzky, 1974; Maletzky, 1980; Maletzky & George, 1973). Of these patients, 38 were homosexual pedophiles, while 62 were exhibitionists. These groups were further divided into self-referred and court-referred subgroups, thus yielding four treatment subgroups: pedophilic self-referred, pedophilic court-referred, exhibitionist self-referred, and exhibitionist court-referred. A different group of patients, pressured to seek therapy by friends and relatives, might be thought of as intermediate but was not included in order to highlight the distinctions between self-referred and court-referred patients. While in the pedophile group there were 15 self-referred patients and 23 court-referred patients, in the exhibitionist group there were 30 self-referred patients and 32 court-referred patients. Demographic comparisons showed no essential differences among groups. The pedophile self-referred group had an average age of 32.1 years (range of 20–59), the pedophile court-referred group, 32.1 (21–47); the exhibitionist self-referred group had an average age of 34.4 years (range of 17–63), the exhibitionist court-referred group, 32.1 (21–65). The average number of years of education for the pedophile self-referred patients was 10.9, while for the pedophile court-referred group it was 10.5 years. For the exhibitionist self-referred group, the corresponding figure was 11.3 years, while for the exhibitionist court-referred group it was 10.9 years. Approximately 31% of the pedophile self-referred and 42% of the pedophile court-referred group were married, in contrast to approximately 65% of both exhibitionist groups.

The choice of pedophilic patients was made for the sake of generating

adequate data. In our experience, homosexuals with a preference for adult males are most often self-referred patients.

Definitions

Self-referred. The patient entered therapy of his own accord without coercion from a legal source.

Court-referred. The patient entered therapy under coercion from a legal source.

The court-referred patients could be divided into four groups: (1) Those entering treatment as a condition of probation (62% of the total court-referred sample), (2) those entering treatment as a condition of parole (7%), (3) those released by the court under conditions of obtaining treatment but not as a stipulation of probation or parole (9%), and (4) those directed by their attorneys to obtain treatment prior to a court hearing (22%).

Because of court delays, the majority of this last group finished adequate treatment prior to any sentencing. Though the initial referral was coerced, data from this group were computed both separately and combined with the other three groups, as these patients were not, strictly speaking, under coercion from an official source to obtain treatment.

Treatment

All patients were treated with assisted covert sensitization as described elsewhere (Maletzky, 1973). Briefly, this procedure pairs an aversive odor (of decaying tissue, for example) with scenes of the unwanted behaviors. Following relaxation induction, the patient is asked to imagine one in a series of pedophilic or exhibitionist scenes arranged in increasing order of sexual arousal. At a point in the scene when sexual pleasure is aroused, aversive images are presented in combination with a nauseating odor. Examples might include a pedophilic masturbating a child, but discovering a festering sore on the boy's penis; an exhibitionist exposing to a woman but suddenly being discovered by his wife or the police; or a pedophilic laying a young boy down in a field, only to lie next to him in a pile of dog feces. Three such scenes are usually presented during each office visit and tape recordings made for home practice between sessions.

In this study, a course of active treatment consisted of weekly sessions over a period of 24 weeks and was followed by "booster" sessions every 3 months for 3 years (Maletzky, 1977). Follow-up assessments were completed at 6, 12, 18, 24, and 30-month intervals. The timing of all treatment and "booster" sessions was identical for all four patient subgroups. For 13 of the pedophile patients, a goal of assisted covert sensitization was to change only their pedophilic behavior, as these patients wished to retain sexual feelings towards older males. For the remaining 25 pedophile patients, however, therapy was aimed at eliminating sexual urges and behaviors towards all males, young and old alike. These patients were randomly distributed among both pedophile subgroups, and this factor was not believed to affect therapy outcome in any significant way.

Adjunctive techniques were carried out via homework assignments during the active phase of treatment and included environmental manipulation, thought changing, masturbatory fantasy change, and covert sensitization (Maletzky, 1980). Three sessions of aversive behavior rehearsal (Wickramasekera, 1976) were also conducted for all exhibitionist patients during the active phase. Previous work (Maletzky, 1980) had demonstrated that, amid this constellation of treatments, assisted covert sensitization produced the chief effect.

Treatment was carried out by the author (65%) and by psychiatric technicians under his supervision (35%). Separate computations for source of treatment revealed no significant differences. All patients were informed of the nature and purpose of the treatments and alternatives and risks were clearly delineated. Written consent was subsequently obtained.

Assessment

Treatment outcome measures.

- (1) *Frequency Records of Self-reported Behaviors*—These were obtained weekly during active treatment and follow-up.
 - (a) Covert exhibitionist or pedophilic behaviors included urges, for example, wishing to expose oneself or wishing for sexual contact with boys; fantasies—extensive daydreaming about exposing oneself or of sexual contact with boys; and dreams.
 - (b) Overt exhibitionist or pedophilic behaviors were exhibitionist or pedophilic acts and masturbation to exhibitionist or pedophilic fantasies.
- (2) *Penile Plethysmograph Records*—Penile plethysmograph records were obtained on a Grass Model 7 Polygraph via a penile transducer and recorded as described in Barlow, Becker, Leitenberg, and Agras (1970). These records were expressed as percentage of erection given resting baseline. Full tumescence values were obtained via the method of Callahan and Leitenberg (1973). Data were collected before, and at the end of, active treatment and again at 6, 12, 18, 24, and 30-month follow-ups.

Treatment compliance measures.

- (1) The correlation coefficient between the plethysmograph recording and the self-report was obtained for each self-referred and court-referred patient.
- (2) *Observers' Reports*—One "significant other" was chosen by the therapist and patient. This person preferably lived with the patient (91% of all cases). The observer was requested to reflect upon the patient's general behavior over the period of treatment via his own observations and information he had gained from the patient and others who knew him. This observer was then asked the following two questions on a 0 (not at all) to 4+ (very much) scale: (1) How much has the patient progressed? and (2) How well does the patient follow through with the treatment program? The two numerical responses were

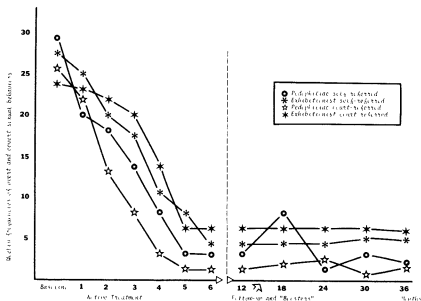


FIG. 1. Combined frequency records of overt and covert pedophilic and exhibitionist behaviors during treatment and follow-up.

summed, ranging from a minimum score of 0 to a maximum score of 8.

(3) Attendance at Treatment Sessions.

- (4) *Legal Records*—A thorough search of all municipal, county, and state police records was undertaken during the active course of treatment and follow-up to determine if any charges were filed or convictions obtained against any of the patients in this study. A close working relationship with police authorities facilitated this search, which employed computerized cross-reference systems now in use across the country. Consequently, this search can be considered to be nationwide and as exhaustive as police records could allow.

RESULTS

Treatment Outcome Measures

Covert and overt frequency records. Covert and overt behaviors followed each other proportionally and are thus combined for ease of presentation. Fig. 1 presents combined frequency records for pedophile self-referred, pedophile court-referred, exhibitionist self-referred, and exhibitionist court-referred subgroups. All four subgroups significantly decreased self-reported behaviors as measured by standard *t* tests: for the pedophile self-referred group $t(14) = 6.14$, $p < .001$, while for the pe-

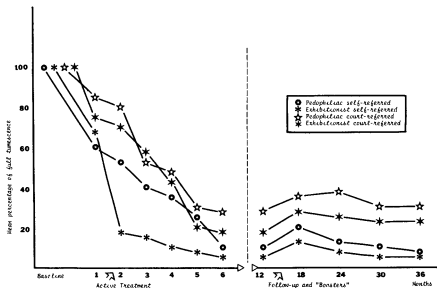


FIG. 2. Mean percentage of full tumescence in penile plethysmograph recordings during treatment and follow-up.

dophile court-referred group $t(22) = 5.82, p < .01$; for the exhibitionist self-referred group $t(28) = 6.32, p < .001$, while for the exhibitionist court-referred group $t(30) = 5.92, p < .001$. There were no significant intergroup differences. When data for all self-referred versus all court-referred patients and for all pedophile versus all exhibitionist patients were compared directly, no significant differences emerged.

Another way of analyzing these data is to assign an arbitrary criterion for improvement, such as a 75% reduction in covert and overt pedophile and exhibitionist behaviors for each patient. Using this figure, the following percentages of patients reaching criterion within each subgroup emerged: pedophile self-referred 89%, pedophile court-referred 73%, exhibitionist self-referred 91%, exhibitionist court-referred 89%. A Chi-square analysis revealed no significant differences among subgroups in percentages reaching this criterion.

Penile plethysmograph records. Fig. 2 depicts mean percentage of full tumescence in penile plethysmograph recordings during treatment and follow-up. All four subgroups again showed significantly decreased plethysmograph readings as measured by t tests: for the pedophile self-referred group $t(14) = 6.05, p < .001$, while for the pedophile court-referred group $t(22) = 5.79, p < .01$; for the exhibitionist self-referred group $t(28) = 6.19, p < .001$, while for the exhibitionist court-referred group $t(30) = 5.96, p < .001$. No significant intergroup differences

TABLE 1
CORRELATION COEFFICIENTS FOR PLETHYSMOGRAPH RECORDINGS AND SELF-REPORTS
FOR ALL SUBJECTS AT THE END OF ACTIVE TREATMENT (6 MONTHS) AND AT THE END
OF FOLLOW-UP (36 MONTHS)

Patient type	N	6 months	36 months
Pedophilic self-referred	15	0.72	0.65
Exhibitionist self-referred	30	0.85	0.70
Total self-referred	45	0.80	0.69
Pedophilic court-referred	23	0.82	0.80
Exhibitionist court-referred	32	0.89	0.85
Total court-referred	55	0.87	0.83

emerged. In addition, as with the covert and overt frequency records, Chi-square analysis was undertaken to compare percentages of patients in each subgroup reaching an arbitrarily set criterion for improvement: a 75% reduction in plethysmograph records. Again, no significant inter-group differences were found when percentages reaching this criterion were compared.

Treatment Compliance Measures

Correlation between plethysmograph ratings and self-reports. At the end of active treatment (6 months) and at the end of follow-up (30 months), correlation coefficients were computed for plethysmograph records and self-reports for each patient and each group and subgroup mean were compared. These data are presented in Table 1. Analysis of these data revealed no significant differences between self-referred and court-referred patients. Computing the data separately for each subgroup again revealed no significant differences.

Observers' reports. Table 2 shows mean observers' reports for all four subgroups taken at the end of active treatment and at the end of follow-up. A slight trend towards better compliance is seen in the total self-referred versus court-referred matching, but no significant differences emerge.

Attendance. Frequency of missed appointments was slightly higher in self-referred than court-referred patients. All 100 patients missed a total of 43 appointments; 67% of these were missed by self-referred patients. This difference fails to reach significance. There was no difference between pedophile and exhibitionist groups in this regard.

Legal records. All 100 patients had only 11 legal charges listed involving 8 patients over a 36-month period. There was no significant difference among the subgroups. However, numbers might have been too small to reach any significant difference. A subgroup comparison shows that the pedophile self-referred group had no charges, the pedophile court-re-

TABLE 2
MEAN OBSERVERS' REPORT SCORES FOR ALL SUBJECTS AT THE END OF ACTIVE
TREATMENT (6 MONTHS) AND AT THE END OF FOLLOW-UP (36 MONTHS)

Patient type	N	6 months	36 months
Pedophilic self-referred	15	6.7	6.2
Exhibitionist self-referred	30	7.1	7.2
Total self-referred	45	7.0	6.8
Pedophilic court-referred	23	5.2	5.2
Exhibitionist court-referred	32	6.1	6.5
Total court-referred	55	5.8	6.2

ferred group four charges, the exhibitionist self-referred group four charges, and the exhibitionist court-referred group three charges.

Separate data analyses comparing those court-referred patients told by their attorneys to obtain treatment with all other court-referred patients failed to reveal significant differences on any parameter.

DISCUSSION

The data are striking for their lack of significant differences and do not lend support to the notion that court-referred patients are less compliant or have less satisfactory outcomes than self-referred patients, at least with the techniques employed here. The methods of assessment utilized were a combination of subjective and objective measures, but each seemed to bear out the other. Indeed, a high correlation was found between patients' own reports and penile plethysmograph recordings, a finding reported elsewhere (Maletzky, 1980; Rosen, 1976).

Conclusions must not be hastily drawn but it does appear that behavioral techniques are applicable to, and effective with, a court-referred population. Still, one cannot conclude from the data that these populations were identical in treatment response. Several measures showed a slight superiority of response in the self-referred versus court-referred groups. Conversely, attendance was better in court-referred patients, perhaps a reflection of their fear of reprisal by legal authorities if they missed appointments. Moreover, observers might have tended to issue more favorable reports for the court-referred group out of a hesitancy to involve these patients in deeper trouble.

In addition, several limitations of the present study dictate caution in interpreting the data. For example, there are inherent difficulties in evaluating the validity of verbal reports from patients and significant others. Patients certainly had good reason to appear improved, and significant others were asked global questions of information largely not accessible to public scrutiny. Moreover, the objectivity of the plethysmograph is

not above reproach as penile responses themselves can be inhibited or even exaggerated (Rosen, 1976).

Here, multiple assessment techniques and use of the plethysmograph were reassuring, though this instrument is not infallible (Maletzky, 1980; Rosen, 1976). In addition, the use of large numbers of patients and a positive correlation between multiple assessment techniques lends some strength to these results. It appears, therefore, that the same techniques successfully employed for self-referred patients with maladaptive sexual approach behaviors can be applied to a court-referred, or "involuntary," population as well.

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